

Water Cooperatives Renewal Application Form

1. Name/Location: _____
2. Mailing Address: _____
3. Phone Number: _____ Fax Number: _____
4. Email: _____
5. Contact Person: _____
6. Description of all operations undertaken by the Facility: _____

7. How long has Water Co-operative been in operation? _____
8. Is the Co-operative licensed: Yes No
9. Description of water system and number of customers served:
 - a. Domestic: _____
 - b. Industrial/Commercial: _____
 - c. Farms: _____
10. Describe source of water system (i.e. ground water/wells, surface water/rivers, reservoirs, irrigation canals): _____

11. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:
 - a. Dams (State Name, Age, Location, dimension and Water Rights, Branch Dam Classification): _____

 - b. Reservoirs (State location, age and capacity): _____
 - c. Miscellaneous storage Tanks, etc: _____
12. Water Testing:
 - a. How frequently is water tested for organic contaminants, bacteria and chemicals? _____
 - b. Who performs the testing? _____

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13. Provide details of water analysis records kept by the Co-Operative: _____

14. Has this facility been assessed by the Government of Alberta? Yes No

If yes, when: _____

Recommendations made: _____

Action taken or planned as a result: _____

14. Does the Facility have a system of regular testing and maintenance of all components of the water system and plant throughout the line? Yes No

Details: _____

If so, is written documentation kept of this testing: Yes No

15. Are all procedures and policies governing the waterworks operation:

a) In writing? Yes No

b) Clearly communicated and readily available to staff/volunteers?

Yes No

c) Reviewed at all levels of the municipality, commission or cooperative to ensure they are in compliance with respect to duties outlined in the applicable provincial acts governing waterworks systems? Yes No

Please provide details on any No answers: _____

16. Is the Facility required to be in compliance with the applicable **current** acts(s) and regulations governing the Facility? Yes No.

If no, when will this be required?

17. Does the Co-operative have an emergency plan? (Details):

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18. Is Water Purification/Treatment performed? Yes No
 Frequency: _____
 Detail chemicals used and how purification/treatment is done: _____

19. Is the water guarded against vandalism? Details: _____

20. Is Liability assumed under contract? (If yes, provide details and copy of the contract): _____

21. Is Water Co-Operative exonerated from liability for failure to supply water to their customers?
 Yes No. If so provide relevant copy of the Act (Incorporating the Co-Operative) that exonerates the Water Co-operative. _____
22. Are major expansions, construction projects anticipated in the immediate future?
 Yes No
 (If yes give details): _____

23. State the number of employees/volunteers in the Co-Operative and their positions:

- a. Gross payroll: \$ _____
- b. Number of employees/volunteers handling money as a regular part of their duties: _____
- c. How many employees/volunteers handle money only occasionally?

24. Annual number of cubic meters/gallons of water sold: _____
 a. Annual Receipts: \$ _____ Number of Users: _____
25. Kind of work subcontracted: _____
 a. Do Sub Contractors proved evidence of Insurance? _____
 b. Cost of work sublet _____



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26. Details of any unlicensed mobile equipment owned or leased by the Water Co-Operative: _____

27. Number of trenches or “manholes”? _____. Are they left open after hours? _____
28. Description of all operations undertaken by the Water Co-Operative:

29. Provide 5 years history of past insurance and losses of the Co-Operative:

30. Are you in possession of any specific information or constructive knowledge of any circumstance that might lead to a claim under the policy applied for? Yes No.
If yes, provide details: _____

GENERAL LIABILITY

(Mandatory)

\$5,000,000 Limit.

DIRECTORS & OFFICERS LIABILITY

(Included)

\$2,000,000 Limit

Number of Board Members: _____

UMBRELLA LIABILITY

(Optional)

Limit required: \$5,000,000 \$10,000,000

BOND & CRIME COVERAGE

(Mandatory)

Inside/outside robbery--\$5,000 limit (included)

Employee Dishonesty Coverage: Limit: \$50,000/Employee/volunteer

\$100,000/Employee/volunteer



Water Cooperatives Property Form

Member Name: _____ Account #: _____
 Contact Person: _____ Phone: _____
 Effective Date: _____ Fax: _____

Please circle the following:

	ADD	CHANGE	DELETE
Is this building	Occupied	Vacant	Under Construction

Is this building insured for:	Replacement	Demolition Cost	Actual Cash Value
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Building type	Office/museum/fire hall	Garage/storage	School
	Water/service building	Swimming pool	Arena
	Dwelling/senior residence	Recreation Complex	Computers
	Other	Underground Pipe	

Building construction	B Brick	WM Wood Frame/Metal Clad	
	W Wood Frame	CB Concrete Block	
	MT Metal	SM Steel frame/Metal clad	

Walls _____ Roof _____

Floor _____ Heat Source _____

Building Square footage: _____

Building name: _____

Building owner: _____

Address of building: _____ **Postal code:** _____



Water Cooperatives Property Form

Replacement Cost of Building \$ _____ Contents Value: \$ _____
 Betterments & Improvements (leased Bldg only) \$ _____

Sprinkler System	Yes	No
Intrusion Alarm	Yes	No
Fire Alarm	Yes	No

INSTRUCTIONS:

1. Please answer all questions - Incomplete forms cannot be processed!
2. Sign and date the completed form
3. Attach a copy of the corporate **Certificate of Registration** for your organization
4. Return the completed application and attachments to Jubilee Insurance Agencies: fax 780.955.3615 or mail to 2510 Sparrow Drive, Nisku, AB T9E 8N5.

Completed by: _____
 Position: _____
 Signature: _____
 Date: _____

Reminder - Attach the following documents to your completed application:

1. Copy of the corporate **Certificate of Registration** for your organization
2. Completed **information forms** for other insurance coverages that may be required.

FOR JUBILEE OFFICE USE ONLY:

IRA review	Initials: _____	Date: _____	Rating code: _____	Date scanned: _____
RMA review	Initials: _____	Date: _____	Date forwarded to AON: _____	