

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**

WATER TREATMENT, FILTRATION AND SOFTENING 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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28. What percentage of your work is: \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Farm \_\_\_\_\_ % Domestic

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: \_\_\_\_\_



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**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)
- \_\_\_\_\_ 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 \_\_\_\_\_