



**WATERWORKS CO-OPERATIVE QUESTIONNAIRE**

Forming Part of the General Liability Application

201-339 Westney Rd. S., Ajax Ontario L1S 7J6  
Office: 905-428-1269 Fax: 905-428-3977  
www.amfredericks.com

DATE: 

D	D	M	M	Y	Y
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Name of Applicant \_\_\_\_\_

If available, attach a map of District showing boundaries and location of dams, if any

Name/Location of District \_\_\_\_\_

Mailing Address \_\_\_\_\_

How long has the Water District been in operation? 

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 No. of Years Is the District Licensed?  Yes  No If Yes, provide copy of most recent license.

Number of customers served: Domestic 

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 Number Industrial/Commerical 

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 Number Farms 

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 Number

**Nature of Operations:**

Please indicate what facilities are included in the particular waterworks:

Water Distribution Facility  Yes  No Wastewater Collection Facility  Yes  No  
Water Treatment Facility  Yes  No Wastewater Treatment Facility  Yes  No

Does the Water Utility operate the wastewater collection and treatment facility?  Yes  No

If Yes, please provide the following information:

Who owns the Sewers? \_\_\_\_\_  
Name

Who maintains the Sewers? \_\_\_\_\_  
Name

Please indicate what types of sewers are utilized:

Storm Sewers  Yes  No Sanitary Sewers  Yes  No Combined Sewers  Yes  No

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

\_\_\_\_\_

Describe the Water Delivery System, including age, condition, filtering and construction of pipes.

If additional space is needed to answer any questions, please use the blank page included with this form on page 7.

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

Type	Name	Location	Age	Dimensions	Water Rights Branch Dam Classification
Dam					
Dam					
Reservoir					
Reservoir					
Storage Tanks					
Other(Describe)					



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**Sampling and Testing**

Waterworks must take regular and frequent samples of their treated water and have the samples tested for microbiological parameters and other health related parameters. Please provide the following information

\_\_\_\_\_ Name of laboratory responsible for testing for health-related parameters

\_\_\_\_\_ Standard Council of Canada Accreditation Number

Does the staff of the waterworks test the water daily for operational parameters?  Yes  No

Number of staff employed by waterworks who are currently licensed to conduct testing for operation parameters: \_\_\_\_\_

Provide details of water analysis records kept by the District.

\_\_\_\_\_

Does the District have an emergency plan?  Yes  No

If Yes, please provide details

\_\_\_\_\_

Is Water Purification/Treatment performed?  Yes  No Frequency \_\_\_\_\_

Performed by whom? \_\_\_\_\_

If Yes, please provide details including chemicals used and how purification/treatment is done

\_\_\_\_\_

Is the water guarded against vandalism?  Yes  No

Please provide details.

\_\_\_\_\_

Is liability assumed under contract?  Yes  No

If Yes, please attach a copy of the contract and provide details

\_\_\_\_\_



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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 (Incorporating the Water Works District) that exonerates the Water Works District

Is the Water District currently in compliance with all relevant Provincial Laws and Regulations  Yes  No

If No, please explain in details areas not in compliance and outline your plans for compliance

[Empty rounded rectangular box for compliance explanation]

Are major expansion or construction projects anticipated in the immediate future?  Yes  No

If Yes, please provide details:

[Empty rounded rectangular box for expansion details]

State the number of employees in the District and their positions.

Number \_\_\_\_\_ Position \_\_\_\_\_

Number \_\_\_\_\_ Position \_\_\_\_\_

Number \_\_\_\_\_ Position \_\_\_\_\_

Number \_\_\_\_\_ Position \_\_\_\_\_

Gross Payroll \_\_\_\_\_ \$CAD

Annual # of cubic meters water sold \_\_\_\_\_ Meters

Annual receipts \_\_\_\_\_ \$CAD

Do you utilize sub-contractors?  Yes  No

If Yes, please list types of work sub-contracted

[Empty rounded rectangular box for sub-contracted work types]

Do sub-contractors provide evidence of insurance?  Yes  No

Cost of work sub-contracted? \_\_\_\_\_ \$CAD



Provide 5 year history of any losses of the Water District.

A large, empty rectangular box with rounded corners, intended for the user to provide a 5-year history of any losses of the Water District.



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**PRIOR INSURANCE AND PRIOR KNOWLEDGE**

Do you currently have Liability Insurance for the waterworks for which you are requesting liability coverage?  Yes  No

\_\_\_\_\_ Insurer

Effective Date: | D | D | M | M | Y | Y |

Expiry Date: | D | D | M | M | Y | Y |

\_\_\_\_\_ Limits \$

\_\_\_\_\_ Deductible

Has any person who will be insured under the policy of Insurance hereby applied for given notice under the provisions of any of the policies listed above, or any prior policies providing similar insurance, of (i) any claims which have not yet been finally and fully resolved, or, (ii) or any facts or circumstances which might give rise to a claim being made against such person?

Yes  No

If the answer to the previous question was yes, please attach an additional sheet listing the particulars of all such claims, or facts or circumstances, including particulars of the amount of the claim or possible claims.

Do you have any reason to believe that any such claim or possible claim is not covered by a current or previous policy or that this amount of such claim or possible claim may exceed the limits of any such policy?

Yes  No

**DECLARATION AND WARRANTY OF BEHALF OF NAMED INSURED**

The undersigned authorized officer of the applicant declares that he/she has the legal capacity to make this declaration on behalf of the proposed Named Insured and declares that the statements set forth herein are true and accurate. It is understood that completion of this Water Operation Application Form is a prerequisite for Water Operations liability coverage. Signing of this application does not bind the applicant or the Insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued.

The undersigned hereby represents and warrants that, except for the claims or possible claims referred to in this application above, no person who will be an Insured under the policy of Insurance hereby applied for is aware of any claims, or facts or circumstances which might give rise to a claim, that would fall within the scope of the coverage hereby applied for.

All written statements and materials furnished to the Insurer In conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Any inaccuracies or omissions in this application or the written statements and materials furnished to the Insurer In conjunction with this application will void any liability coverage in respect to liability for Water Operations.

On behalf of: \_\_\_\_\_  
 Name of Waterworks

\_\_\_\_\_ Name: \_\_\_\_\_ Title

Signature: \_\_\_\_\_



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Please provide details of any unlicensed equipment owned or leased by the District

Table with 3 columns: Description, Age, Replacement Cost. Contains 8 empty rows for data entry.

Have the Provincial Authorities inspected the above named waterworks facility? [ ] Yes [ ] No

Please attach a copy of the most recent Certificate of Approval, including all conditions attached or contained within.

Date of Inspection: [ D | D | M | M | Y | Y ] Certificate of Approval Number: [ | | | | | | | | | ]

Are you complying with the conditions in the current Certificate of Approval? [ ] Yes [ ] No

[ | | | | | | | | | ] Number of trenches or 'manholes' Are they left open after hours? [ ] Yes [ ] No

Description of all operations undertaken by the District.

Large rounded rectangular box for describing operations undertaken by the District.



Additional Information related to Potential Claims

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Additional Information related to Application

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Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

**1. An applicant for a contract:**

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

**2. The Insured contravenes a term of the Contract or commits a fraud; or**

**3. The Insured willfully makes a false statement in respect of a claim under the Contract.**

**Policy Language Request: (applicable to Quebec applicants only):**

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

**Language de la police d'assurance (pour les résidents du Quebec seulement):**

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

**Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

**How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

**What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

**We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

**Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, at A.M. Fredericks Underwriting Management Ltd. 201-339 Westney Rd. S. Ajax, Ontario L1S 7J6 Tel: 905-428-1269 Ext 109 Fax: 905-428-3977

Our Insurers privacy contacts can be found:

<http://www.amfredericks.com/privacy.php>

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
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