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| **BC Water Districts/Irrigation Districts/Waterworks Districts** **Renewal Application** |
|  |
| Legal Name of Applicant |       | Policy Number |       |
| Key Contact |       | Position |       |
| Brokerage Name |       |
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| **Waterworks** |
| Indicate the total population serviced by the Applicant |       |
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| Provide the following |  |
|  | Dates and copies of all past/present orders from Interior Health over the last five years |
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|  | Dates and duration of all boil water orders in the last five years |
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|  | Confirmation that operators are certified |
|  |  |
|  | Confirmation that operators are certified to level determined by classification of system |
|  |  |
|  | Confirmation that an emergency response plan is in place |
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| **Applicant Acknowledgement**  |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |  |
| **Broker Signature** |       |  |  |