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| Entity Name: | Effective Date: |
|---------------------|------------------------|

| <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"/> River <input type="checkbox"/> Another Utility <input type="checkbox"/> Other: | | |
| 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 | |

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| 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? | | | |