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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 | | |  | | |
|  | | |  | | |
|  | | |  | | |
| Provide the following | |  | | | |
|  | Dates and copies of all past/present orders from Interior Health over the last five years | | | | |
|  |  | | | | |
|  | Dates and duration of all boil water orders in the last five years | | | | |
|  |  | | | | |
|  | 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** | | | | | | |
|  | | | | | | |
| 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. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 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. | | | | | | |
|  |  | | | | |
|  | | | | | |
| **Applicant Name** | |  | **Title/Position** | |  |
| **Applicant Signature** | |  | **Date** | |  |
| **Broker Name** | |  |  |  | | |
| **Broker Signature** | |  |  |  | | |