

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

WATER TREATMENT 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  
\_\_\_\_\_
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. 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 \_\_\_\_\_

21. Does your company import any products or parts to sell to clients that come directly from a foreign manufacturer. \_\_\_ Yes \_\_\_NO.

22. Do you repackage or re-label any products you sell? \_\_\_Yes \_\_\_ No

23. 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. Do you have any retail operations? \_\_ Yes \_\_ No

27. A. What percent of your activity, service or product is for potable water? \_\_\_\_\_%

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

Service Boilers \_\_\_\_\_% Install Water Filters \_\_\_\_\_%

Service Cooling Systems \_\_\_\_\_% Install Water Softeners \_\_\_\_\_%

Service Airwasher Systems \_\_\_\_\_% Install UV Systems \_\_\_\_\_%

Service or Sell Automatic Controls \_\_\_\_\_% Distribute Filters, UV, RO, Softeners \_\_\_\_\_%

Service or Sell Metering Pumps \_\_\_\_\_%

Service or Sell Ion Exchange Resins \_\_\_\_\_% Manufacture Filters, RO, UV, or Softener Systems \_\_\_\_\_%

Sell or Use Fuel Oil Additives \_\_\_\_\_%

Sell Reagents & Test Kits \_\_\_\_\_% Commercial/Industrial Work \_\_\_\_\_%

28. Should the answers in question 27 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.

29. If your company manufactures products that would be in addition to the answers provided in response to questions 27 and 28 please attach a copy of your product list or catalog along with appropriate explanations as to said products.

30. Please indicate if your company handles in any way, chemicals with low flash points or would be “Red Labeled” (flammable) items.  Yes  No

If your answer to this question is yes, please use a separate sheet of paper to fully describe and provide specifications.

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

- A. Gross Annual Water Treatment Sales \$ \_\_\_\_\_
  - B. Gross Annual Water Treatment Equipment Sales \$ \_\_\_\_\_
  - C. Gross Annual Consultation Fees \$ \_\_\_\_\_
  - D. Gross Annual Chemical Sales \$ \_\_\_\_\_  
(Other than those used in "A" Above)
  - E. Other (specify) \$ \_\_\_\_\_
- TOTAL ANNUAL SALES \$ \_\_\_\_\_

32. Do you sell chemicals to customers without directly servicing their cooling or heating systems?

Yes  No

33. If the answer to the above is "Yes," please answer the following:

- A. Do you store chemicals you sell to others?  Yes  No
- B. What percentage of the chemicals you sell to others are stored and shipped directly by you? \_\_\_\_\_%
- C. What percentage of the chemicals you sell to others are "drop shipped" to the client? \_\_\_\_\_%

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

\_\_\_\_\_

Broker Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

35. 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.

36. 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, you will need this endorsement to avoid having a gap in your coverage.

What is your existing Retro Date? \_\_\_\_\_

**Product Withdrawal (Recall) Coverage?** \_\_\_Yes \_\_\_ No

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

Yes  No

38. 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

39. 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 \_\_\_\_\_

40. Have you received a citation from O.S.H.A. in the last five years? \_\_\_Yes \_\_\_ No

41. 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 \_\_\_\_\_