

**N.I.F. GOVERNMENTAL SERVICES
SEWERAGE/WASTE WATER FACILITY APPLICATION**

NAME OF ENTITY: _____
 ADDRESS: _____

NAME OF CONTACT: _____ TELEPHONE _____
 FAX NUMBER _____ E-MAIL _____
 POLICY TERM _____ TO _____ DUE DATE _____

Attachment of the following documents will facilitate processing of this application:

1. A schedule of property to be insured, including the street address, occupancy, construction, age, square feet, building (or canister) value and equipment and contents value. If available, include a plot plan of the treatment center.
2. A schedule of all vehicles and mobile equipment including their age, cost new and weight and type of trucks.
3. Loss runs for at least three complete preceding years.
4. A copy of your workers compensation insurance policy declarations page.
5. A schedule of motors and pumps 500 horsepower or more, transformers 3,000 KVA or more and internal combustion engines or generator units of 125 HP or more.

GENERAL INFORMATION:

Total Insured Values _____ Number of Employees _____
 Total Operating Budget _____ Total Payroll _____
 Volume of water treated _____ Number of Customers _____

LIFT STATIONS: Corresponding to the property schedule, complete the following information for all lift stations (or designate such information on the schedule).

LOC. NO	MOTOR 1 H.P.	MOTOR 2 H.P.	DIESEL BACKUP?	TANK DEPTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROCESSING/TREATMENT: Is the collection system a closed system or shared with storm drains? _____

If sewerage is processed by another facility, identify the name and address of that plant.

If sewerage is processed by the applicant, identify the type of waste treatment utilized.
(i.e., aerated lagoons, chlorination, ultra-violet disinfection...) _____

Identify the number and size of storage tanks on premises for the following:

Chemical	Size	No.	Chemical	Size	No.
Ferric Chloride	_____	_____	Potassium Permanganate	_____	_____
Chlorine	_____	_____	Sodium Hypochlorite	_____	_____
Sodium Hydroxide	_____	_____	Sodium Bisulfate	_____	_____

Identify the method of sludge disposal. _____

Is sludge processed for use in any other product such as road fill or fertilizers? (Please specify.)

Are digesters enclosed or outdoors? _____

What is the approximate percent of sewage processed from industrial sources? _____

Are any industrial sources required to pre-treat their discharge for particular contaminants such as heavy metals? _____

Identify if the Authority utilizes trickle filters or rotating biological contactors. _____

LANDFILLS: If the authority owns (either active or closed) or operates any landfills complete the Supplemental Application for landfills.

PIPELINES: Identify the total miles of pipe owned and operated by the authority. _____

Identify the ages of the pipe. _____

Identify the material(s) that the pipe consists of _____

Identify any construction, repair or capital improvement projects anticipated for the upcoming policy period. _____

ADDITIONAL INFORMATION:

Identify the waterways into which effluents are discharged. _____

Have there been any claims against the Entity alleging pollution or contamination? (If so, provide details) _____

Identify the approximate number of sewer line backups or blockages experienced each year.

Identify the number of claims annually, related to sewer line backups or blockages. _____

Are any of the entity's properties located in watersheds or flood plains? _____

If the workers compensation policy declarations are not attached, identify payrolls as follows:

Officers and supervisors	_____	Maintenance and repair	_____
Clerical staff	_____	Drivers	_____
Chemists & samplers	_____	Operations	_____

Signed by: _____ Date _____
Title _____

Ed. 09/02