

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

WATER SUPPLY COMPANIES AND IRRIGATION SYSTEMS SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

Date: _____

Name of Applicant: _____

State/Area of Operations: _____ Website Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

Water Supply Company

1. Applicant's Operations:

Annual payroll:\$ _____

Number of gallons distributed annually:

Maximum annual capacity:

Miles of pipe:

Total number of employees:

Number of users:

Residential:

Commercial:

Industrial:

Number of:

Water treatment plants:

Water tanks:

Water towers:

Are all facilities fenced? Yes No

Is water provided to neighboring entities? Yes No

If yes, describe and provide copies of contracts: _____

2. Source of water supply (lake, well, etc.): _____

Age of system:

Year last upgraded:

Composition of pipe:

Lead: _____% Cast Iron: _____% Asbestos: _____% Plastic: _____%
Clay: _____% Other: _____% Water lines less than 8" diameter: _____%

3. Has utility completed monitoring for lead in drinking water? Yes No

If yes: Date completed: _____

Test results: _____

Tap water monitoring: _____

Water quality monitoring: _____

Lead source water monitoring: _____

If test results exceed the lead action level of 15 ppb, please comment on treatment techniques relating to corrosion control, source water, public education or lead service line replacement: _____

4. How often is water tested? _____

Which regulatory agency is used? _____

5. Has system ever been cited or fined for non-compliance with required standards? Yes No

If yes, please provide details, copy of non-compliance notice(s) and action(s) taken to correct problem(s):

6. Does Organization contract any part of water operations (construction, maintenance, inspection, etc.)? Yes No

If yes, provide certificates of insurance.

Irrigation Systems/Reclamation Districts

1. Applicant's Operations:

Annual Payroll:\$ _____

Number of gallons and/or acre feet of water used annually:..... _____

Number of pumps: _____

Annual budget:\$ _____

Miles of irrigation ditches and their age: _____

Miles of:

Pipe:..... _____

Canals:..... _____

Watercraft used in operations?..... Yes No

If yes, number of:

Owned: _____ Leased: _____ Rented: _____

Number of Dams/Reservoirs: _____ If any, complete Dam Questionnaire GLS-113.

What recreational use is allowed?

Fishing Hunting Hiking ATVs/snowmobiles Other None

2. Length of time board members/management team in place: _____

3. New construction or additions planned? Yes No

If yes, provide details of operations and when scheduled: _____

4. Does organization contract any operations (construction, maintenance, inspection, etc.)? Yes No
If yes, advise and provide certificate of insurance. _____

5. Loss Exposures:

Weed control operations? Yes No

If yes, describe the method and frequency: _____

Contaminated water sources in the past five years? Yes No

If yes, explain: _____

Flood losses in the past ten (10) years? Yes No

If yes, describe: _____

Pollution incidents in the last five years? Yes No

If yes, explain: _____

Pollution Liability Policy:

Insurance Company _____

Policy Number: _____

Effective Date: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract, should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.