



[Casualty Liability]

PRIVATE WATER SUPPLY & SEWER SYSTEM APPLICATION



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

PRIVATE WATER SUPPLY & SEWER SYSTEM APPLICATION

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website Address: _____ Email Address: _____

Number of years in business: _____ Years of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain, please explain below:

PART 2 PRIVATE WATER SUPPLY

What is the approximate population size served by this water supply system? _____

Are there any other third party water users connected to your distribution system? Yes No

What is the source of the water system, i.e. ground water/wells, surface water/rivers? Please give details below:

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

Provide full details regarding how the water system is guarded against vandalism:

Does water supply system have a current operating permit, issued by the local health authority? Yes No Expiry date: _____

Is the Operator(s) of this water supply system currently certified by the Environmental Operator Certification Program? Yes No

If "Yes" to above, what is the Certification level? _____

Are you aware of any health risks that have been identified by the environmental health officer or other water quality professional for your water supply system? If "Yes", please explain below: Yes No

Do you check, maintain and record treatment operations? Yes No If "Yes", how often? _____

Do you have operating manuals for all equipment and operating instructions for all treatment processes? Yes No

Is the tap water tested regularly for parameters that impact health (such as total and fecal coliforms, E. coli, nitrate-nitrogen, arsenic and turbidity)? Yes No

Who is responsible for collecting the samples for testing?

How frequently are samples collected?

Is testing performed by a fully qualified independent third party? Yes No If "Yes", by whom?

If "No" to the above, please provide full details:

Are you notified promptly about potential health risks after the water samples are tested? Yes No

Who interprets the laboratory results to identify and advise you about potential health risks?

Water supply system owner or operator Health Authority (Environmental Health Officer) Water quality professional (lab staff, consultants)

Other (please specify):

Are you made aware of what corrective action is required when you are notified of potential health risks? Yes No

Have you ever had any water quality results exceed the maximum acceptable concentration as stated in the "Guidelines for Canadian Drinking Water Quality" that could impact health? Yes No

If "Yes" to above, please provide full details of occurrence(s) and what actions were taken to avoid any future occurrence(s):

Is there an approved Emergency Response Plan for this water supply system? Yes No

Has the water supply system ever experienced water supply problems due to drought? Yes No

Is this water supply system currently on a "boil water" advisory? Yes No

PART 2 PRIVATE SEWER SYSTEMS

Type of sewage disposal system used? Septic Tank Treatment Plant Other (describe):

Age of system and all piping?

Is the sewage system compliant with all regulations? Yes No If "No", please provide full details below:

Who designed and installed the system?

Do you have an operations and maintenance manual for the system? Yes No

Who does maintenance of the system? Please provide details of their qualifications, below:

Maintenance frequency of the system?

Location of the system in relation to buildings, water supply and/or surface water bodies?

PART 3 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant 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 of Insurance. The policy may be deemed to be void and claims may be denied 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.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____

