

SEPTIC TANK INDUSTRY APPLICATION FORM

**Includes coverage for: PRODUCTS/COMPLETED OPERATION LIABILITY
 COMPREHENSIVE GENERAL LIABILITY
 PROFESSIONAL LIABILITY
 POLLUTION LIABILITY**

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 (_____) _____
 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 _____
 8. Website: _____ FEIN# _____
 9. When does your current Liability Insurance Expire? _____
 10. What is the latest date you need your quote? _____
 11. 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).**
12. How many years has the current management been in place? _____

13. 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)

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

15. Does your firm do any trenching work that is more than 4 ft. deep? ____ Yes ____ No

A. If "Yes," do you use shoring to prevent collapse? ____ Yes ____ No

B. Are escape ladders provided? ____ Yes ____ No

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

A. Gross Annual Tank Installation Sales \$ _____

B. Gross Annual Tank Maintenance Sales \$ _____

C. Gross Annual Design or Engineering Sales \$ _____

D. Gross Annual Septic Supplies/Equipment Sales \$ _____

E. Gross Annual Port-a-Potty Rental/Sales \$ _____

F. Other (Describe) _____ \$ _____

TOTAL ANNUAL SALES \$ _____

17. Total number of employees? _____

18. What is your annual payroll? \$ _____

19. Do you require Stop Gap Coverage in the following States: Ohio, North Dakota, Washington, Wyoming?

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

20. 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.

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

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

23. What is the total square footage of all owned and rented buildings? _____

24. 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 _____

(Use additional sheet if necessary.)

25. Do you dispose of septic tank waste? _____ Yes _____ No

26. If the answer to the above question is "YES":

A. How many locations do you use for disposal? _____

B. Have you ever been fined or cited for disposal of waste water in an unauthorized place or location?
_____ Yes _____ No

C. How many pumper or disposal trucks do you own? _____

27. If you install septic tanks and drain fields, who performs the percolation test?

28. 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.

Excess Liability \$ _____

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

Pollution Limit Desired: ___ Incl. ___ \$500,000 Occurrence/\$500,000 Aggregate
 _____ \$500,000 Occurrence/\$1,000,000 Aggregate
 _____ \$1,000,000 Occurrence/\$1,000,000 Aggregate
 _____ \$1,000,000 Occurrence/\$2,000,000 Aggregate
 _____ \$1,000,000 Occurrence/\$3,000,000 Aggregate

Note: The policy automatically includes \$500,000/\$500,000 Limits

Auto Liability Coverage Desired? _____ Yes _____ No

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

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

Broker Name _____ Phone _____

Address _____

30. Liability Claims Experience:

NOTE.....this information is of vital importance, please be as detailed as possible. Begin with any claims that are currently pending and then proceed to any closed claims, listing all the claims in chronological order for the past five (5) years. For ease of providing this information use the Claims Information Sheet attached.

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

Yes No

32. 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

33. Should your application for insurance be approved, please indicate the date you would require said insurance to become effective

Effective Date _____

34. O.S.H.A. CITATIONS, ENVIRONMENTAL AGENCY ACTIONS OR COURT JUDGMENTS

On a separate sheet, or the reverse side of this page, please list only those citations received in the past five (5) years that would relate your Work or Product. Also, please include any notices of Judgment under the Federal Insecticide, Fungicide, and Rodenticide Act.

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 _____

35. Please complete the table below:

General Liability Losses		
Year	Amount of Loss	Value Date
Last Year		
1 st Prior		
2 nd Prior		
3 rd Prior		
4 th Prior		

