

Insured: C32879 DARNELL LATERAL DITCH COMPANY

Broker: A16901

**ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC
10901 W 120TH AVENUE STE 100
BROOMFIELD, CO 80021**

Insureds: Please complete and return to your agent. Agents: Please complete and return via the Producer Portal or email to uw@glatfelters.com by **02/20/2026**. Important: Use this Renewal Questionnaire instead of any agency 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. Refer to the policy for a complete listing of the coverages currently provided.

If any additional lines of insurance are needed to broaden coverage, we encourage you to request them by completing our New Business Application or the appropriate sections of an ACORD application. Refer to our website, www.glatfelterpublicentities.com, for our New Business Application.

Dear Broker:

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. Please return the complete questionnaire to GPE Underwriting. Contact your underwriter, Marci J. Fretz at mfretz@glatfelters.com, if you have any questions regarding this questionnaire or the renewal process.

On behalf of Glatfelter Insurance Group, 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,



Troy A. Markel
Head of GIG Distribution



Renewal Questionnaire

Insured Name: DARNELL LATERAL DITCH COMPANY
C32879

GENERAL INFORMATION

Insured's Name: DARNELL LATERAL DITCH COMPANY
 Insured's Mailing Address: 9370 WELD COUNTY ROAD 70
 WINDSOR, CO 80550
 County: WELD

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

Contact Name/Title: Phone:
 Contact Email: Mobile:

<u>Coverage</u>	<u>Status</u>	<u>Eff. Date</u>	<u>Exp. Date</u>	<u>Policy Number</u>
Property	Not Covered			
Crime	Not Covered			
Inland Marine	Not Covered			
Auto	Not Covered			
General Liability	In-Force	04/01/2025	04/01/2026	GPNU-PF-0008406-05
Public Officials & Mgmt Liab	Not Covered			
Educators Legal Liability	Not Covered			
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?

What is your annual employee turnover percentage?

Do you have a formalized risk management program or procedure? Yes No

If Yes, which of the following:

Written Safety or Loss Prevention Program	Yes	No
Emergency Planning / Disaster Recovery Program	Yes	No
Employee training meetings	Yes	No
Property or equipment inspection and maintenance logs	Yes	No
Accident investigation program	Yes	No
Formalized automobile safety program	Yes	No
Formalized automobile maintenance program	Yes	No
Procedures to prevent and report sexual harassment	Yes	No



Renewal Questionnaire

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Please attach Current Budget Expenditures.

General Comments:

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



Renewal Questionnaire

Insured Name: DARNELL LATERAL DITCH COMPANY
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GENERAL LIABILITY

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

Limits of Insurance

Each Occurrence:	\$1,000,000
Damage to Premises Rented to You:	
Medical Expense:	
Personal and Advertising Injury:	\$1,000,000
General Aggregate:	\$3,000,000
Products – Completed Operations Aggregate:	\$3,000,000
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:

Does the insured subcontract Law Enforcement protection to a third party? Yes No
If yes, does the insured have a written contract in place with proper risk transfer including indemnification agreements, hold harmless and additional insured protection in the insured's favor? Yes No

Employer's Liability (Stop Gap) Payroll Yes No
If yes, enter payroll amount (where applicable):



Renewal Questionnaire

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Do you have an Employee Handbook? Yes No
 If yes, does it include:
 Specific hiring guidelines? Yes No
 Specific termination guidelines? Yes No
 Specific defined disciplinary actions? Yes No
 Specific employment grievance procedures? Yes No

Do your operations include supervision or care of minors and/or seniors? Yes No
 If yes, please describe:

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:

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



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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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Workplace Violence Accidental Death Benefit **Not Covered**

This coverage is available for a premium charge in applicable states. The Limit of Insurance available is \$10,000 per person subject to an aggregate of \$100,000.

Please indicate 'Yes' if coverage is desired: Yes No

Law Enforcement Activity Liability

Law Enforcement coverage is not currently provided. If coverage is desired, please provide the information regarding your direct employees by completing the Law Enforcement Liability Supplement on our website glatfelterpublicentities.com.

Hired & Non-Owned Auto Liability **No Changes**

Number of Volunteers and Employees:

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.

<u>Type</u>	<u>Name/Address</u>	<u>Description</u>
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General Liability Comments

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



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EXCESS LIABILITY

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

Limits of Insurance

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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PLEASE READ CAREFULLY – GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

COLORADO FRAUD WARNING

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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: Steve J Winter

Date: 02 / 07 / 2026

