



## WATERWORKS QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Name/Location:** \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

3. How long has the Water District been in operation? \_\_\_\_\_

4. Is the district licensed?  Yes  No

5. Description of water system and number of customers served:

a) Domestic: \_\_\_\_\_

b) Industrial/Commercial: \_\_\_\_\_

c) Farms: \_\_\_\_\_

6. Describe source of water system (i.e. ground water/wells, surface water/rivers, reservoirs, irrigation canals):

7. Describe the water delivery system, including age, condition, filtering and construction of pipes:

8. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:

a) Dams (State Name, Age, Location, Dimensions and Water Rights, Branch Dam Classification):

b) Reservoirs (State location, age and capacity):

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c) Miscellaneous storage tanks, etc.:

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9. Water Testing:

a) How frequently is water tested for organic contaminants, bacteria and chemicals?

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b) Who performs the testing?

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10. Provide details of water analysis records kept by the District:

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11. Does the District have an emergency plan? Details:

12. Is Water Purification/Treatment performed?  
Frequency:

Yes  No

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Detail chemicals used and how purification/treatment is done:

13. Is the water guarded against vandalism?  
Details:

Yes  No

14. Is Liability assumed under contract?  
If Yes, provide details and a copy of the contract:

Yes  No

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15. Is Water Works District exonerated from liability for failure to supply water to their customers?  Yes  No  
If so provide relevant copy of the Act (Incorporating the water works district) that exonerates the Water Works District:

16. Are major expansion, construction projects anticipated in the immediate future?  Yes  No  
If Yes, give details:

17. a) State the number of employees in the District and their positions:

b) Gross payroll: \_\_\_\_\_

18. Annual number of cubic meters/gallons of water sold: \_\_\_\_\_ Annual Receipts: \_\_\_\_\_

19. Kind of work subcontracted:

a) Do Sub Contractors provide evidence of Insurance?

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b) Cost of work sublet: \_\_\_\_\_

20. Details of any unlicensed mobile equipment owned or leased by the District:

21. Number of trenches or "manholes": \_\_\_\_\_ Are they left open after hours? \_\_\_\_\_

22. Description of all operations undertaken by the District:

23. Provide 5 years history of past insurance and losses in the District:

24. Do you carry CGL insurance?

Yes  No

Does it apply to Products coverage arising out of water distribution?

Yes  No

25. Are you in possession of any specific information or constructive knowledge of any circumstance that might lead to a claim under the policy applied for?  
If Yes, provide details:

Yes  No

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

By: \_\_\_\_\_  
(Title)

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
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