

SECTION 1: GENERAL INFORMATION

Account Name:	
Mailing Address:	
Street Address:	
Effective Date:	Date Needed:
Expiring Premium: \$	Target Premium: \$
Incumbent Carrier:	
Submitting Agency:	
Mailing Address:	
Account Executive:	Email:
Phone:	FEIN:

SECTION 2: EXPIRING INFORMATION

Property: <input type="radio"/> Yes <input type="radio"/> No Premium: \$	Public Officials: <input type="radio"/> Yes <input type="radio"/> No Premium: \$
Inland Marine: <input type="radio"/> Yes <input type="radio"/> No Premium: \$	EPLI: <input type="radio"/> Yes <input type="radio"/> No Premium: \$
Boiler & Machinery: <input type="radio"/> Yes <input type="radio"/> No Premium: \$	Auto: <input type="radio"/> Yes <input type="radio"/> No Premium: \$
Crime: <input type="radio"/> Yes <input type="radio"/> No Premium: \$	Internet / Cyber: <input type="radio"/> Yes <input type="radio"/> No Premium: \$
General Liability: <input type="radio"/> Yes <input type="radio"/> No Premium: \$	Excess: <input type="radio"/> Yes <input type="radio"/> No Premium: \$
	Limit: \$

SECTION 3: EXPOSURE INFORMATION

1.	Type Of District/Utility: <input type="checkbox"/> Water / Sewer / Public Utility <input type="checkbox"/> Resource / Soil Conservation	
	<input type="checkbox"/> Irrigation District <input type="checkbox"/> Community Services District	
	<input type="checkbox"/> Reclamation / Drainage / Flood Control <input type="checkbox"/> Other:	
2.	Annual Budget:	\$
3.	% of Budget Allocated to Capital Improvement and Water / Sewer Main Replacement:	%
4.	Approximate Number of Gallons Sold:	
5.	Approximate % of Plastic Piping Used:	%
6.	Approximate % of Water Lines less than 8-Inch Diameter:	%
7.	Do you have a fully Computerized Water System (i.e. SCADA System)?	<input type="radio"/> Yes <input type="radio"/> No
8.	Payroll	\$
	Field Payroll:	\$
	Sewer / Water Treatment Plant Payroll:	\$
9.	Miles of Irrigation Ditch:	
10.	Miles of Water Lines:	
11.	Miles of Sewer Lines:	
12.	Average Age of All Piping:	
13.	Number of Hook-Ups:	
14.	Population Served:	
15.	Total Number of: Full-Time Employees: Board Members: Terms of Board Members:	
16.	How long have the Board Members and Management Team Been in Place?	
17.	How often are Sewer Lines / Mains Inspected by Line Cameras?	
18.	How often are Sewer Lines / Mains Cleaned?	
19.	Do you have a Replacement Program in Place?	<input type="radio"/> Yes <input type="radio"/> No
20.	What percentage of Sensor Networks is Wireless vs. Wired?	%

SUPPLEMENTAL APPLICATION

SECTION 4: CLAIMS – PLEASE PROVIDE FIVE YEAR CURRENTLY VALUED LOSS RUNS

1.	Any Claims over \$25,000 in the Past Five Years?	<input type="radio"/> Yes <input type="radio"/> No
2.	Any Contaminated Well Sites or Water Sources in the Last Five Years?	<input type="radio"/> Yes <input type="radio"/> No
3.	Any Flood Losses in the Last 10 Years?	<input type="radio"/> Yes <input type="radio"/> No
4.	Any Perchlorate Incidents in the Last Five Years?	<input type="radio"/> Yes <input type="radio"/> No
5.	Any Pollution Incidents in the Last Five Years?	<input type="radio"/> Yes <input type="radio"/> No

SECTION 5: TREATMENT/CHEMICALS

1.	What Water Chemicals do you Use?
2.	How often do you Test?
3.	How are your Water Chemicals Stored and Secured?

SECTION 6: GENERAL QUESTIONS

1.	Are Certificates of Insurance Required from your Subcontractors? <ul style="list-style-type: none"> ■ If yes, List the Amount: \$ 	<input type="radio"/> Yes <input type="radio"/> No
2.	Are you Named as an Additional Insured on your Subcontractor's Liability Policies?	<input type="radio"/> Yes <input type="radio"/> No
3.	Do you Use or Operate any of the Following in Your Operations? <ul style="list-style-type: none"> ■ Watercraft >26 feet In Length ■ Aircraft 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
4.	Are you Responsible for: <ul style="list-style-type: none"> ■ Dams ■ Reservoirs ■ If yes, Please Complete <i>WaterPlus' Dam Questionnaire</i>. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
5.	Are you Responsible for: <ul style="list-style-type: none"> ■ Penstock ■ Underground Storage Tanks 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
6.	Are you Responsible for: <ul style="list-style-type: none"> ■ Levees / Dikes / Weirs ■ If yes, Please Describe: 	<input type="radio"/> Yes <input type="radio"/> No
7.	Do you Operate any Hydroelectric or Other Electric Generation Devices?	<input type="radio"/> Yes <input type="radio"/> No
8.	Do you Sell or Provide any Other Utilities? <ul style="list-style-type: none"> ■ If yes, Please Describe: 	<input type="radio"/> Yes <input type="radio"/> No
9.	Do you Currently have any Property in the "Course of Construction" or Plan to have any New Additions, Renovations, or Expansions? <ul style="list-style-type: none"> ■ If yes, Please Describe: ■ Estimated Cost of Construction: \$ 	<input type="radio"/> Yes <input type="radio"/> No
10.	Do you Own any Property: <ul style="list-style-type: none"> ■ Within 25 Miles of the Atlantic Coast? ■ In a Designated Flood Zone? 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
11.	Do you Purchase Workers Compensation Insurance? <ul style="list-style-type: none"> ■ If yes, Please list Carrier: _____ Effective Date: _____ 	<input type="radio"/> Yes <input type="radio"/> No
12.	Have you ever Experienced any Property Losses Resulting from Earth Movement or Subsidence?	<input type="radio"/> Yes <input type="radio"/> No
13.	Are you Responsible for any Piers, Docks, or Wharves? <ul style="list-style-type: none"> ■ If yes, Please Check Below: <ul style="list-style-type: none"> <input type="checkbox"/> Covered/Floating Docks (Anchored by Cables, etc...) <input type="checkbox"/> Covered Docks on Permanently Fixed Pilings or Piers <input type="checkbox"/> Uncovered/Floating Docks (Anchored by Cables, etc...) <input type="checkbox"/> Uncovered Docks on Permanently Fixed Pilings or Piers 	<input type="radio"/> Yes <input type="radio"/> No

SUPPLEMENTAL APPLICATION

SECTION 11: PLEASE PROVIDE THE FOLLOWING:

- | | |
|----|--|
| 1. | ACORD Applications – Including SOV, Equipment Schedule, Auto Schedule – VIN / GVW, And Driver List |
| 2. | Five Year Currently Valued Loss Runs |
| 3. | Verification of Underlying Employers' Liability Limits (Minimum Limits are \$500K / \$500K / \$500K) |
| 4. | MVRs (If Applicable) |
| 5. | Dam Questionnaire (If Applicable) |

SECTION 12: NOTES:

I have reviewed the application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant Signature: _____

(Date)

Broker Signature: _____

(Date)

SUPPLEMENTAL APPLICATION

PLEASE READ CAREFULLY GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

STATE SPECIFIC FRAUD WARNING NOTICES

Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

District of Columbia Fraud Warning

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by an applicant.

Florida Fraud Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Fraud Warning

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

Pro Rata Calculation

We will compute return premium pro rata and round to the next highest whole dollar when a policy is cancelled:

- At the company's request;
- Because the insured no longer has a financial or insurable interest in the property or business operation that is the subject of insurance;
- Rewritten in the same company or company group; or
- After the first year for a prepaid policy written for a term of more than one year.

Other Cancellations

If preceding paragraph does not apply, we will compute return premium at .90 of the pro rata unearned premium and round to the next higher whole dollar.

New Jersey Fraud Warning

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Fraud Warning

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation. Other Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Fraud Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Warning

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Warning

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania Fraud Warning

All Types of Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington Fraud Warning

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

POLICY CANCELLATION PROCEDURE

