

**GENERAL SUPPLEMENTAL APPLICATION**

In addition to this General Supplemental Application, please submit all ACORD® applications and schedules.

- This Supplement is for the **Exclusive Use** for California Water & Water-Related Entities and Special Districts shown below.

**PLEASE COMPLETE ONLY THOSE SECTIONS THAT ARE APPLICABLE.**

**GENERAL INFORMATION**

**Entity**

Application Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Legal Name of Entity: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s): \_\_\_\_\_

Entity Population: \_\_\_\_\_ Web site address: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

Type of Water/Water-Related Entity:

- |                                                      |                                                  |                                               |
|------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Cemetery District           | <input type="checkbox"/> Homeowners' Association | <input type="checkbox"/> Mutual Water Company |
| <input type="checkbox"/> Community Services District | <input type="checkbox"/> Investor-Owned Utility  | <input type="checkbox"/> Sewer District       |
| <input type="checkbox"/> Conservation District       | <input type="checkbox"/> Irrigation District     | <input type="checkbox"/> Water District       |
| <input type="checkbox"/> District Operations – Other | <input type="checkbox"/> Memorial District       | <input type="checkbox"/> Other _____          |

Identify: \_\_\_\_\_

Inspection and Insurance Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Submitting Agency**

*All agents participating in this program must comply with their state licensing requirements. Please indicate your current resident license in the space provided.*

Agency: \_\_\_\_\_ Agency License No.: \_\_\_\_\_

Licensing Contact Name: \_\_\_\_\_ State: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**Operations Information**

Identify the number of each:

- |                                                              |                                                           |
|--------------------------------------------------------------|-----------------------------------------------------------|
| _____ Board Members, Public Officials, Directors or Officers | _____ Temporary or Seasonal Workers                       |
| _____ Full-Time Paid Employees                               | _____ Volunteers (do not include volunteer board members) |
| _____ Part-Time Paid Employees                               |                                                           |

Yes  No Does the entity want a supplemental accident quote? If "Yes", do you want to cover:  
 Board Members & Full-Time Employees  Volunteers

How long have the board members and management team served? \_\_\_\_\_

Yes  No Does the entity fund, operate or control other boards, commissions or authorities? If "Yes", explain:  
 \_\_\_\_\_

Yes  No Does the entity provide employees or equipment to any local government? If "Yes", explain:  
 \_\_\_\_\_

Yes  No Are certificates of insurance required from the entity's subcontractors? If "Yes", what are the minimum limits required? \_\_\_\_\_

- Yes  No Does the entity utilize a uniform written contract for all subcontractors? If "Yes", check those items that are included:  
 Additional Insured Status on a Primary and Non-Contributory Basis  
 Hold Harmless wording  Defense and Indemnification wording
- Yes  No Is the entity named as an additional insured on subcontractors' liability policies?
- Yes  No Does the entity have a formalized risk management procedure or program? If "Yes", check those items that are included:  
 Written Safety or Loss Prevention Manual  Emergency Planning / Disaster Recovery Planning  
 Employee training meeting  Property or equipment inspection and maintenance logs  
 Procedures to prevent and report sexual harassment  Accident investigation program

Describe any other formal or informal operating controls. \_\_\_\_\_

Yes  No Are "mutual aid" agreements in place with other local governments? If "Yes", identify: \_\_\_\_\_

Yes  No Are these "mutual aid" agreements formal agreements?

**Coverage Requested / Expiring Information**

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input type="checkbox"/>	Property				
<input type="checkbox"/>	Equipment / Inland Marine				
<input type="checkbox"/>	Crime				
<input type="checkbox"/>	General Liability				
<input type="checkbox"/>	Public Officials & Mgmt. Liability				
<input type="checkbox"/>	Employment Practices Liability				
<input type="checkbox"/>	Auto Liability & Physical Damage				
<input type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

**Large Loss History**

Loss history for each insurance coverage requested must be verified through submission of loss experience reports. Reports must be currently valued and include the current expiring policy term plus four (4) preceding policy terms. Please provide details of any loss greater than \$10,000 (including expenses) on a separate page.

**LINE OF BUSINESS COVERAGE AND ENHANCEMENT SUMMARY**

**PROPERTY - The Property coverage form includes Real Property (Coverage A) and Personal Property (Coverage B) based on the insured Statement of Values submitted with this application. Loss of Income (Coverage C) and Extra Expense (Coverage D) are each included at a limit of \$250,000 per occurrence. Additional limits for Loss of Income and Extra Expense may be selected below. The Property form includes the following extensions of coverage:**

Coverage Extension	Limits Included	Optional Limit Requested, if applicable
Loss of Income	\$250,000 Per Occurrence	\$ _____
Extra Expense	\$250,000 Per Occurrence	\$ _____
Accounts Receivable	\$50,000	<input type="checkbox"/> \$250K <input type="checkbox"/> \$500K <input type="checkbox"/> \$1,000,000
Debris Removal Expenses	25% of Direct Loss plus \$100,000	N/A
Equipment Breakdown	Up to applicable Property Limits for Coverage A, B, C & D Sub-limits apply to Expediting Expenses, Hazardous Substances, Spoilage, Computer Equipment, Data Restoration, Green Coverage, Off-Premises Equipment Breakdown, and Public Relations. Optional limits may be available.	
Limited Coverage for Fungus	\$25,000 Policy Aggregate	N/A
Newly Acquired / Under Construction Real & Related Personal Property	\$1,000,000 Per Occurrence – Cov A \$500,000 Per Occurrence - Cov B	N/A
Ordinance Coverage	Undamaged portion of Real Property – included within Coverage A limit Demolition of undamaged portion and increased cost of construction – limit is equal to 100% of amount paid of initial direct loss or \$1,000,000, whichever is greater (\$500,000 for water treatment or wastewater processing equipment)	
Outdoor Property	\$150,000 Per Occurrence	Limited Requested \$ _____
Pollution Remediation Expenses	\$100,000 Aggregate	\$250,000 Aggregate
Software	\$500,000 Per Occurrence	Limited Requested \$ _____
Valuable Papers and Records	\$50,000 Per Occurrence	<input type="checkbox"/> \$250K <input type="checkbox"/> \$500K <input type="checkbox"/> \$1,000,000
Spoilage Due to Off Premises Electrical Service Interruption	\$50,000 Per Occurrence	
Water Contamination Notification Expense	\$25,000 Any One Policy Period	
Additional Coverage enhancements are also provided for: Commandeered Property; Fine Arts; Fire Department Charges; Fire Equipment Recharge Costs; Personal Effects; Preservation of Property; Real or personal Property in Transit; Supplementary Provisions for Loss of Income and Extra Expense; Tree & Shrubs; Arson & Theft Rewards; Tenant Building Glass & Building Damage by Theft; Claim Expense; Lock Replacement; and Non-Owned Detached Trailers. See proposal or policy for details.		

**INLAND MARINE The Inland Marine coverage form includes Blanket Tools & Equipment (Coverage A) on a replacement cost basis for all tools and equipment with a limit of \$10,000 per item or less. Scheduled Equipment (Coverage B) is available for tools and equipment with a value greater than \$10,000. Coverage is available on a replacement cost or ACV basis. Emergency Services Equipment (Coverage C), if applicable, provides coverage for Emergency Service Equipment on a guaranteed replacement cost basis. The Inland Marine form includes the following extensions of coverage:**

Coverage Extension	Limits Included	Coverage Extension	Limits Included
Debris Removal Expenses	\$15,000 Per Occurrence	Unmanned Aircraft (Drones)	\$25,000 Per Occurrence
Tools and Equipment (Employee owned)	\$25,000 Per Occurrence	Newly Acquired Scheduled Equipment	30 Days
Rented or Borrowed Equipment *	\$100,000 Per Occurrence	Watercraft and Personal Watercraft	Extends Coverage A and C for watercraft with <100hp for up to \$25,000 Per Occurrence
Rental Reimbursement for Scheduled Equipment	\$10,000 Per Occurrence	Deductible Waiver	Included
Additional Coverage enhancements also provided for: Emergency Services Personal Effects; Non-owned Tools and Equipment and Emergency Services Equipment; Fire Department Charges; Fire Equipment Recharge Costs; and Personal Effects; See proposal or policy for details. *Higher Limits Available			

**PROPERTY**

N/A

- 1. Limit of Insurance: \_\_\_\_\_ (A Statement of Values signed by the Insured is required for Blanket Limits.)  
 Policy Blanket       Premises Blanket       Individual
- 2. Property Deductible requested? \_\_\_\_\_
- 3. Property Valuation?  Replacement Cost  Actual Cash Value  Functional Replacement Cost  
Replacement Cost is required for Policy Blanket Limits.
- 4. What valuation % applies to the submitted property values? If 100% values are provided, the coinsurance requirement is waived for Premises Blanket. Minimum of 90% coinsurance required for Policy Blanket.  80%  90%  100%
- 5.  Yes  No Any vacant buildings? If "Yes", Identify all vacant premises, how long they have been vacant, if there are any obvious signs of vandalism or water damage, and its intended future use: \_\_\_\_\_

- Yes  No Are the utilities turned off for all premises listed above?
- Yes  No Are the pipes drained for all vacant premises?
- Yes  No Are these premises routinely monitored? If "Yes", how often? \_\_\_\_\_
- Yes  No Are the facilities fenced?

- 6.  Yes  No Any buildings over 30 years old? If "Yes", list premises, renovations, and date completed: \_\_\_\_\_
- 7.  Yes  No Do any pumps or motors exceed 750 HP?
- 8.  Yes  No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
- 9.  Yes  No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher? If "Yes", please identify the type of power generation and kilowatts generated:

<u>Type of Source</u>	<u>Kilowatts Generated</u>	<u>Type of Source</u>	<u>Kilowatts Generated</u>
<input type="checkbox"/> Hydroelectric	_____	<input type="checkbox"/> Solar	_____
<input type="checkbox"/> Wind	_____	<input type="checkbox"/> Geothermal	_____
<input type="checkbox"/> Other	_____		

What is the generated power used for (check all that apply):

- Primary power       Emergency Power       Peak Shaving
- Standby       Supplemental       Unsure

- 10.  Yes  No Does the entity currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?  
If "Yes", describe: \_\_\_\_\_ Cost of construction: \_\_\_\_\_

- 11.  Yes  No Does the entity have any hydro-electric equipment?  
If "Yes", describe: \_\_\_\_\_

- 12.  Yes  No Flood Coverage requested? (Flood coverage is not available for any premises in a 100-year flood zone.)  
If "Yes", Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_ Current Limit: \_\_\_\_\_

- 13.  Yes  No Are any premises occupied 24 hours a day? If "yes", identify each location on SOV

- 14.  Yes  No Does the insured have a written Environmental Remediation procedure? If "Yes", provide a copy.

Property Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INLAND MARINE**

N/A

- 1. What Deductible is to apply for Coverage A? \$ \_\_\_\_\_ Coverage B? \$ \_\_\_\_\_
- 2.  Yes  No Does the entity maintain an equipment inventory? If "Yes", please attach schedule.
- 3.  Yes  No Are all equipment items secured when not in use?
- 4. Rented or Borrowed Equipment Extension limit requested?  \$100,000 included  \$250,000  \$500,000

Inland Marine Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unmanned Aircraft Systems (Drones)**

1.  Yes  No Does the entity own or operate drones? If "Yes", please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2.  Yes  No Are all operations being conducted in accordance with FAA rules?

3. How many personnel are authorized to operate the drones? \_\_\_\_\_

4. How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_

5.  Yes  No Does the entity loan, rent or lease the drones to others? If "Yes", describe to whom: \_\_\_\_\_

Will you loan, rent or lease:  with your authorized operator  without your operator

**CRIME**

N/A

The Crime coverage form has limits of insurance available as shown in the chart below. Select one of the following Limits Options:

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Note: Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? \$ \_\_\_\_\_ (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

3. Crime Type requested?  Commercial Crime (private entities)  Government Crime (public entities)

4.  Yes  No Is Faithful Performance Coverage needed? (Government Crime Form only)

5.  Yes  No Are Specific Excess Limits required for Employee Theft? If "Yes", specify names or positions:

Name	Excess Limit *		
Position	Excess Limit *	# in Position	Location of Covered Position

The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:

\$25,000    \$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000    \$1,500,000    \$2,000,000

Note: Surety Bonds and Public Officials bonds are not available.

6. Indicate what security provisions apply and identify how often:

Audit \_\_\_\_\_  Reconciliations \_\_\_\_\_  Other \_\_\_\_\_

Bank statements \_\_\_\_\_  Countersignature \_\_\_\_\_

7. Number of ratable employees? \_\_\_\_\_

*Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.*

Crime Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY** The General Liability coverage form includes the following coverage and limits:  
**Coverage A (BI & PD Liability including PD to Premises Rented to You) - \$1,000,000 Each Occurrence**  
**Coverage B (Personal and Advertising Injury Liability) - \$1,000,000 Any One Person or Organization**  
**Coverage C (Medical Expense) - \$10,000 Any One Person**  
**General Aggregate - \$3,000,000 Products and Completed Operations Aggregate - \$3,000,000**  
**Blanket additional insured is included in the core form when required by a written contract.  N/A**

**Exposure Summary** (Check all that apply. Complete relevant supplements where indicated.)

- |                                                                   |                                                                       |                                                                   |                                                         |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Boat Docks                               | <input type="checkbox"/> Exhibit Halls or Meeting Areas               | <input type="checkbox"/> Parks and Recreation                     | <input type="checkbox"/> Utility Construction or Repair |
| <input type="checkbox"/> Bridges                                  | <input type="checkbox"/> Gas Utilities                                | <input type="checkbox"/> Ports, Harbors, Terminals                | <input type="checkbox"/> Vacant Land                    |
| <input type="checkbox"/> Campgrounds                              | <input type="checkbox"/> Hydro-electric Generation                    | <input type="checkbox"/> Rental Facilities                        | <input type="checkbox"/> Wastewater Operations          |
| <input type="checkbox"/> Cemetery Operations                      | <input type="checkbox"/> Irrigation Ditches & Operations              | <input type="checkbox"/> Sanitary Sewers                          | <input type="checkbox"/> Wastewater Plants              |
| <input type="checkbox"/> Chemical Spraying – Pesticide/Herbicide  | <input type="checkbox"/> Laboratory – Testing or Consulting           | <input type="checkbox"/> Sewage Disposal Plants                   | <input type="checkbox"/> Watercraft (> 100 hp)          |
| <input type="checkbox"/> Dams, Dikes, Lakes, Reservoirs or Levees | <input type="checkbox"/> Landfills, Dumps, Refuse Sites, Incinerators | <input type="checkbox"/> Streets & Roads – Construction or Paving | <input type="checkbox"/> Water Utilities or Operations  |
| <input type="checkbox"/> Drones                                   | <input type="checkbox"/> Memorial Districts                           | <input type="checkbox"/> Streets & Roads – Maintenance            | <input type="checkbox"/> Waterslides                    |
| <input type="checkbox"/> Electric Utilities                       | <input type="checkbox"/> Marinas                                      | <input type="checkbox"/> Swimming Areas, Pools or Beaches         |                                                         |

**Miscellaneous Exposures**

- Yes  No Are there any owned watercraft in excess of 100 horsepower?  
If "Yes", describe: \_\_\_\_\_
- Yes  No Are any dwellings owned and/or leased to others?  
Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
If "Yes", describe: \_\_\_\_\_
- Yes  No Does the entity own, operate or maintain any special districts or utilities other than fire, water utility, wastewater, recreation, irrigation or cemetery? If "Yes", provide the following:  
Description of district/utility: \_\_\_\_\_ Payroll: \_\_\_\_\_
- Does the entity perform laboratory testing or consulting for others? If "Yes", receipts: \_\_\_\_\_
- What is the annual payroll for utility construction or repair? \_\_\_\_\_
- Which of the following best describes the entity's use of alcoholic beverages?  
 The entity prohibits alcohol on the premises and at all sponsored functions.  
 The entity permits alcohol on the premises or at sponsored functions, but does not sell it.  
 The entity sells alcohol only at special events. Describe events: \_\_\_\_\_  
 The entity sells alcohol year round (bar or club), which may include special events.  
 If the entity sells alcohol, please indicate the following: Annual gross receipts: \$ \_\_\_\_\_ -  
 Yes  No License/permit required by the state?  
 Yes  No License/permit obtained?  
 Yes  No Have the servers been TIPS trained?
- Yes  No Does the entity purchase Workers' Compensation insurance?
- Yes  No Does the entity confirm that independent contractors and sub-contractors purchase Workers' Compensation insurance?
- Yes  No Does the entity utilize volunteer labor not covered by Workers' Compensation?
- Yes  No Does the entity have any railroad contracts, sidetrack or easement agreements? If yes, please submit a copy of the entire contract with the application.

Other Exposure Comments: \_\_\_\_\_

# WATER, SEWER, DAMS & IRRIGATION EXPOSURES

## Water and Sewer/Wastewater Utilities

 N/A

	Questions	Water Utilities <input type="checkbox"/> N/A	Sewer / Wastewater Utilities <input type="checkbox"/> N/A
1	Does the entity have a fully computerized water system? (i.e., SCADA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	What is the annual payroll?	\$ _____	\$ _____
3	What is the system's capacity and current percentage of usage?	Capacity _____ Usage % _____	Capacity _____ Usage % _____
4	How many customers (hook-ups)?		Customers _____ Sewer Connections _____
5	What percentage is distributed to / received from the following?	Distributed to: Commercial _____ Industrial _____ Residential _____	Received from: Commercial _____ Industrial _____ Residential _____
6	How many gallons of potable water are distributed annually?		
7	For the utility system, identify the following:	Year Built? _____ Year last upgraded? _____ What percentage is older than 20 years? _____ What upgrades are planned? _____	Year Built? _____ Year last upgraded? _____ What percentage is older than 20 years? _____ What upgrades are planned? _____ _____
8	How is the water / sewage treated?		
9	What is the source of the water supply?		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
10	What water chemicals are used?		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11	How are the entity's chemicals stored and secured?		
12	How often does the entity test?		
13	Is the entity required to produce an annual water quality report?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what agency is the report filed? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what regulatory agency monitors the entity? _____
14	What type of piping is used in the system?		
15	How many miles of sewer collection lines are maintained by the entity? Connector lines are those that connect plant to plant or a municipal customer to a plant.		
16	What types of facilities are operated?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Treatment Plant <input type="checkbox"/> Lift Station <input type="checkbox"/> Pumps <input type="checkbox"/> Collection Only <input type="checkbox"/> Other: _____
17	Is there a replacement program in place for sewer mains/lines?		If "Yes", describe: _____ _____
18	How often are sewer mains/lines cleaned?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
19	How often are sewer mains/lines inspected by line cameras?		
20	What wastewater treatment is provided?	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Other: _____
21	How is influent input monitored for toxic/hazardous waste?		
22	What is done with residual by-products/sludge?		

**If the entity owns/maintains more than 1 dam, separate supplemental exposure information must be completed for each.**

Name of structure: \_\_\_\_\_ NPDP ID: \_\_\_\_\_

Location: \_\_\_\_\_

Year built: \_\_\_\_\_ Date of last update: \_\_\_\_\_

Owned by:  Entity  Federal Agency  State Government  Other: \_\_\_\_\_

Operated by:  Entity  Federal Agency  State Government  Other: \_\_\_\_\_

1.  Yes  No Is this dam a shared facility? If "Yes", with what entity? \_\_\_\_\_

2.  Yes  No Is there an Emergency Notification Plan? If "Yes", provide a copy if Dam Failure Coverage is desired.

3.  Yes  No Does the dam currently carry Dam Failure Coverage? Other: \_\_\_\_\_

If "Yes", who is the present insurance carrier? \_\_\_\_\_

4. Purpose of dam (check all that apply):

Flood  Irrigation  Industrial  Power  Water Supply  Recreation  Other: \_\_\_\_\_

5. Construction

Concrete  Earth  Rock Fill  Steel Sheet  Gravity  Other: \_\_\_\_\_

6. Dimensions

Surface acres: \_\_\_\_\_ Storage capacity/acre feet: \_\_\_\_\_

Top Width: \_\_\_\_\_ Base width: \_\_\_\_\_ Height: \_\_\_\_\_

7. Inspections

Frequency: \_\_\_\_\_ By whom: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_ Status of recommendations: \_\_\_\_\_

8.  Yes  No Has the dam been included under the National Program for Dam Inspection?

9.  Yes  No Is the dam located directly on the main tributary? What is the name of the tributary river(s) of the impoundment waters? \_\_\_\_\_

10. How is the water level controlled?

Gates (identify type and how operated) \_\_\_\_\_

Spillway  Other: \_\_\_\_\_

11.  Yes  No Does the entity permit any winter sports upstream from the dam? If "Yes", identify details that may jeopardize the dam: \_\_\_\_\_

12.  Yes  No Are there any exposures to recreational areas (swimming, boating, camping, etc.) that are upstream from the dam? If "Yes", provide details on recreational activities provided by the district: \_\_\_\_\_

13.  Yes  No Is Dam Failure coverage desired for this specific dam? If "Yes", complete the "Downstream Exposures for Dams" and attach a copy of the most current dam inspection report for that dam.

**Downstream Exposures for Dams** (complete only if Dam Failure Coverage is requested)

14. Exposures (check all that apply):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Homes	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Industrial Complexes	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Utilities	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pumping Stations	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lower Dams	Distance _____	Names _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bridges	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Highways	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroads	Distance _____	Number _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Schools	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitals	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Camps	Distance _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recreational areas	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Agricultural Areas	Distance _____	Type _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Structures	Distance _____	Number _____

Describe structures: \_\_\_\_\_

15. Maximum number of people a flood could affect? \_\_\_\_\_

16.  Yes  No Are surface rights of the reservoir leased to a third party? If "Yes", with what entity? \_\_\_\_\_

Yes  No Does the entity provide a Certificate of Insurance? Limit required? \_\_\_\_\_

17.  Yes  No Have there been any incidents or failure within the history of the dam's existence? If "Yes", provide incident dates and type of loss: \_\_\_\_\_



**Irrigation Operations**  N/A

- Yes  No Is public access permitted on canal or levee rights of way?
- Yes  No Are any areas open for public use such as hunting, boating or hiking?
- Yes  No Are vehicles permitted in public access areas?
- What type of weed and brush suppression is used? (check all that apply)  
 Controlled Burns  Yes  No Are there established procedures for controlled burns? Describe: \_\_\_\_\_  
 Chemicals List all chemicals used: \_\_\_\_\_  
Where and in what quantity are these chemicals stored? \_\_\_\_\_  
 Yes  No Are employees licensed to spray chemicals?  Other: \_\_\_\_\_
- Describe how irrigation water deliveries are confirmed: \_\_\_\_\_
- What is the total annual payroll for irrigation operations? \_\_\_\_\_
- List the total miles of irrigation ditches owned and operated: \_\_\_\_\_ (Ditch miles include total miles of canals & laterals.)
- Yes  No Are warning signs posted on all owned facilities?

**Electric Utilities**  N/A

- Number of utility users: Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_
- Annual payroll (less clerical): \$ \_\_\_\_\_ Years in operation: \_\_\_\_\_
- Total number of locations, including substations: \_\_\_\_\_
- Yes  No Are all locations protected? If "Yes", check all that apply:  
 Fenced  Lighted  Alarms  Signage  Other: \_\_\_\_\_
- Surrounding area?  Rural  Metro How close is the nearest residence?: \_\_\_\_\_(ft.)
- Yes  No Are there any PCB transformers? If "Yes", how many: \_\_\_\_When is replacement scheduled? \_\_\_\_\_
- Number of miles of distribution line? \_\_\_\_\_ Underground? \_\_\_\_\_ Overhead? \_\_\_\_\_
- Describe pole and line maintenance (who maintains, how often inspected, how documented):  
\_\_\_\_\_
- What are the maximum annual kilowatts distributed? \_\_\_\_\_
- Yes  No Does the entity generate electricity? If "Yes", Source of power:  Fossil fuel  Hydro-electric  Nuclear  
Total daily capacity? \_\_\_\_\_ Daily peak demand? \_\_\_\_\_ Total annual revenues from generation? \$ \_\_\_\_\_
- What is the power source? \_\_\_\_\_

**Gas Utilities**  N/A

- Is the gas:  produced,  or purchased and resold? If purchased, who is gas purchased from? \_\_\_\_\_
- Yes  No Does the entity own or operate a gas wellhead or pipeline?
- What percentage is distributed to the following? Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_
- Annual payroll (less clerical): \$ \_\_\_\_\_
- When was the last complete leakage survey performed on the distribution system? \_\_\_\_\_  
How often are complete surveys performed? \_\_\_\_\_
- What percentage of system is cathodically protected? \_\_\_\_\_ %
- When was the last corrosion survey performed? \_\_\_\_\_
- When was the original system installed? \_\_\_\_\_
- Describe main service replacement program: \_\_\_\_\_
- Yes  No Does the gas system have high and low pressure warning devices?
- Yes  No Does the gas company maintain a current distribution map?
- Yes  No Are regulating stations adequately fenced, housed, or otherwise secured?
- Yes  No Are there any liquefied natural gas (LNG) operations?
- Yes  No Does the gas company participate in a local or statewide "call before digging" campaign?

**Cemetery Districts**  N/A

- How many acres and locations are owned or maintained by the entity for cemetery operations? \_\_\_\_\_
- Who is responsible for maintenance, site preparation or burial? \_\_\_\_\_
- Yes  No Is a written burial agreement required?
- What is the expected number of interments each year? \_\_\_\_\_
- What is the entity's policy concerning disinterment requests? \_\_\_\_\_

**Street & Roads**

N/A

- 1. How many miles of roadway are owned or maintained by the entity? \_\_\_\_\_
- 2.  Yes  No Are any non-owned roadways maintained by the entity for others? If "Yes", Receipts: \$ \_\_\_\_\_
- 3.  Yes  No Is there a routine inspection and maintenance program in place?
- 4.  Yes  No Are there written maintenance logs?
- 5.  Yes  No Is there a road condition complaint log?
- 6.  Yes  No Does the entity perform its own road re-paving or reconstruction? If "Yes", Payroll: \$ \_\_\_\_\_
- 7.  Yes  No Does the entity build new roads? If "Yes", Payroll: \$ \_\_\_\_\_
- 8. How does the entity confirm its roads are properly signed, marked and maintained? \_\_\_\_\_
- 9.  Yes  No Does the entity employ a licensed engineer?
- 10. How many bridges are owned and maintained by the entity? \_\_\_\_\_  
Number of bridges that are greater than 300 feet in length? \_\_\_\_\_
- 11.  Yes  No Are bridges subject to periodic inspections?
- 12.  Yes  No Are bridge condition reports documented in writing?

**PUBLIC OFFICIALS & MANAGEMENT LIABILITY (POML) The POML coverage form is available on an Occurrence or Claims Made (with a specific retroactive date) coverage basis with limits of: Coverage A (Wrongful Acts, Employment Practices and Employee Benefits Administration E&O) - \$1,000,000 Each Occurrence or Wrongful Act or Offense (claims made), \$3,000,000 Annual Aggregate Coverage B (Injunctive Relief) - \$5,000 Each Action**  
**Employment Practices Liability may be excluded on an optional basis.**

N/A

- 1. What is the entity's current coverage?  
 Occurrence  Claims Made If Claims Made, what is the current retroactive date? \_\_\_\_\_
- 2. Deductible requested?  None (default)  \$5,000  \$10,000  \$15,000  \$25,000  \$50,000  
Note: Deductible applies to Loss and Loss Expense. Underwriters may require higher or lower deductibles than requested.
- 3. Select a category (check one):  Private Entity  Public Entity  Other public entity: \_\_\_\_\_
- 4. **In addition to the following questions, please attach a copy of the entity's current budget.**
- 5.  Yes  No Does the entity have a written Policies and Procedures Manual?
- 6.  Yes  No Are public officials and employees trained in these policies and procedures?
- 7.  Yes  No Are procedures established to meet "open meeting" requirements?
- 8.  Yes  No Are established policies and procedures reviewed by legal counsel?
- 9.  Yes  No Does the entity establish and maintain zoning regulations?
- 10.  Yes  No Does the entity administer building codes?
- 11.  Yes  No Does the entity have a formalized zoning or building codes appeal process?
- 12.  Yes  No Are there any prior acts or outstanding disputes involving any of the following? If "Yes", check all that apply:  
 Civil rights violations  Refusal of service  Inadequacy of service  Land use planning or development  
 Public use of property, wrongful takings, or condemnation proceedings  
 Approval of building plans or building specifications  Any other incidents, accidents, or occurrences  
 Yes  No Are any of the above not yet a claim? If "Yes", describe circumstances: \_\_\_\_\_  
 Yes  No Have any of these events been reported to a current or previous carrier?  
If "Yes", explain: \_\_\_\_\_
- 13.  Yes  No Does the entity want to include Employment Practices Liability coverage?  
If "Yes", please complete the **Employment Practices Liability** section below.  
If "No", how are Employment Practices addressed?  Insured Elsewhere  Self-Insured
- 14.  Yes  No Does the entity want to include Cyber Liability & Privacy Crisis Management Expense coverage?  
If "Yes", please complete the **Cyber Liability & Privacy Crisis Management Expense** section on page 12.

Public Officials and Management Liability Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY**

- 1. Yes No Does the entity have an Employee Handbook?
2. Yes No Do all employees and volunteers receive a copy of the handbook?
3. Yes No Does the handbook establish "employment at will"?
4. Yes No Does the handbook specifically include volunteers?
5. Yes No Does the entity's legal counsel periodically review the handbook?
6. Yes No Are employment policy changes communicated to employees?
7. Yes No Are any of the entity's employees unionized?
8. Yes No Does the entity perform criminal background checks on all new hires?
9. Yes No Does the entity apply specific hiring guidelines?
10. Yes No Does the entity apply specific termination guidelines?
11. Yes No Are there specifically defined disciplinary actions?
12. Yes No Are there specific employment grievance procedures?
13. Yes No Are there specific guidelines concerning Sexual Abuse and Harassment?
14. Yes No Are termination actions subject to external oversight?
15. What is the estimated employee turnover rate annually? Municipal Operations: % School Operations: %
16. How many involuntary employee terminations annually? Municipal Operations: % School Operations: %
17. Yes No Are any EEOC or comparable state agency hearings outstanding?
If "Yes", describe any outstanding employment disputes that are not yet a claim:

18. Yes No Does the entity have any knowledge of any incidents, accidents, or occurrences which may result in a claim? If "Yes", explain:

Identify if any of the above events have been reported to a current or previous carrier:

**AUTO The Auto coverage provides liability limits of \$1,000,000 CSL. Other available coverages include auto physical damage, UM/UIM, Hired/Non-owned Auto and Phys Dam and other coverages. N/A**

- 1. Yes No Are all of the entity's owned or leased vehicles to be insured under this policy? If "No", list vehicles insured elsewhere.
2. Yes No Does the entity require any motor carrier filings? If "Yes", indicate vehicles and usage:
3. Yes No Does the entity hire automobiles? If "Yes", indicate cost and usage:
4. Yes No Does the entity permit employees to use their own vehicles in the course of employment? If "Yes", list employees, for what purpose, and the limit of insurance that an employee must provide:
5. Yes No Does the entity permit employees to use its own autos for personal use? If "Yes", describe vehicle usage:
6. Yes No Are any vehicles used to provide public transportation? If "Yes", describe vehicle usage:
7. Yes No Are any vehicles used to provide transportation for recreational activities? If "Yes", describe vehicle usage:
8. Yes No Does the entity require Commercial Drivers Licensing (CDL)?
9. Yes No Does the entity obtain Motor Vehicle Records on a pre-hire basis?
10. Yes No Are Motor Vehicle Records checked for current employees?
11. Yes No Does the entity have written guidelines defining an acceptable Motor Vehicle Report?
12. Yes No Does the entity require formal driver training for its employees?
13. Yes No Does the entity have a formalized automobile safety program in place?
14. Yes No Does the entity review each motor vehicle accident?
15. Yes No Does the entity have a formalized automobile maintenance program in place?
16. Yes No Does the entity own or use any 15 passenger vans? If "Yes,"
Yes No Has the entity modified the vans with either dual rear wheels or removed the rear seat?
Yes No Does the entity have a policy that prohibits fully loading the vans?
Yes No Are drivers given special training on the operation of 15 passenger vans?

Auto Comments:

**CYBER LIABILITY coverage protects you when claims are made against you for monetary damages arising out of an electronic information security event. Coverage is provided as follows:**

**Coverage A (Each Electronic Information Security Event) –  
\$1,000,000 Each Event subject to  
\$3,000,000 Annual Aggregate (Public Officials and Management Liability)**

**PRIVACY CRISIS MANAGEMENT EXPENSE (PCME) coverage reimburses you expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements. PCME coverage limits include:  
\$50,000 Each Privacy Event / \$50,000 Aggregate (higher limits are available)**

**CYBER EXTORTION EXPENSE coverage reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. Coverage limits included are:  
\$20,000 Each Cyber Extortion Threat subject to the PCME Aggregate**  N/A

**Privacy Crisis Management Expense – Limit Options**

- \$50,000 Each Privacy Event / \$50,000 Aggregate automatically included
- \$100,000 Each Privacy Event / \$100,000 Aggregate
- \$250,000 Each Privacy Event / \$250,000 Aggregate
- \$500,000 Each Privacy Event / \$500,000 Aggregate

1.  Yes  No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2.  Yes  No Do you use antivirus software on all desktops, portable computers and mission critical servers?
3.  Yes  No Are antivirus applications updated in accordance with the software provider's requirements? How often?  
\_\_\_\_\_

**QUESTIONS 4 and 5 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.**

4.  Yes  No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?
5.  Yes  No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If Yes, please explain  
\_\_\_\_\_

**QUESTIONS 6 and 7 BELOW MUST BE ANSWERED FOR WATER or SPECIAL DISTRICTS WITH MORE THAN 20,000 CUSTOMERS OR HOOK-UPS**

6.  Yes  No Do you have a written information security and privacy policy?
7.  Yes  No Do you backup your computer data and store it off site?

Cyber Liability and Privacy Crisis Management Expense Comments: \_\_\_\_\_

**EXCESS LIABILITY The Excess Liability coverage form is available with Limits up to:  
\$10,000,000 Each Occurrence and Aggregate.**  N/A

All underlying coverage to be scheduled must be provided by the GPP program. Exceptions are permitted for Employer's Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident  
\$500,000 Disease per Employee  
\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Policy Limits: \_\_\_\_\_  
Carrier Name: \_\_\_\_\_

Excess Limit requested? \$ \_\_\_\_\_ Occurrence / \$ \_\_\_\_\_ Aggregate

Excess Liability Comments: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY --- GENERAL FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or another 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 act, which is a crime and may subject the person to criminal and civil penalties.

**APPLICATION CHECKLIST**

- COMPLETED GENERAL SUPPLEMENTAL APPLICATION, RELEVANT SUPPLEMENTS, AND ACORD APPLICATIONS/SCHEDULES?**
- SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED?**
- COPY OF ENTITY'S MOST RECENT BUDGET PROVIDED?**
- VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS?**
- STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT?**

**Additional Information**

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS GENERAL SUPPLEMENTAL APPLICATION AND ANY RELEVANT SUPPLEMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Your signature below acknowledges that you have read the General Fraud Warning Notice.

**The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.**

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROPOSED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE