

Effected with certain Lloyd's Underwriters through Chaucer Syndicate, *WaterColor Management* via *Lackner McLennan Insurance LTD*. 818 Victoria Street, North, Kitchner, ON, N2B 3C1, Canada LMICanada.com

**COMMERCIAL GENERAL LIABILITY
PRODUCTS/COMPLETED OPERATION 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: _____ Facebook Page: _____

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 _____ BN# _____

8. What is the expiration date of your current Liability Insurance Policy? _____

9. When do you need to receive a quote from us? _____

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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. 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)

12. Total number of employees _____

A. What is your annual payroll? CAD _____

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

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

15. 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.

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

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

18. How many field technicians have engineering degrees? _____

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

20. Memberships and Certifications:

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

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

C. Are you a member of the CGWA ___ Yes ___ No

D. How many company personnel are certified? CWD _____ CPI _____ MGWC _____

CVCLD _____ CSP _____ CGWP _____

E. Other Water Assoc. Membership: _____

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

Broker Name _____ Phone _____

Address _____

30. Liability Claims Experience:

NOTE: This information is important. Ask your current insurance agent or insurance company to provide to you the currently valued "Loss Runs" or "Claim History" for the last five (5) years, and attach them to this application. Contact us if you have problems obtaining this information from the agent or insurance company.

31. A. Policy Limits and Coverages Offered:

General Liability: Per occurrence limit CAD \$2,000,000

Products/Completed Operations: Per occurrence limit CAD \$2,000,000

Professional Liability: Per occurrence limit CAD \$2,000,000

General Aggregate limit without Products/Completed Operations: CAD \$5,000,000

Products/Completed Operations Aggregate Limit: CAD \$3,000,000

B. **Increased Primary Limits Available:** Up To CAD \$5,000,000 Per Occ/CAD \$5,000,000 Aggregate. CAD\$ _____

Limited Pollution Coverage Desired:

_____ CAD \$1,000,000 Occurrence/\$1,000,000 Aggregate Excluding Gradual CH – WCM 0010

_____ CAD \$1,000,000 Occurrence/\$1,000,000 Aggregate Including Gradual CH – WCM 009

Limited Pollution Liability Excess Limits Available up to CAD \$25,000,000 Per Occurrence/ CAD \$25,000,000 Aggregate

___ Yes ___ No Limit: CAD \$ _____ Per occurrence / CAD \$ _____ Aggregate

Claims Made Conversion Endorsement: (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. ___ YES ___ No Current Retro Date : _____

Please indicate with an "X" if you would like any of the following additional endorsements:

_____ Blanket Additional Insured CH – WCM 006

_____ Blanket Waiver of Subrogation CH – WCM 005

_____ Blanket Primary & Non-Contributory CH – WCM 008

_____ Broad Form Property Damage Extension CH – WCM 002(120319)

_____ Employers' Bodily Injury Liability Extension (LE5c)

_____ Contingent Employers Liability (LLO0029)

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- _____ Employee Benefits Extension (LE33)
 _____ Non-Owned Auto Liability (Please Complete the Non-Owned Auto Supplemental Questionnaire) SPF 6
 _____ Hired Auto Physical Damage (Please Complete the Non-Owned Auto Supplemental Questionnaire) SEF 94

32. Has your company had any liability claims paid by an insurance company in the past 5 years?
 Yes No
33. 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
34. 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 _____

35. Have you received a citation from O.S.H.A. in the last five years? ___ Yes ___ No
36. 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.



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WELL DRILLING SUPPLEMENT

1. Do you coordinate with Federal, Regional, or local authorities, as well as utility companies, to identify the presence of buried cables, chambers or pipelines? _____ 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? _____

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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. Do you work with explosives? _____ Yes _____ No

A. How Often? _____

B. What is the average size of the charge? _____

13. Are all manufacturer's drive guards in place on all of your equipment?

_____ Yes _____ No

14. Are all manufacturer's WARNING signs clearly visible and readable on all of your equipment?

_____ Yes _____ No

15. If you climb on the mast, do you have proper fall arrest equipment? _____ Yes

_____ No

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



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17. Please provide a payroll breakdown into the following categories:

- 1. 1830 CONTRACTORS-SUBCONTRACTORS WORK – IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, ERECTION OR REPAIR – NOT BUILDINGS

\$ _____

- 2. 7417 MAINTENANCE OR STORAGE OF EQUIPMENT OR MATERIAL- PERMANENT YARD

\$ _____

- 3. 1770 DRILLING WATER

\$ _____

- 4. 1711 PLUMBING RESIDENTIAL OR DOMESTIC

\$ _____

Applicant’s Signature

Date

Applicant’s Printed Name

Title