



**CALIFORNIA ASSOCIATION OF MUTUAL WATER COMPANIES
JOINT POWERS RISK AND INSURANCE MANAGEMENT AUTHORITY
(JPRIMA) SUPPLEMENTAL APPLICATION**



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="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Inland Marine: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Boiler & Machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Crime: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ General Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$	Public Officials: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ EPLI: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Auto: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Privacy / Cyber: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Excess: <input type="checkbox"/> Yes <input type="checkbox"/> No Premium: \$ Limit: \$
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SECTION 3: EXPOSURE INFORMATION

1.	Type Of District/Utility: <input type="checkbox"/> Water / Sewer / Public Utility <input type="checkbox"/> Irrigation District <input type="checkbox"/> Reclamation / Drainage / Flood Control	<input type="checkbox"/> Resource / Soil Conservation <input type="checkbox"/> Community Services District <input type="checkbox"/> Other:
2.	Annual Budget:	\$
3.	Payroll	\$
	Field Payroll:	\$
	Sewer / Water Treatment Plant Payroll:	\$
4.	Miles of Irrigation Ditch:	
5.	Number of Hook-Ups:	
6.	Population Served:	
7.	Total Number of: Full-Time Employees:	Board Members: Terms of Board Members:
8.	How long have the Board Members and Management Team Been in Place?	

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

***All "Yes" answers must include an explanation in Section 9. NOTES or via separate attachment.**

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



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SECTION 5: GENERAL QUESTIONS		
1.	Are Certificates of Insurance Required from your Subcontractors? <ul style="list-style-type: none"> If yes, List the Amount: \$ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you Named as an Additional Insured on your Subcontractor's Liability Policies?	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you Responsible for: <ul style="list-style-type: none"> Dams Reservoirs If yes, Please Complete <i>Dam Questionnaire</i>. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you Responsible for: <ul style="list-style-type: none"> Penstock Underground Storage Tanks 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you Responsible for: <ul style="list-style-type: none"> Levees / Dikes / Weirs If yes, Please Describe: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you Operate any Pumps with Horsepower > 1,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you Operate any Hydroelectric or Other Electric Generation Devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you Sell or Provide any Other Utilities? <ul style="list-style-type: none"> If yes, Please Describe: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	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="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you Purchase Workers Compensation Insurance? <ul style="list-style-type: none"> If yes, Please list Carrier: _____ Effective Date: _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever Experienced any Property Losses resulting from Subsidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do have an active Fleet Safety Program that includes Regular MVR Employee Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are you aware of any Incidents or Circumstances, which might give rise to a Claim under this Policy? If yes, Please Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims(s) arising from any Facts, Circumstances, or Situations Mentioned in Question 14 above are Excluded from Coverage.

SECTION 6: EMPLOYMENT PRACTICES		
1.	Desired Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other: \$	
2.	Total Number Of Employees, excluding Directors and Officers (All Locations):	
	Non-Union:	Union:
	Full Time: Temporary:	Full Time: Temporary:
	Part Time: Leased:	Part Time: Leased:
3.	Annual Employee Turnover Rate for Last Year?	
4.	How Many Employees Have Been Involuntarily Terminated In The Past Year?	
5.	Have any EEOC or NLRB Charges, State or Local Judgments, or Demand Letters from Proposed, Current or Former Employees or their Attorneys been received by the Applicant In the Past Five Years? <ul style="list-style-type: none"> If yes, Please Describe: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you had any Lawsuits, Mediations, Arbitrations, Negotiated Settlements entered into with any Proposed, Current, or Former Employee of the Applicant in the Past Five Years? <ul style="list-style-type: none"> If yes, Please Describe: 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims(s) arising from any Facts, Circumstances, or Situations Mentioned in Questions 5.or .6, above are Excluded from Coverage.



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SECTION 7: HUMAN RESOURCES

1.	Do you Have a Full Time Human Resource Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you Have a Written Annual Employee Evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Do you Have a Written Grievance Procedure in Place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Do you Have a Written Employee Handbook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you Have a Written EEOC Guideline in Place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Do you Have a Formal Outreach Program For Terminated / Laid Off Employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Do All Employees Receive Training in the Proper Implementation of your Human Resource Policies & Procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Do you Use Outside Counsel for Employment Advice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Do you have the following Written Policies?		
	■ Anti-Sexual Harassment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	■ Anti-Sexual Harassment (Non-Sexual):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	■ Family Medical Leave:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do your Anti-Harassment Policies Provide?		
	■ Confidential Reporting Process:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	■ Protection For Employees Making a Complaint:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	■ An Alternative Reporting of Allegations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 8: PLEASE PROVIDE THE FOLLOWING:

1.	ACORD Applications – Including SOV, Equipment Schedule, Auto Schedule – CN / VIN / GVW / Radius 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 9: NOTES:

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.

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.

Applicant Signature: _____ **(Date)** _____

Broker Signature: _____ **(Date)** _____



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DAM-QUESTIONNAIRE

NOTE: If the entity maintains more than one dam, a separate questionnaire must be completed for each structure.
MANDATORY: Please forward copies of latest inspection reports.

1.	Name of Structure:		
	Address:		
2.	Year Built:		
3.	Built Under the Direction of: <input type="checkbox"/> Entity <input type="checkbox"/> Bureau of Reclamation <input type="checkbox"/> Dept. of Agriculture <input type="checkbox"/> Dept. of Interior <input type="checkbox"/> Corp of Engineers <input type="checkbox"/> Other		
4.	Purpose (Check All Applicable): <input type="checkbox"/> Flood <input type="checkbox"/> Irrigation <input type="checkbox"/> Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Power		
5.	Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Earth <input type="checkbox"/> Steel Sheet <input type="checkbox"/> Other		
6.	Dimensions: Acre / Feet: Height:	Top Width: Base Width:	Storage Capacity:
7.	How Frequently is the Dam Inspected?		By Whom?
	<ul style="list-style-type: none"> ■ Has Risk Been Included Under the National Program for Dam Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No 		
8.	Name of Tributary Rivers of Impoundment Waters: Upstream		Downstream
9.	How is the Water Level Controlled? <input type="checkbox"/> Gates <input type="checkbox"/> Spillway <input type="checkbox"/> Other		
	<ul style="list-style-type: none"> ■ If Gates, What Type? ■ How are Gates Operated? <input type="checkbox"/> Manually <input type="checkbox"/> Automatically 		
10.	Upstream Exposures - Are there Exposures to any of the following:		
	<ul style="list-style-type: none"> ■ Structures <input type="checkbox"/> Yes <input type="checkbox"/> No ■ Industrial Complexes <input type="checkbox"/> Yes <input type="checkbox"/> No ■ Housing <input type="checkbox"/> Yes <input type="checkbox"/> No 	If yes, Please Describe (Be Specific: Include Distances, etc...)	
	<ul style="list-style-type: none"> ■ Recreational Areas (Swimming, Boating, Camping, etc...) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> ■ If yes, Please Describe (Be Specific: Include Distances, etc...) 		
11.	Downstream Exposures – Must Be Completed for All Items Listed Below:		
	<input type="checkbox"/> Housing	Distance:	Description:
	<input type="checkbox"/> Other Structures	Distance:	Description:
	<input type="checkbox"/> Industrial Complexes	Distance:	Description:
	<input type="checkbox"/> Pumping Stations	Distance:	Description:
	<input type="checkbox"/> Bridges	Distance:	Description:
	<ul style="list-style-type: none"> ■ Description: 		
	<input type="checkbox"/> Highways	Distance:	Description:
	<ul style="list-style-type: none"> ■ Description: (Interstate, State Route, Country Road, Paved, Unpaved, etc...) 		
	<input type="checkbox"/> Agricultural Areas	Distance:	Description:
	<ul style="list-style-type: none"> ■ Is there Exposure to: Livestock: <input type="checkbox"/> Yes <input type="checkbox"/> No 	Crops: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Dwellings: <input type="checkbox"/> Yes <input type="checkbox"/> No	Barns & Sheds: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Recreational Areas	Distance:	Description: