

**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.