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WATER DISTRICT SUPPLEMENT TO GENERAL LIABILITY INSURANCE APPLICATION FOR

Name of Applicant: _____

1. Is the Water District licensed? Yes No How long has it been in operation? _____

Description of all operations undertaken by the District:

2. Number of customers served: Domestic # _____ Industrial/Commercial # _____ Farms # _____

Annual number of cubic meters/gallons of water sold: _____ Annual Receipts: \$ _____

Describe the water delivery system, including age, condition, filtration and treatment facilities and length and construction of pipes, reservoirs (state location, age and capacity), tanks, dams (state Name, Age, Location, Dimensions and Water Rights, Branch Dam Classification), pump stations, miscellaneous storage tanks and number of "trenches" or "manholes": (attach separate sheet if necessary)

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

Source: How frequently is it inspected? _____ By whom? _____

Methods used? _____

Water Quality: How frequently is water tested for organic contaminants, bacteria and chemicals?

Who performs the testing? _____

How long are water analysis records kept by the District: _____

Is Water Purification/Treatment performed: Yes No If Yes, how often _____

Detail chemical used and how purification/treatment is done: _____

Does the District have an emergency plan? (specify) _____

Is the water guarded against vandalism? (specify) _____

Have there ever been any boil water advisories? Yes No If Yes, please provide details.

4. Is Liability assumed under contract? Yes No If yes, provide details and a copy of the contract:

Is Water Works District exonerated from liability for failure to supply water to their customers? Yes No

If Yes, provide relevant copy of the Act.

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

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This supplement, together with the General Liability application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.

Signature of Applicant _____ Dated _____