

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F : 514-844-7862 | www.assurancesum.ca

WATER & WASTE WATERS UTILITIES SUPPLEMENT TO ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION

CLAIMS MADE COVERAGE

Name of Applicant: _____

1. NAME AND LOCATION: _____

MAILING ADDRESS: _____

2. IS THE APPLICANT A:

Water district Municipal Utility Private Utility

Residential Commercial, Home or Cottage Owners Association

Other (specify) _____

3. HOW LONG HAS THE APPLICANT BEEN IN OPERATION?

4. IS THE APPLICANT LICENSED?

Yes No If Yes, by who: _____

5. POTABLE WATER:

Description of water system and number of customers served:

	%	NUMBER OF USERS	QUANTITIES	REVENUE
Domestic	%			\$
Industrial/Commercial	%			\$
Farms	%			\$
Other: _____	%			\$

a) Describe source of water system (i.e. Ground water/wells, surface water / rivers, reservoirs, irrigation canals):

b) Describe the water delivery system, including age, condition, filtering and construction of pipes:

c) Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:
(Dams: state name, age, location, dimensions and water rights, branch dam classification)

d) Miscellaneous storage tanks, (attach Tank supplement if necessary)

Underground tanks: Yes No Aboveground storage tanks: Yes No

TANK DATA (attach separate Tank supplement if necessary)								
LOCATION NO.	AGT OR UGT	CONSTRUCTION STEEL, FIBREGLASS OR OTHER	PRODUCT STORED	CAPACITY	YEAR INSTALLED	CATHODIC PROTECTION	LEAK DETECTION	DOUBLE LINED
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> AGT <input type="checkbox"/> UGT					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

e) How frequently is water tested for organic contaminants, bacteria and chemicals? _____

Who performs the testing? _____

Provide details of water analysis records kept by the applicant:

How long are records retained? _____

Is water purification/treatment performed? Yes No If Yes, please describe fully and include:

Primary Treatment System _____

Chemicals used, frequency and quantities _____

Is the water guarded against vandalism? Yes No Details:

Is liability assumed under contract? Yes No (If Yes, provide details and a copy of the contract):

Is the water works exonerated from liability for failure to supply water to their customers? Yes No

If Yes, provide relevant copy of the act or contract:

Does the applicant have an emergency plan? Yes No If Yes, please describe:

6 . WASTE WATERS:

Description of waste system and number of customers served:

	LENGTH	AGE	CONSTRUCTION
Storm Sewers			
Sanitary Sewers			

a) Number of lift stations incorporated in the sewer systems: Storm _____ Sanitary _____

b) Is standby power provided for lift stations? Yes No

If No, what facilities are available for storage and/or overflow or bypassing of sewage?

c) Location of water pollution control facilities:

d) Type, method and degree of treatment provided by water pollution control facilities:

e) Indicate primary treatment process: _____

Indicate type and quantity of chemicals used:

f) Describe any non chemical treatment processes used (UV, Reverse Osmosis etc.):

g) Are septic tanks, beds or leach fields used? Yes No If Yes, please describe fully:

h) Please indicate where all storm and sanitary sewage and other liquid effluents are discharged and number of outflows:

Discharged to: _____

i) List significant industries discharging waste waters, other than those from washroom facilities, into the sewers or waste water system:

j) Are any industries operating under exceedance permits? Yes No If Yes, please provide full details:

k) Do liquid effluent discharges meet the requirements of the regulatory authorities? Yes No If no, please explain:

l) Is pre-treatment of industrial waste waters required? Yes No If yes, provide details:

m) Method of disposal of sewage sludges and other wastes from pollution control facilities:

7. GENERAL:

	NUMBER OF EMPLOYEES	GROSS PAYROLL	CUBIC METERS/GALLONS OF WATER SOLD/TREATED
Potable		\$	
Waste		\$	
		\$	

Please state the positions, experience and qualifications of key employees/supervisors:

	EMPLOYEE	POSITION	YEARS EXPERIENCE	QUALIFICATIONS
Potable				
Waste				

a) Are major expansion or construction projects anticipated in the immediate future? Yes No If Yes please describe:

b) Will sub trades be used: Yes No If Yes, cost of work sublet?

Are sub trades required to provide evidence of insurance for:

		Limit of Liability
Commercial General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pollution Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

c) Does the applicant carry Commercial General Liability insurance? Yes No

If yes, does it provide products coverage for water supply? Yes No

d) Has the applicant ever been subjected to or issued a bottled water advisory? Yes No

If Yes, provide full details.

e) Has the applicant had any claims? Yes No

If Yes, provide a 5 year currently valued claims experience including number of claims, nature of claims, paid amounts, expenses and outstanding reserves (attach separate sheet)

If No, indicate "NONE ": _____

YEAR	NUMBER	CAUSE	PAID (NET OF DEDUCTIBLE)	EXPENSES	OUTSTANDING	TOTAL INCURRED
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

f) Is the Applicant in possession of any specific information, consultants report or constructive knowledge of any circumstance or condition that might reasonably be expected to lead to a claim under the policy applied for?

Yes No If Yes, please provide details:

THIS SUPPLEMENT TOGETHER WITH THE ENVIRONMENTAL IMPAIRMENT LIABILITY INSURANCE APPLICATION TO WHICH IT IS ATTACHED, CONSTITUTE THE APPLICANTS REPRESENTATIONS AND WILL FORM THE BASIS OF ANY POLICY THAT MAY BE ISSUED.

Signature of Applicant: _____

Dated: _____

Print Name and Title: _____



Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F : 514-844-7862 | www.assurancesum.ca