



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 800-350-8690 • Fax 800-478-9880

**MUNICIPAL SEWER  
 WATER INSURANCE  
 PLANS APPLICATION**

**A. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Population: \_\_\_\_\_

Detailed description of Sewer and/or Control System: \_\_\_\_\_

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

When the line was first installed: Sewer line: \_\_\_\_\_ Water line: \_\_\_\_\_

Type of Municipality: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**B. System History**

Provide the following details regarding the existing Sewer Lateral System

1. What is the size of the District (in terms of square miles, number of residential connectors, etc.)? \_\_\_\_\_  
 \_\_\_\_\_
2. When was the System installed? \_\_\_\_\_
3. Who is currently responsible for the lower lateral (part of lateral in the street or right of way)? \_\_\_\_\_  
 \_\_\_\_\_
4. What is the average length and depth of the System laterals? \_\_\_\_\_
5. Do you maintain your main Sewer Lines or do you contract work out? \_\_\_\_\_  
 If contracted, to whom? \_\_\_\_\_
6. What is the type of pipe that is used in the System? \_\_\_\_\_  
 (If different types please provide the percentage of each type that makes up the entire System)

<u>Type of Pipe</u>	<u>Percentage of System</u>
	%
	%
	%
	%



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- a. Provide a percentage of the number of System connections with cleanouts: \_\_\_\_\_
- b. Does the district provide the following: 1) Sewer  Yes  No 2) Water  Yes  No
- c. How does the district charge for these services? \_\_\_\_\_

7. Do you require cleanouts?  Yes  No  
 If so, where are they located?  Near the foundation  Property

8. What percentage of your system is built out? \_\_\_\_\_  
 a. How much more growth do you expect to have? \_\_\_\_\_

9. Identify all zip codes within the District:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Disclose the details of all additions, modifications and/or upgrades made to the System since its installation, including the date and details of all work performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Identify the person(s) most knowledgeable regarding: 1) the System in general; 2) flow; and, 3) treatment

1. System in general

Name	_____	Contract #	_____
Name	_____	Contract #	_____
Name	_____	Contract #	_____

2. Flow

Name	_____	Contract #	_____
Name	_____	Contract #	_____
Name	_____	Contract #	_____

3. Treatment

Name	_____	Contract #	_____
Name	_____	Contract #	_____
Name	_____	Contract #	_____



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12. Identify all outside contractors retained by the District that have performed, and currently perform, service and/or any other work on the System: \_\_\_\_\_

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

13. Have the laterals been inspected?  Yes  No

14. If yes, please provide the date of each inspection, a description of what was inspected, and the outcome of each inspection: \_\_\_\_\_

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

15. Is the District under any State or Federal Order or Decree regarding the System?  Yes  No

If yes, please explain: \_\_\_\_\_

16. Disclose any other known problems with the System not discussed above: \_\_\_\_\_

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

17. List the key personnel and their function in your operation responsible for discharging the contractual liability assumed:

Name	Function	Location	Years in Business	Cell Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Project your system's number of claims per quarter:

Estimated number of claims			
1 <sup>st</sup> : _____	2 <sup>nd</sup> : _____	3 <sup>rd</sup> : _____	4 <sup>th</sup> : _____



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**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name