



## Water/Irrigation Operation Supplemental Questionnaire

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Company Date of Incorporation: \_\_\_\_\_ Type of Inc. \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Operations Information

Annual Employee Payroll: \$ \_\_\_\_\_ Annual Cost of Subcontractors \$ \_\_\_\_\_

Type of Operations:

- Canal
- District
- Ditches
- Reservoir Co.
- Other \_\_\_\_\_

Source of water supply: \_\_\_\_\_

Total number of acre feet storage: \_\_\_\_\_

Number of users of your operation: \_\_\_\_\_

Total miles of ditches and/or canals: \_\_\_\_\_

Piped % \_\_\_\_\_ Non-Piped % \_\_\_\_\_

Rural % \_\_\_\_\_ Urban % \_\_\_\_\_

Are any diversion structures owned or maintained? Yes No  
 If yes, please provide details: \_\_\_\_\_

How far away is your ditch from the closest building/structure? \_\_\_\_\_ N/A  
 Please describe the building(s): \_\_\_\_\_

Are you responsible for any bridges? Yes No  
 If yes, please provide details: \_\_\_\_\_

Is there any water furnished directly for human consumption? Yes No  
 If yes, please provide details: \_\_\_\_\_

Do you have a maintenance agreement with another entity? Yes No  
 If yes, please provide details: \_\_\_\_\_

Are there any sewer handling operations? Yes No  
 If yes, please provide details: \_\_\_\_\_

Are pesticides/herbicides used? Yes No  
 If yes, are employees licensed to apply chemicals? Yes No  
 If yes and you use a contractor, do you obtain proof of insurance from contractor? Yes No



# PUBLIC ENTITY PAK EXPOSURE SURVEY

Is weed burning done?  Yes  No

If yes, describe preventive measures taken to prevent damages: \_\_\_\_\_

If yes, describe the water source available (truck, sprayer): \_\_\_\_\_

If yes, do you comply with your jurisdictional Burn and Permit guidelines?  Yes  No

Who performs the inspections and maintenance?

- Employees of the Company     Independent Contractor     Shareholders     Volunteers

If Independent Contractor, is the work done under written contract?  Yes  No

If Independent Contractor, do you obtain proof/certificate of their insurance?  Yes  No

Do you have employees?  Yes  No

If yes, Total Full Time: \_\_\_\_\_ Total Part Time/Seasonal: \_\_\_\_\_

### Management Liability:

Limit of Liability: \_\_\_\_\_ each wrongful act \_\_\_\_\_ aggregate.

Deductible:  \$1,000     \$2,500     \$5,000

1. Do you have Claims-Made Management Liability Coverage?  Yes  No

2. Do you want Prior Acts Coverage?  Yes  No

3. Will you purchase an extended reporting period from their current Claims-Made insurer?  Yes  No

4. Does the applicant have knowledge of any incidents which would cause a person to believe that a claim or suit might result?  Yes  No

5. Has your entity or any director/officer of your entity been the subject of or involved in any of the following in the last five (5) years?

a. Any disciplinary action by any regulatory agency or association?  Yes  No

b. Any proceedings or charges regarding any regulatory violations?  Yes  No

c. Any actual or alleged criminal, fraudulent or dishonest acts, error, or omissions?  Yes  No

d. Any lawsuits related to the operation of the entity?  Yes  No

Please explain any 'Yes' answers to questions 4, 5a, 5b, 5c, 5d: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# PUBLIC ENTITY PAK EXPOSURE SURVEY

## Water, Dams and Irrigation Exposures

Do you have any dams, levees, dikes, or reservoirs?  Yes  No

If no, please go to Page 4, LOSS HISTORY section. If yes, complete the following:

- Dam       Levee       Dike       Reservoir
- Leased       Owned       Maintenance       Operation

Name of Structure: \_\_\_\_\_

- a. Location: \_\_\_\_\_
- b. Year built: \_\_\_\_\_ Under the direction of: \_\_\_\_\_
- c. Construction:  Concrete     Earthen     Steel Sheered     Timber     Other \_\_\_\_\_
- d. Dimensions: Height: \_\_\_\_\_ Top Width: \_\_\_\_\_ Base Width: \_\_\_\_\_
- e. Normal pond measurement:  
 Acres \_\_\_\_\_ Storage capacity (gallons): \_\_\_\_\_  
 Available storage in flood state?  Yes  No  
 If yes, please describe: \_\_\_\_\_

Is there any upstream exposure?  
 Housing  Yes  No If yes, distance: \_\_\_\_\_  
 Other Structures  Yes  No If yes, distance: \_\_\_\_\_

Is there any downstream exposure?  
 Housing  Yes  No If yes, distance: \_\_\_\_\_  
 Other Structures  Yes  No If yes, distance: \_\_\_\_\_

Maximum number of people that a flood could affect: \_\_\_\_\_

Does the entity have an emergency notification plan?  Yes  No  
 If yes, please describe the plan: \_\_\_\_\_

Do you have an Inspection, Operation & Maintenance Plan in place?  Yes  No

How often is the dam inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

Please forward current inspection report.

Are there warnings posted both upstream and downstream to warn people on the waterways?  Yes  No

Is reservoir signage posted?  Yes  No

Is there any recreational use of water, including leased activities?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

If leased, please provide the current lease agreement and certificate of insurance from lessee: \_\_\_\_\_

Does your lease require indemnification and hold harmless provisions?  Yes  No

Are there any events at the reservoir?  Yes  No  
 If yes, please describe: \_\_\_\_\_



# PUBLIC ENTITY PAK EXPOSURE SURVEY

## LOSS HISTORY

Are there any prior claims, losses or lawsuits during the last 5 years?  
If yes, please describe:

Yes       No

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Are you aware of any facts, incidents, or circumstances that may result in a claim  
being made against you?  
If yes, please describe:

Yes       No

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