

Authority Member: C28327 CHRISTIAN VALLEY PARK COMMUNITY SERVICES
DISTRICT

Broker: A05555

Glatfelter Public Entities

**P.O. Box 2726
York, PA 17405**

Please complete and return this Renewal Questionnaire to **Glatfelter Insurance Services** no later than **January 16, 2023**. Important: Use this Renewal Questionnaire instead of any broker generated documents. All information should be verified for accuracy, and all questions should be answered. **Note: The purpose of the Renewal Questionnaire is to gather updated underwriting/rating information. If we do not receive an updated Renewal Questionnaire by January 16, 2023, we will automatically renew the coverages based on the exposures shown in this document. Any changes submitted after that date will be endorsed onto the Memorandum of Coverage and adjustments to the contribution amount will be made at that time.** Refer to the Memorandum of Coverage (MOC) for a complete listing of the coverages currently provided.

If any additional lines of coverage are needed to broaden coverage, we encourage you to request them by completing our New Business Application. Refer to our website, www.MyMemberGuard.com, for our New Business Application.

Dear Authority Member:

We hope that you will use this Renewal Questionnaire as an efficient means to communicate any changes to us for the upcoming renewal. Please carefully review and complete all information in this Renewal Questionnaire. Once completed, please return it to your underwriter, KELLY L. ANDERSON at klanderson@glatfelters.com or PO Box 2726, York, PA 17405.

On behalf of the California Rural Water Risk Management Association, I sincerely thank you for your continued support and patronage. If you have any questions, please do not hesitate to contact your underwriter or me at (800) 233-1957.

Sincerely,



Mark R. McCrary, ARM-P, AIC
President, Glatfelter Public Entities

Renewal Questionnaire

Authority Member: CHRISTIAN VALLEY PARK COMMUNITY SERVICES DISTRICT
C28327

GENERAL INFORMATION

Member's Name: CHRISTIAN VALLEY PARK COMMUNITY SERVICES DISTRICT
Member's Mailing Address: PO BOX 6857
AUBURN, CA 95604
County: PLACER

Notice: As changes are made throughout this document, a system-generated "U" update indicator will appear in the left margin.

Contact Name/Title:

Phone:

<u>Coverage</u>	<u>Status</u>	<u>Eff. Date</u>	<u>Exp. Date</u>	<u>MOC Number</u>
Property	In-Force	04/01/2022	04/01/2023	CRWA-JP-0006957-02
Crime	In-Force	04/01/2022	04/01/2023	CRWA-JP-0006957-02
Inland Marine	In-Force	04/01/2022	04/01/2023	CRWA-JP-0006957-02
Auto	Not Covered			
General Liability	In-Force	04/01/2022	04/01/2023	CRWA-JP-0006957-02
Public Officials & Mgmt Liab	In-Force	04/01/2022	04/01/2023	CRWA-JP-0006957-02
Excess Liability	Not Covered			

What is your total number of Full-time Employees?

What is your total number of Part-time Employees?

What is your total number of Seasonal / Temporary Employees?

What is your total number of Volunteers?

What is your total number of Public Officials, Directors or Officers not already included above?

Please attach Current Budget Expenditures.

General Comments:

Please describe below any material change in the Member's operations.

Renewal Questionnaire

Authority Member: CHRISTIAN VALLEY PARK COMMUNITY SERVICES DISTRICT
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PROPERTY

Based upon your current Property coverage information, please provide updated information. Attach supporting information where appropriate.

Is there any property under construction or a Builder's Risk exposure? Yes No
If yes, submit completed values and construction or advise if coverage is placed elsewhere.

Do any pumps or motors exceed 750 HP? Yes No

Schedule of Locations

No Changes

<u>Delete</u>	<u>Prem.</u>	<u>Item</u>	<u>Address (2 lines)</u>	<u>City, State, Zip</u>	<u>Occupancy</u>
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Add

Add

Add

Coverages A and B Schedule of Property Limits

No Changes

Deductible:

Renewal Questionnaire

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Please note: The limits shown below reflect what will be provided on the upcoming renewal and contemplate the inflation guard percentage provided on your expiring coverage as indicated below. Newly added premises/items are subject to Underwriting approval.

<u>Delete</u>	<u>Real Property</u>					<u>Personal Property</u>						
	<u>Prem.</u>	<u>Item</u>	<u>Const.</u>	<u>Limit</u>	<u>Valuation</u>	<u>Coins.</u>	<u>Incl. in Blanket</u>	<u>Inflation Guard</u>	<u>Limit</u>	<u>Valuation</u>	<u>Coins.</u>	<u>Incl. in Blanket</u>

Add
Add
Add

<u>CONSTRUCTION CODES</u>					
<u>1</u>	Frame	<u>4</u>	Masonry Non-combustible	<u>7</u>	Concrete
<u>2</u>	Joisted Masonry	<u>5</u>	Modified Fire Resistive	<u>8</u>	Steel
<u>3</u>	Non-combustible	<u>6</u>	Fire Resistive	<u>9</u>	Reinforced Masonry

Schedule of Property Blanket Limits

<u>Premises</u>	<u>Blanket Limit of Coverage</u>
All	\$10,391,148

Coverages C and D: Schedule of Limits

No Changes

Loss of Income	Loss sustained up to:	per occurrence
Extra Expense	Loss sustained up to:	per occurrence

Property Coverage Extensions Limits

No Changes

<u>Extension</u>	<u>Limit of Coverage</u>
Accounts Receivable:	
Fine Arts (without certified appraisal):	\$25,000 (subject to \$1,500 per item)
Fine Arts (with certified appraisal):	
In Transit or Off Premises:	
Valuable Papers & Records:	
Outdoor Property:	
Trees, Shrubs, Plants and Lawns:	\$25,000
Software:	

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Flood

Flood coverage is not currently provided at any premises. If coverage is desired, please provide details. Note: Flood coverage cannot be provided for any location determined to be in a 100 year flood zone or is eligible for the National Flood Insurance Program.

Earthquake

Earthquake coverage is not currently provided at any premises. If coverage is desired, please provide details. Note: Earthquake coverage is subject to Underwriting guidelines.

Property Additional Interests

Please indicate any additions, changes or deletions in the Property Comments section below.

<u>Premises/Item</u>	<u>Type</u>	<u>Name/Address</u>	<u>Description</u>
1/1	Mortgagee	USDA RURAL DEVELOPMENT 251 AUBURN RAVINE ROAD, SUITE 107 AUBURN, CA 95603	

Property Comments

Please indicate any other additions, changes or deletions as applicable.

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CRIME

Based upon your current Crime coverage information, please provide updated information. Attach supporting information where appropriate.

Government Crime

No Changes

<u>Coverage Agreement</u>	<u>Limits of Coverage</u>	<u>Deductible Amount</u>
Employee Theft	\$250,000 per Loss	\$250 per Loss
Includes Faithful Performance:	Yes No	
Forgery or Alteration	\$250,000 per Occurrence	\$250 per Occurrence
Inside the Premises – Theft of Money & Securities	\$250,000 per Occurrence	\$250 per Occurrence
Inside the Premises – Robbery/Safe Burglary	\$100,000 per Occurrence	\$250 per Occurrence
Outside the Premises	\$250,000 per Occurrence	\$250 per Occurrence
Computer and Funds Transfer Fraud	\$250,000 per Occurrence	\$250 per Occurrence
Money Orders	\$250,000 per Occurrence	\$250 per Occurrence
Fraudulent Impersonation	\$250,000 per Occurrence	\$250 per Occurrence

Requested Limit Option change:

(See chart below. Limits are restricted to the options shown.)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer and Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

Requested Deductible change: (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

\$250	\$1,000	\$5,000	\$15,000
\$500	\$2,500	\$10,000	\$25,000

Number of Ratable Employees:

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Crime Comments

Please indicate any other additions, changes or deletions as applicable.

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INLAND MARINE

<u>Coverage</u>	<u>Limit</u>	<u>Deductible</u>
Coverage A – Blanket Tools and Equipment:	*	
Coverage B – Scheduled Equipment:	see schedule below	see schedule below
* subject to a per item limit of \$10,000		

Coverage B – Scheduled Equipment

No Changes

<u>Delete</u>	<u>Description</u>	<u>Serial Number</u>	<u>Limit</u>	<u>Deductible</u>	<u>Valuation</u>
			Expiring Total:		\$25,000
Add					
Add					
Add					

Rented or Borrowed Equipment Extension Limit:

Watercraft Extension Limit:

Unmanned Aircraft Systems (Drones)

Does your organization own or operate drones? Yes No

Unless previously provided, please complete the schedule below.

<u>Model</u>	<u>Serial Number</u>	<u>Weight (lbs/oz.)</u>	<u>Value of Drone</u>	<u>Value of Attached Equipment</u>
Add				
Add				
Add				

Are all operations being conducted in accordance with FAA rules? Yes No

How many personnel are authorized to operate the drones?

How many hours of training are required prior to personnel being authorized to operate the drones?

Does your organization loan, rent or lease the drones to others? Yes No

If yes, a. Describe to whom:

b. Will you loan, rent or lease: with your authorized operator without your operator

Based upon your current Inland Marine coverage information, please provide updated information. Attach supporting information where appropriate.

Inland Marine Additional Interests

Please indicate any additions, changes or deletions in the Inland Marine Comments section below.

<u>Type</u>	<u>Name/Address</u>	<u>Description</u>
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Inland Marine Comments

Please indicate any other additions, changes or deletions as applicable.

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Authority Member: CHRISTIAN VALLEY PARK COMMUNITY SERVICES DISTRICT
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GENERAL LIABILITY

Limits of Coverage

Each Occurrence:	\$1,000,000
Damage to Premises Rented to You:	
Medical Expense:	
Personal and Advertising Injury:	\$1,000,000
General Aggregate:	\$10,000,000
Products – Completed Operations Aggregate:	\$10,000,000
Deductible:	

Based upon your current General Liability coverage information, please provide updated information. Attach supporting information where appropriate.

Are there any new Dam, Reservoir, or Levee structures? Yes No
If yes, complete the Dam, Reservoir or Levee Section of the New Business Application shown on our website.

Are there any new operations? Yes No
If yes, identify details:

Are there any discontinued operations? Yes No
If yes, identify details:

Are there any changes in Independent Contractors? Yes No
If yes, identify details:

Are there any changes in Purchased Services? Yes No
If yes, identify details:

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Schedule of Exposures

No Changes

Note: Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contracts costs (less capital costs) when direct employee remuneration is not known. Ditch miles include total miles of canals and laterals owned.

<u>Class</u>	<u>Basis</u>	<u>Exposure (enter value or indicate not applicable)</u>	
Gas, Electric or Water Utility Operations	Payroll	\$	N/A
Irrigation Operations	Payroll	\$	N/A
Wastewater Operations	Payroll	\$	N/A
Cemetery Operations	Per Interment		N/A
All Other Special District Operations	Payroll	\$	N/A
Streets and Roads – existence hazard	Miles		N/A
Laboratory – Testing or Consulting	Receipts	\$	N/A
Day Care	Average Daily Attendance		N/A
Waterslides	Number		N/A
Grandstands, Bleachers w/ seating capacity above 5,000	Number		N/A
Utility Construction or Repair	Payroll	\$	N/A
Irrigation Ditches – existence hazard	Miles		N/A
Wastewater Treatment Plant Connector Lines – existence hazard	Miles		N/A
Boat Docks or Marina	Receipts	\$	N/A
Campgrounds	Receipts	\$	N/A
Dwellings	Number		N/A
Fee-based Recreation	Receipts	\$	N/A
Golf Course	Number of Annual Rounds		N/A
Meeting, Convention or Rental Halls	Per Day		N/A
Swimming Area, Outdoor Pool, Beach or River (Seasonal)	Number		N/A
Swimming Pool – indoor facility	Number		N/A
Skateboard Parks	Number		N/A

Dam, Reservoir or Levee

No Changes

Dam or Reservoir – existence hazard	Number		N/A
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Hired & Non-Owned Auto Liability

No Changes

Number of Volunteers and Employees:

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General Liability Additional Interests

Please indicate any additions, changes or deletions in the General Liability Comments section below. If you are adding an Additional Interest, please indicate if there is a written contract.

Type

Name/Address

Description

General Liability Comments

Please indicate any other additions, changes or deletions as applicable.

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Renewal Questionnaire

Authority Member: CHRISTIAN VALLEY PARK COMMUNITY SERVICES DISTRICT
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PUBLIC OFFICIALS & MANAGEMENT LIABILITY

Coverage Type:

Limits of Coverage

Coverage A: \$1,000,000 Each Wrongful Act or Offense
Coverage A includes Employee Benefits Liability

Coverage B: Each Action

Aggregate Limit: \$10,000,000 Coverage A and B Combined

Coverage A Deductible:

CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE

Coverage D – Cyber Liability

Each Event Limit: \$1,000,000 Each Electronic Information Security Event

Retroactive Date:

Coverage E – Privacy Crisis Management Expense

Each Event Limit: Each Privacy Event

Retroactive Date:

Deductible: \$0 Each Privacy Event

Coverage F – Cyber Extortion Expense

Each Event Limit: \$20,000 Each Cyber Extortion Threat

Deductible: \$0 Each Cyber Extortion Threat

Coverage E – Privacy Crisis Management Expense and Coverage F – Cyber Extortion Expense

Aggregate Limit: \$50,000 Aggregate

Public Officials & Management Liability Additional Interests

Please indicate any additions, changes or deletions in the Public Official & Management Liability Comments section below.

Type

Name/Address

Description

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Public Officials & Management Liability Comments

Please indicate any other additions, changes or deletions as applicable.

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EXCESS LIABILITY

Limits of Coverage

Each Occurrence:

General Aggregate:

- Unmanned aircraft (drones) \$1,000,000 sublimit applies and cannot be increased.

Based upon your current Excess Liability coverage information, please provide updated underlying information if applicable.

Attach supporting information where appropriate. If an optional quote is being requested, please request below.

Excess Liability Comments

Please indicate any other additions, changes or deletions as applicable.

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I agree the information contained in this Renewal Questionnaire is true and accurate to the best of my knowledge. If I have requested Blanket Coverage for Real and or Personal Property, I have a signed statement of values on file and will submit upon request.

Please sign and date below. By signing, you represent that the information contained in this Renewal Questionnaire is true and accurate to the best of your knowledge.

Signature: _____ Date: _____