



Name of Insured:

Address:

Supply

1. Type of Supply:

Pools

Lake or Pond

Well

Other, please describe:

2. Size of Supply:

3. Distance to/from Pumps:

4. Depth of Pool, Lake, Pond, Well or Other:

5. Is the Water Supply subject to freezing?

Yes

No

Describe filtration system and aeration system of Water Supply:

Equipment

6. Make & Model of Pumps:

7. Location of Pumps:

8. Number of Pumps:

9. Pump Rated Capacity:

10. Gallons Per Minute/Hour:

11. Age of Pumps:

12. Fuel Source & Supply:

13. How long can pumps operate?

Maintenance

14. Maintenance Contract:
15. Contract Company:
16. If on site, qualified mechanic on staff:
17. Testing - How often:
- | | | |
|----------------|-----|----|
| Cycling Pumps? | Yes | No |
| Pumping Water? | Yes | No |
18. Maintenance Logs Kept:
19. Testing Certs Maintained:
20. Is the water supply accessible and clear of all grass, weeds, obstacles, etc.?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
21. Installation Certs/Data on site and available:
22. How often is water supply maintenance/cleaning of screens/strainers completed?

Protection

23. Distance of closest fire company:
24. Volunteer or Paid?
25. Tanker Truck of Water on Site?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
26. Dry Hydrants on Site?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
27. Brush and other items clear around buildings?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
28. Ansul system in ALL kitchens?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
29. Fuel storage or vehicle parking near any buildings?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

Signature

Applicant Signature:

Signature Date: