

## Request to Relocate Existing Temporary Construction Meter

**Please Note**

Requests to relocate a temporary construction meter will require a Certificate of Insurance (COI) that reflects the new temporary meter location. In addition, the new meter location may require an encroachment permit. If an encroachment permit is required, the account holder must provide a copy of the permit prior to CVWD relocating the meter. Please submit the relocation request, certificate of insurance and endorsement to Customer Service.

## Applicant / Account Holder Information

Customer Name: \_\_\_\_\_ Relocation Request Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Field Contact Name: \_\_\_\_\_

Proposed New Meter Location (below): \_\_\_\_\_ Field Contact Phone: \_\_\_\_\_

### For Field Use Only

Encroachment Permit Required:  Yes  No FST Approval: \_\_\_\_\_

FH #: \_\_\_\_\_ Meter # \_\_\_\_\_ Date Moved: \_\_\_\_\_

Location Comments: \_\_\_\_\_

### For Office Use Only

Certificate of Insurance Received:  Yes  No Expires: \_\_\_\_\_

Encroachment Permit Received:  Yes  No  NA Expires: \_\_\_\_\_

**The Applicant is bound by the Cucamonga Valley Water District’s (CVWD/District) Municipal Code(s) 4.04.080 and 4.16.190, and the terms and conditions of this Application and Agreement:**

1. This Agreement shall expire upon expiration of the insurance certificate, the expiration of the encroachment permit, or account closure, whichever comes first. The applicant may request an extension, subject to approval, as long as the account is in good standing, and the request is submitted to [custserv@cvwdwater.com](mailto:custserv@cvwdwater.com) no less than 10 days before the expiration of this executed Agreement.
2. The Applicant agrees to defend, indemnify, and hold harmless Cucamonga Valley Water District, its officers, employees, agents, and representatives from and against any and all claims, liabilities, losses, damages, costs, and expenses, including attorney’s fees, arising out of or in connection with the Applicant’s use of the temporary construction meter, except to the extent caused by the sole negligence or willful misconduct of the District. This indemnification obligation shall survive the expiration or termination of this agreement. Failure to comply with the indemnification and insurance requirements shall constitute a material breach of this agreement and may result in the immediate revocation of the temporary construction meter use.
  - **General Liability Insurance Requirements:** As a condition of approval for the use of the temporary construction meter, the Applicant shall procure and maintain, at its sole cost and expense, during the entire term of use, Commercial General Liability Insurance with limits of no less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury, personal injury, and property damage.

- **Additional Insured Endorsement:** The General Liability Insurance policy shall include an endorsement naming Cucamonga Valley Water District as an additional insured. The endorsement shall specify that the coverage provided to the District as an additional insured is primary and non-contributory with respect to any other insurance or self-insurance available to the District.
  - **Certificate of Insurance:** Prior to the relocation of the temporary construction meter, the Applicant shall submit to the District a Certificate of Insurance evidencing compliance with the above insurance requirements, including a copy of the additional insured endorsement. The Certificate of Insurance and endorsement must be approved by the District before the temporary construction meter is relocated.
3. **Encroachment Permit:** The Applicant must provide evidence of a city encroachment permit before installation, if required. In addition, the Applicant is responsible for ensuring that the area around the temporary construction meter and related equipment is free of hazards and remains safe at all times, especially if the area is accessible to the public. This includes removing obstacles, maintaining safe and unobstructed access for District personnel, and addressing any conditions that could pose safety risks or interfere with the operation or maintenance of the meter. Otherwise, the area must be blocked off from public access.
  4. **Backflow Requirements:** At the Applicant's sole expense, the Applicant must install and maintain a CVWD-approved Reduced Pressure Backflow Prevention (RPBP) assembly for the duration of the temporary water service. The RPBP assembly must be tested by a CVWD-approved backflow tester, and test results must be submitted within two (2) business days of the relocation. Water use without a certified backflow device will result in the termination of the temporary water service. The Applicant must email the test results to [backflow@cvwdwater.com](mailto:backflow@cvwdwater.com). All backflows must be tested annually.
    - [See STD. DWG. 124 \(04-17-2025\)](#)
    - [See STD. DWG. 408 \(04-17-2025\)](#)
  5. The fire department shall have the right to use the fire hydrant and the authority to remove the connection for emergency use.
  6. The meter cannot be transferred to other companies or developers.
  7. The Applicant is solely responsible for all costs incurred by the District for any repairs to the fire hydrant, meter, and its connection if the Applicant or theft causes the need for such repairs.
  8. The District may revoke this agreement and remove the temporary meter connection without notifying the applicant for the following reasons:
    - a. Any disconnection of or tampering with the fire hydrant connection or any portion thereof by the Applicant.
    - b. Any use of water at any location other than the designated area.
    - c. Any unauthorized use or waste of water.
    - d. Water volume or pressure deficiency in the existing system.
    - e. Noncompliance with the provisions of this agreement.
    - f. The expiration of this agreement, the certificate of insurance, or the encroachment permit (if applicable).

**The undersigned applicant agrees to take responsibility for paying all charges for water services provided by the Cucamonga Valley Water District. The applicant also agrees to comply with the District's terms and conditions outlined in the Application and Agreement for a Temporary Construction Water Meter, this Request to Relocate Existing Temporary Construction Meter, and the regulations governing these services as specified in the District's municipal code.**

**APPLICANT**

\_\_\_\_\_   
 *Print Name*

\_\_\_\_\_   
 *Signature*

**APPROVAL**

Approved By: \_\_\_\_\_

Account Expiration Date: \_\_\_\_\_

# SAMPLE OF COI REQUIREMENTS



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Required

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF LIABILITY INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <div style="border: 1px dashed blue; padding: 5px; text-align: center;">                     Agent/ Broker's Information <span style="float: right; background-color: #003366; color: white; padding: 2px 5px; font-weight: bold;">1</span> </div>	CONTACT NAME: PHONE (A/C No., Ext.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE:
INSURED <div style="border: 1px dashed blue; padding: 5px; text-align: center;">                     Construction Meter Applicant's Info <span style="float: right; background-color: #003366; color: white; padding: 2px 5px; font-weight: bold;">2</span> </div>	INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

Insurer's Info. The "Insurer letter" appears in the left margin at 3\* to show which insurer provides coverage.

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
3*	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY						
	WORKERS COMPENSATION						
	EMPLOYERS' LIABILITY						
	PRIOR/PARTNER/EXECUTIVE/OWNER EXCLUDED?						

The contents highlighted in the red box must be filled and contain limits **no less than \$1,000,000 EACH OCCURRENCE**

**\$2,000,000 GENERAL AGGREGATE**

(and one box must be checked under **TYPE OF INSURANCE-GEN'L AGGREGATE LIMIT APPLIES PER: POLICY, PROJECT, LOC, OR OTHER**)

All other coverages below General Liability are not mandatory.

**Contractor must have a current COI on file while they possess the meter.**

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The description for this section should reference the **Temporary Construction Meter Application**, description of location(s), and list **CVWD**, its directors, officers, employees, and volunteers as **"Additional Insured"** or something similar in this section or in an attached endorsement for the General Liability policy.

<b>CERTIFICATE HOLDER</b> Cucamonga Valley Water District 10440 Ashford St., Rancho Cucamonga, CA 91730	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Must be signed (e-signature/fresh)
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It must not say **FOR VERIFICATION ONLY** anywhere on this form or on attached endorsements if provided.