

**PRODUCTS/COMPLETED OPERATION LIABILITY
COMPREHENSIVE GENERAL LIABILITY
PROFESSIONAL LIABILITY
POLLUTION LIABILITY**

GROUND WATER ACTIVITY APPLICATION FORM

INSTRUCTIONS: Please complete the application in its entirety.
Those questions which you deem are not applicable to your company, please insert the initials "N/A", do not leave blank. If the question is such that a precise answer is either difficult or impossible, then provide a best estimate answer. Should an answer to any of the questions require more space than provided, please provide your answer on a separate sheet of paper, properly identifying the question you are answering. Any other supporting documentation that a question may call for, or you may wish to add, please properly identify the question the documentation is in reference to. The information and representation provided in this application shall form the initial basis upon which an insurance binder may be issued. Accordingly, this application and the material contained therein shall become an integral part of the insurance contract. Material misrepresentations on the application will cause the insurance contract to be void.

1. Corporate or Business Name _____

2. Mailing Address _____

3. Physical Address _____

4. Telephone (_____) _____ Fax (_____) _____
Website Address: _____
5. Executive for Principal Contact _____ Title _____
E-mail: _____
6. Company Officer in Charge of Product Liability Insurance _____
7. What legal organization form would describe your company?
 Corporation Partnership Sole-Proprietorship Other
If "Other," please specify _____ FEIN/SSN _____
8. What is the expiration date of your current Liability Insurance Policy? _____
9. When do you need to receive a quote from us? _____
10. How many years has your company been in business? _____

Note: If the business is new, attach a summary of the prior experience of the business owner(s) and key manager(s).

11. FEIN# _____

12. Does your company have Branches at other locations? Yes No

If yes, please list number (____) and addresses of other locations:

(use separate sheet if necessary)

13. Total number of employees _____

A. What is your annual payroll? \$ _____

B. Do you require Stop Gap Coverage in the following States: Ohio, North Dakota, Washington, Wyoming? Yes ___ No ___

If "Yes," please list the annual payroll in those states. \$ _____

14. How many years has the current management been in place? _____

15. What does your company do? Please describe in at least two full sentences.

16. Is your company an owner or investor in any other business enterprise in which Product Liability exposure exists? Yes No If yes, please briefly describe on a separate sheet of paper.

17. Does your company currently have a specific organized Safety Program? Yes No

18. How many field technicians or salespeople do you have? _____

19. How many field technicians have engineering degrees? _____

20. How many field or job site workers or laborers do you have? _____

21. Memberships and Certifications:

A. Are you a member of AWT ___ Yes ___ No or a member of WQA ___ Yes ___ No

B. How many company personnel are certified? CWT _____; CWR _____; CWS _____; CI _____; CST _____; MWS _____; MST _____

C. Are you a member of the NGWA ____ Yes ____ No

How many company personnel are certified? CWD ____ CPI ____ MGWC ____
CVCLD ____ CSP ____ CGWP ____

22. Do you subcontract any work? ____ Yes ____ No

24. Do you require certificates of insurance from your subcontractors? __Yes __ No

25. Are you added as an additional insured on the sub-contractor's policy ? __ Yes __ No

26. A. What percent of your activity, service or product is for or in support of potable water? _____%

B. How are your services or activities divided by percentage?

Well Drilling or Servicing	_____%	Ground Water Remediation	_____%
Geological Survey	_____%	Ground Water Analysis	_____%
Ground Water Distribution	_____%	Ground Water Engineering	_____%
Well Supply Manufacturing	_____%	Water Handling Equipment Mfg/Supply	_____%
Geothermal Contracting	_____%	Water Equipment Sales/Service	_____%
Geology/Water Consulting	_____%	Ground Water Management	_____%

27. Should the answers in question 26.B not fully describe all the services your company provides, please specify below what other services your company does provide:

_____	_____%	_____	_____%
_____	_____%	_____	_____%

Utilize a separate sheet of paper if the space provided is not adequate to properly and fully describe your additional services.

28. If your company manufactures products, please attach a description of the products, or provide a website address where the products can be viewed.

29. Please provide below your company's annual receipts:

A. Gross Annual Well Drilling/Service Sales	\$ _____
B. Gross Annual Water Equipment Sales	\$ _____
C. Gross Annual Consultation Fees	\$ _____
D. Other (specify)	\$ _____
TOTAL ANNUAL SALES	\$ _____

30. What percentage of your work is: ____ % Commercial ____ % Industrial ____ % Farm

_____ % Domestic

31. Name of current Liability insurance carrier(s):

Broker Name _____ Phone _____

Address _____

32. Liability Claims Experience:

NOTE.....this information is of vital importance. Ask your current insurance agent or insurance company to provide to you the "loss Runs" or Claim History for the last five (5) years, and attach them to this application. Contact us if you have problems obtaining them from the agent or company.

33. Policy Limit Desired:

General Liability, Professional Liability: Our automatic minimum limits of coverage are \$1 million per occurrence and \$3 million in the aggregate for the primary policy. There is also an automatic pollution limit of \$500,000 Occurrence/ \$25,000 Transit/\$500,000 Aggregate coverage.

Excess Liability \$ _____

Note: Excess Limits over \$10 million will require a referral.

Pollution Limit Desired: _Incl. _ \$500,000 Occurrence/\$25,000 Transit /\$500,000 Aggregate
_____ \$500,000 Occurrence/\$25,000 Transit/\$1,000,000 Aggregate
_____ \$1,000,000 Occurrence/\$1,000,000 Transit/\$1,000,000 Aggregate
_____ \$1,000,000 Occurrence/\$1,000,000 Transit/\$2,000,000 Aggregate
_____ \$1,000,000 Occurrence/\$1,000,000 Transit/\$3,000,000 Aggregate

Auto Liability Coverage Desired? ___ Yes ___ No

Environmental Liability (Additional) Up to \$25,000,000 ? ___ Yes ___ No Limit \$ _____

Claims Made Conversion Endorsement ___ Yes ___ No (IMPORTANT) If your existing pollution coverage is on a Claims Made basis, your will need this endorsement to avoid having a gap in your coverage.

What is your existing Retro Date? _____

Product Withdrawal (Recall) Coverage? ___ Yes ___ No

34. Has your company had any liability claims paid by an insurance company in the past 5 years?

Yes No

35. Do you or any of your officers, directors or stockholders know of any incident that your company has been involved in that would cause a possible claim or litigation to ensue? Yes No

36. Are your company premises and equipment inspected or certified by any outside third parties?

Yes No

If Yes, please complete the following:

Local Agency Yes No Name _____
State Agency Yes No Name _____
Federal Agency Yes No Name _____
Private Agency Yes No Name _____

37. Have you received a citation from O.S.H.A. in the last five years? ___ Yes ___ No

38. Have you received a citation from the EPA in the last five years? ___ Yes ___ No

I HEREBY certify that the aforementioned provided material is true and accurate information as to the best of my knowledge. I further acknowledge that said information and representations will be utilized to determine my company's insurability and form a basis upon which an insurance policy may be issued.

SIGNED _____

PRINT NAME _____

TITLE _____ DATE _____

NOTE: If you are a well drilling operation please complete and return the Well Drilling Supplement.

WELL DRILLING SUPPLEMENT

1. Do you call 811 before you start drilling? Yes No

2. If you answered “No,” explain or attach your procedure to locate underground utilities, pipelines or constructed objects before you start drilling.

3. Do you inspect the rig to the truck frame mounts each time before you commence Drilling? Yes No

4. What methods do you use to stabilize the truck and rig before commencing drilling?

5. Does each rig operator have full personal protective equipment? Yes No

6. How often is the PPE inspected? _____

7. Do you make a full site condition inspection before placing the truck and rig on the drilling site? Yes No

8. Do you undertake proper “cribbing” procedures before commencing drilling?
 Yes No

9. Do you have a procedure to insure that the mast is properly locked prior to commencing drilling? Yes No

10. Do you train all operators on proper drill rod handling? Yes NO

11. How often do you inspect sling cables, winches and, feeds ? _____

12. Are all manufacturer’s drive guards in place on all of your equipment?

_____ Yes _____ No

13. Are all manufacturer's WARNING signs clearly visible and readable on all of your equipment? _____ Yes _____ No

14. If you climb on the mast, do you have proper fall arrest equipment? _____ Yes _____ No

15. Do you have a regular scheduled maintenance program for your truck, mast and other related drilling equipment? _____ Yes _____ No

Applicant's Signature

Date

Applicant's Printed Name

Title