

Fax completed application to 256-396-5241

WATER DISTRICTS - SUPPLEMENTARY APPLICATION

(This document is in addition to your standard ACORD Application)

GENERAL INFORMATION				
1. Account Name: _____				
2. Type of District/Utility: <input type="checkbox"/> Reclamation/Drainage/Flood Control <input type="checkbox"/> Water/Sewer/Public Utility <input type="checkbox"/> Irrigation District <input type="checkbox"/> Resource/Soil Conservation <input type="checkbox"/> Community Service/Extension <input type="checkbox"/> Other: _____				
Line of Business	PREMIUM	Line of Business	PREMIUM	
a. Property / IM	\$ _____	e. D&O / POL	\$ _____	
b. General Liability	\$ _____	f. EPLI	\$ _____	
c. Crime	\$ _____	g. Total Auto (AL and APD)	\$ _____	
d. Boiler & Machinery	\$ _____	h. Excess / UMB	\$ _____	
EXPOSURE			AMOUNT	
1. Annual budget? _____ % Allocated to Capital Improvement and sewer/water main replacement			_____	
2. Approximate number of gallons sold?			_____	
3. Approximate percentage of plastic piping used?			_____	
4. Approximate percentage of water lines less than 8-inch diameter?			_____	
5. Do you have a fully computerized water system? (I.e. SCADA)			_____	
6. Field Payroll? _____ Sewer/water treatment plant payroll? _____			_____	
7. Miles of irrigation ditch?			_____	
8. Miles of sewer lines _____ and water lines _____ ?			_____	
9. What is the average AGE of all piping?			_____	
10. Number of hook-ups? _____ Population Served? _____			_____	
11. Total number of full time employees / board members? <u>Terms of the board</u> members?			_____	
12. How long have the board members and management team been in place?			_____	
13. How often are sewer lines/mains inspected by line cameras?			_____	
14. How often are sewer mains/lines cleaned? Replacement program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No			_____	
15. Please describe the overall type of piping used and the maintenance program?			_____	
HISTORICAL EXPERIENCE: TYPE OF INCIDENT (Please attach 5 year loss history valued within 6 months)			YES	NO
1. Any claims over \$25,000 in the past 5 years?			<input type="checkbox"/>	<input type="checkbox"/>
2. Any contaminated well sites or water sources in the last 5 years?			<input type="checkbox"/>	<input type="checkbox"/>
3. Any flood losses in the last 10 years?			<input type="checkbox"/>	<input type="checkbox"/>
4. Any perchlorate incidents in the last 5 years?			<input type="checkbox"/>	<input type="checkbox"/>
5. Any pollution incidents in the last 5 years? (e.g. MTBE , Arsenic, and THM's – Trihalomethanes)			<input type="checkbox"/>	<input type="checkbox"/>
TREATMENT / CHEMICALS				
1. What water chemicals do you use? _____ How often do you test? _____				
2. How are your water chemicals stored and secured? _____				
GENERAL QUESTIONS			YES	NO
1. Are certificates of insurance required from your subcontractors? (If yes, list the amount \$ _____)			<input type="checkbox"/>	<input type="checkbox"/>
2. Are you named as an additional insured on your subcontractors' liability policies?			<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use or operate any of the following in your operations? <input type="checkbox"/> Watercraft >26ft in length <input type="checkbox"/> Aircraft			<input type="checkbox"/>	<input type="checkbox"/>
4. Are you responsible for: Dams <input type="checkbox"/> Reservoirs <input type="checkbox"/> (If yes to Dams, fill out the ARCH INSURANCE COMPANY Dams Supplemental Application)			<input type="checkbox"/>	<input type="checkbox"/>
5. Are you responsible for: <input type="checkbox"/> Penstock <input type="checkbox"/> Underground Storage Tanks			<input type="checkbox"/>	<input type="checkbox"/>
6. Do you operate any hydroelectric or other electric generation devices?			<input type="checkbox"/>	<input type="checkbox"/>
7. Do you sell or provide any other utilities? (If yes, please describe: _____)			<input type="checkbox"/>	<input type="checkbox"/>
8. Do you currently have any property in the "course of construction" or plans to have any new additions, renovations, or expansions? Estimated cost of construction: \$ _____ If yes, describe: _____			<input type="checkbox"/>	<input type="checkbox"/>
9. Do you own any property: <input type="checkbox"/> Within 25 miles of the coast? <input type="checkbox"/> In a designated flood zone			<input type="checkbox"/>	<input type="checkbox"/>
10. Do you purchase workers' comp insurance? (If yes, please list carrier: _____, effective date: _____)			<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever experienced any property losses resulting from earth movement or subsidence?			<input type="checkbox"/>	<input type="checkbox"/>
12. Are you responsible for any piers, docks, or wharves? (If yes, please describe below)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Covered/Floating Docks (anchored by cables, etc.) <input type="checkbox"/> Covered Docks on Permanently Fixed Pilings or Piers			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Uncovered/Floating Docks (anchored by cables, etc) <input type="checkbox"/> Uncovered Docks on Permanently Fixed Pilings or Piers _____			<input type="checkbox"/>	<input type="checkbox"/>
13. Do you need prior acts coverage? (If yes, indicate Line of coverage and proposed retroactive date below) Line of coverage(s): _____ Retro Date(s): _____			<input type="checkbox"/>	<input type="checkbox"/>
14. SUBMERSIBLE PUMPS:				
a. Does your operation utilize submersible pumps below 50 feet? (If yes, indicate horsepower: _____)			<input type="checkbox"/>	<input type="checkbox"/>
b. Is a preventative maintenance program or annual service contract in place with a well pump operation firm?			<input type="checkbox"/>	<input type="checkbox"/>
c. Please indicate (if any) the services performed on deep well pumps:			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sampling of pump Discharge for Sediments <input type="checkbox"/> Bearing Lubrication			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motor Amperage Draw <input type="checkbox"/> Routine Checks of all Packing Glands			<input type="checkbox"/>	<input type="checkbox"/>

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OTHER EXPOSURES	YES	NO
1. Do you sponsor any social functions where liquor is served?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an airport on your premises?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you permit any special events on your premises? (If yes, please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any security? (If yes, are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you permit any winter sports on your premises? (If yes, please describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>
6. Please list any recreational activities, (basketball courts, hiking trails, playgrounds, etc.):	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you operate any pumps greater than 1,000 horsepower?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you own any water towers with values greater than \$2,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you own any free standing transmission towers (i.e. radio & television)?	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT PRACTICES		
1. Please check your desired retention? <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, including directors and officers (all locations): Non-Union: Full Time: _____ Part Time: _____ Temporary: _____ Leased: _____ Union: Full Time: _____ Part Time: _____ Temporary: _____ Leased: _____		
3. Annual employee turnover rate for the 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 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide complete details on a separate sheet)		
6. Have you had any lawsuits, mediations, arbitrations, or negotiated settlements entered into with any proposed, current or former employee of the applicant in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide complete details on a separate sheet)		
7. Are you aware of any incidents or circumstances, which might give rise to a claim under this Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe) _____		
<i>Claims(s) arising from any facts, circumstances or situations mentioned in Questions 5., 6., or 7. above are excluded from coverage.</i>		
HUMAN RESOURCES:	YES	NO
1. Do you have a full-time human resource coordinator?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a written annual employee evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a written grievance procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a written employee handbook?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a written EEOC guideline in place?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a formal outreach program for terminated/laid off employees?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do all employees receive training in the proper implementation of your human resource policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you use outside counsel for employment advice?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have the following written policies: <input type="checkbox"/> Anti-sexual harassment? <input type="checkbox"/> Anti-harassment (non-sexual)? <input type="checkbox"/> Family medical leave?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your anti-harassment policies provide: <input type="checkbox"/> Confidential reporting process? <input type="checkbox"/> Protection for employees making a complaint? <input type="checkbox"/> An alternate reporting of allegations?	<input type="checkbox"/>	<input type="checkbox"/>
AUTO – (INCLUDING HIRED & NON-OWNED)		
AUTO:		
1. Details of the fleet safety program: _____		
2. Are MVR's checked on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Are written MVR/driver standards in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Any personal use of autos? <input type="checkbox"/> Yes <input type="checkbox"/> No: Spouses or children allowed access to corporate owned vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Maintenance program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Details _____		
5. How often are driver required to check vehicles? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
HIRED AUTO:		
1. Describe usage of all hired autos: _____		
2. What types of autos are typically hired: Commercial Auto - GVW: _____ Private Passenger Types: _____		
3. Estimated annual cost of hired autos? _____		
NON-OWNED AUTOS		
1. Describe usage and types of non-owned autos used in your business: _____		
2. How often are non-owned autos used in your business: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
3. Do you require employees to have their own insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the minimum limits required? _____		

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE