

Entity Name:	Effective Date:
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<u>WATER UTILITY</u>			
1. Annual Payroll: \$		Total number of employees:	
2. Number of gallons distributed annually:		Maximum annual capacity:	
3. Number of users:	Residential:	Commercial:	Industrial:
4. Is water provided to neighboring entities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, describe:	
5. Source of water supply:	<input type="checkbox"/> Lake	<input type="checkbox"/> Surface	<input type="checkbox"/> Well
	<input type="checkbox"/> Another Utility	<input type="checkbox"/> Other:	<input type="checkbox"/> River
6. System Age:		Year of last upgrade:	
7. Has the utility completed monitoring for lead in drinking water?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date completed:	
How often is water tested?		By which regulatory agency?	
8. Does entity use subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please advise work done:			
Are subs required to carry limits of insurance equal to your limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are certificates of insurance obtained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are hold-harmless agreements required from subs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you named as an additional insured under the subcontractors policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you document inspections, preventative maintenance, and repairs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you in compliance with regulatory requirements for maintenance and replacement of lines?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Has system ever been cited or fined for non-compliance with required standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Does entity have a written disaster plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consumer Complaint Process?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Enter miles of line for the following grid:			
	PVC	Ductile Iron	Other
0-5 Years			
6-10 Years			
11-20 Years			
Over 20 Years			
14. Failure to Supply:			
a. If failure to supply coverage is requested, please indicate the sub-limit: \$			
b. Do you have redundant supply lines, looped distribution systems, or backup power supply for your utility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you ever had any losses from major interruptions (24 hours or more) in the past 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain?			