

**APPLICATION**

Applicant Name:

Subsidiaries/Additional Named Insured:

Mailing Address:

Physical Locations: (if more, please provide schedule)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)

Proposed Effective Date:

Proposed Expiration Date:

Years in Business:

FEIN#:

Entity Type:  Non-Profit  Municipality  Corporation  Partnership  Other:

What is your Corporate Structure?  Mutual Water Company  Special District  Investor Owned Utility  
 Other:

Website Address:

**Rating Information**

State	Class Code	Class Description	# FT EEs	#PT EEs	Estimated Payroll

**Prior Carrier Information/Loss History**

Year	Carrier Name	Policy #	Audited Premium	Total # Claims	Paid Losses	Total Incurred Losses
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

<b>GENERAL INFORMATION</b>	
Does applicant own, operate or lease aircraft/watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any work performed underground or above 15 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant engaged in any other type of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are subcontractors and/or independent contractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any work sublet without Certificates of Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any group transportation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any volunteer or donated labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees travel out of state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are athletic teams sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any prior coverage declined/cancelled or non-renewed in last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employee health plans provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees perform work for other businesses or subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lease employees to or from other employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any tax liens or bankruptcy within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employees under 16 or over 60 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees work predominantly from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>OPERATIONS/EXPOSURES</b>	
Check each applicable department/category:	
<input type="checkbox"/> Waterworks:	<input type="checkbox"/> Surface Water <input type="checkbox"/> Ground Water <input type="checkbox"/> Both
<input type="checkbox"/> Reservoir	<input type="checkbox"/> Aerial Holding Tank
<input type="checkbox"/> Electric / Power	<input type="checkbox"/> Irrigation / Drainage / Reclamation <input type="checkbox"/> Sanitary or Sanitation District
Located near (if applicable):	
<input type="checkbox"/> Plume	<input type="checkbox"/> Superfund <input type="checkbox"/> N/A
What percentage of the customer's total operations are from construction?	
Is your customer requesting USLH or maritime coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees live on the premises/lodging provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there operations with navigable water exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your customer's operations include bottled water sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving exposure: <input type="checkbox"/> Subcontracted out <input type="checkbox"/> Insured employee(s) <input type="checkbox"/> N/A	
Does insured do any Canal/Levee/New Dam Construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is 100% of this work subcontracted out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Dam on the district/utility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your customer perform sewer or water main inspections exclusively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your customer engage in new well drilling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this risk a desalination plant (for drinking water purposes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your customer have aerial holding tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATIONS/EXPOSURES	
Does your customer generate power? If yes, what type(s): <input type="checkbox"/> Hydro-electric <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of the applicant's customers use smart meters?	
Does the customer bill a flat charge as opposed to usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your member located in Los Angeles, Santa Barbara, Ventura, Orange, San Bernardino, or Riverside County? If yes, County:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have any Fire Fighters or Park Rangers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operation is: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Both	
How does insured bill customer? <input type="checkbox"/> Flat Charge <input type="checkbox"/> Usage <input type="checkbox"/> Both	
Water Main/Sewer Construction: <input type="checkbox"/> Subcontracted <input type="checkbox"/> By Employees <input type="checkbox"/> Both	
Are there operations not customary for water/sanitation districts that present worker injury exposures? (e.g., composting, canyoneering, etc.) If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of state travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years in Business:	
Total Number of Locations:	
Number of Company Vehicles:	
Number of Authorized Drivers:	
Do employees take vehicles home at night? If yes, #:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Radius:	miles
DMV/PUC Filing Required? If yes, DMV/PUC #:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Maintenance: <input type="checkbox"/> By Employees <input type="checkbox"/> Performed by Vendor	

WORKFORCE	
Union? If yes, name of Union:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current number of employees: Full time:                      Part-time:                      Seasonal:	
Percent of employee turnover in last 12 months: Layoffs anticipated in next 12 month period?	% <input type="checkbox"/> Yes <input type="checkbox"/> No
Average wage rate for governing class: Volunteer labor used? If yes, # of volunteers:	\$ <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of volunteer labor duties:	
Health Benefits offered to all F/T employees? % Participation % Employer Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No %
Specific Clinic/Physician used? If yes, Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks? Drug/Substance Abuse Screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>WORKFORCE</b>	
Audiometric Testing? Motor Vehicle Record Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic Back Test? Pre/Post Employment Physical?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Duty Offered? CPR/First Aid Training Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Board of Directors Paid? WC Coverage provided to Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SAFETY PROGRAM</b>	
Safety Program / IIPP Compliant with SB 198?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designated full time Safety Director? If yes, name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety meetings held for all employees? Frequency of meetings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety training held for all employees? If yes, <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incentive Program for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisors held accountable for injuries/accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident Investigation Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Health & Wellness Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

"I have reviewed this 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