THE SOVEREIGN GENERAL INSURANCE COMPANY

WATERWORKS QUESTIONNAIRE

1. Name/Location of the Waterworks Facility: _____

   _____

2. Description of all operations undertaken by the Facility: _____

   _____

   _____

3. How long has the Facility been in operation? _____
4. Has the Facility been approved by or registered with Alberta Environment? ? Yes ? No ? Not Required
5. Description of water system and number of customers served:
   a) Domestic: _____
   b) Industrial/Commercial: _____
   c) Farms: _____
6. Describe source of water system (i.e. ground water/wells, surface water / rivers, reservoirs, irrigation canals):

   _____

   _____

7. Describe the water delivery and treatment system, including age, condition, filtering and construction of pipes:

   _____

   _____

8. Describe storage facilities, including reservoirs, tanks, dams or other, including location and age:
   a) Dams (State Name, Age, Location and Dimensions): _____

      _____

   b) Reservoirs (State location, age and capacity): _____

      _____

   c) Miscellaneous storage tanks, etc: _____

      _____

9. Has this Facility been assessed by the Government of Alberta? ? Yes ? No

   If yes, when: _____ Recommendations made: _____

   _____

   Action taken or planned as a result: _____
10. 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
11. Are all procedures and policies governing the waterworks operation:
    a) In writing? ? Yes ? No
    b) Clearly communicated and readily available to staff? ? 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: _____

       _____
12. 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? _____

13. Does the Facility have an emergency plan? (Details): _____

_____

_____

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

_____

16. Is the water guarded against vandalism or contamination? (Details): _____

_____

17. Is Liability assumed under contract? (If yes, provide details): _____

_____

18. Are major expansion, renovation or construction projects anticipated in the immediate future? ? Yes ? No
(If yes give details): _____

_____

19. State the number of employees in the Facility and their positions: _____

_____

a) Gross payroll: $ _____

20. Annual number of cubic meters/gallons of water sold: _____ Annual Receipts: $ _____
21. Kind of work subcontracted: _____
22. Do Sub Contractors provide evidence of Insurance? ? Yes ? No Limit Required:$ _____

THE INSURED REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Insured's Authorized Signature: _____ Date: _____

Name: _____ Title: _____
(Please Print) (Please Print)