



Effected with certain Lloyd’s Underwriters through Chaucer Syndicate, *WaterColor Management* via Brokerlink, 818 Victoria Street, North, Kitchener, ON, N2B 3C1, Canada

**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? \_\_\_\_\_

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: \_\_\_\_\_



- 21. Do you subcontract any work?      Yes      No
- 22. Do you require certificates of insurance from your subcontractors?      Yes      No
- 23. Are you added as an additional insured on the sub-contractor's policy?      Yes      No

24. 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	_____%

25. Should the answers in question 24.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.

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

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

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

28. What percentage of your work is: \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Farm \_\_\_\_\_ % Domestic



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

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

Address \_\_\_\_\_

30. Have you had any liability claims in the last five years? YES NO

If, "Yes," what was the approximate dollar amount of your total claims during that time?

31. 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.

32. 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)  
 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

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

34. 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

35. 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 _____

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

37. 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 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.

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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?

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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. 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

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