

EXCESS SUPPLEMENTAL APPLICATION

WaterColor cannot accept any liability for failures to disclose or misstate material facts regarding your operations.

COMPANY NAME: _____ FEDERAL TAX ID# _____

ADDRESS: _____

PHONE: _____ EXCESS COVERAGE AMOUNT REQUESTED: _____

Our company needs its quotation No Later Than: _____ Renewal Date: _____

How did you hear about WaterColor Management? _____

1. Are your office & storage facilities located in buildings you own, rent or lease? _____

2. Who owns the building? _____

3. Do you store chemicals at your facility or are they drop shipped from the manufacturer to your customers job site? _____

4. If your answer in #1 is yes, please provide the following:

How many pounds of dry chemical is stored in your warehouse _____

How many gallons of liquid chemical is stored in your warehouse _____

What is the maximum amount of dry chemical stored at your warehouse at one time? _____

What is the maximum amount of wet chemical stored at your warehouse at one time? _____

What size containers is the wet chemical stored in? _____

5. Do you repackage or re-label any of the products you sell or distribute? Yes No
(if Yes, describe types: defoamers, glycol, etc) _____

6. Do you operate your business & occupy space in more than 10 separate locations? Yes No

7. Is the underlying General Liability written with a per location aggregate limit? Yes No

8. Do you sub-contract installation, repair, or leasing? Yes No

9. Is your firm involved in environmental engineering consulting? Yes No

10. Do you require a certificate of insurance from your sub-contractors? Yes No

11. Is your firm named as an additional insured on the sub-contractors policy? Yes No

12. Are you involved in any geothermal equipment installation? Yes No

13. Do you have any retail operations? Yes No

14. What percent of the insured's work is performed in the 5 boroughs of New York
(Brooklyn, Bronx, Queens, Staten Island, Manhattan)? _____ %

15. What percent of the insured's work is performed in New York State _____ %

16. What percentage of the work performed by the insured is Commercial or Industrial?

Commercial _____ %
 Agricultural _____ %
 Industrial _____ %
 Residential _____ %
 Other _____ %
Total _____ %

17. Do you perform any work for refineries or chemical plants; or are you involved in the installation of fire suppression systems? Yes No

18. Do you work on scaffolds, ladders, or any similar device inside? Yes No

If yes, what is the maximum height ____ Ft?

Do you work on scaffolds, ladders, or any similar device outside? Yes No

If yes, what is the maximum height ____ Ft?

19. Is there any marine or marina? Yes No

20. Do you perform any work for oil industries? Yes No

21. Do you perform any work for gas industries? Yes No

22. Do you subcontract more than 50% of your work? Yes No

23. Any repair work or leasing of equipment? Yes No

24. Do you manufacture, service, or sell any sprinkler equipment? Yes No

25. Do you manufacture, service, or sell any firefighting equipment? Yes No

26. Has your company had any claims incidents or potential claims incidents not reported to WCM since you last applied for insurance? Yes No

If "Yes," please attach a one paragraph description. _____

27. Please give a brief description of what your business does: _____

26. Do you want Excess to cover Pollution Yes No

Do you want Excess to cover Auto Yes No

If Yes, Please complete the following information:

Auto Insurance Company Name: _____

Auto Insurance Policy Number: _____ Auto Effective Dates: _____

Auto Insurance Coverage Amount: _____

PLEASE ATTACH THE DECLARATIONS PAGE OR THE QUOTATION FOR YOUR AUTO COVERAGE.

(NOTE: YOUR UNDERLYING AUTO LIABILITY LIMITS MUST BE \$1,000,000 CSL)

PLEASE ATTACH A COPY OF YOUR AUTOMOBILE SCHEDULE OF VEHICLES.

(NOTE: THE VEHICLE WEIGHT MUST BE INCLUDED IN THE SCHEDULE)

Do you want Excess to cover Employers Liability Yes No

If Yes, please complete the following information:

Workers Comp Insurance Company Name: _____

Workers Comp Ins. Policy Number: _____ WC Effective Dates: _____

PLEASE ATTACH THE DECLARATIONS PAGE OR THE QUOTATION FOR YOUR EMPLOYERS LIABILITY COVERAGE.

(NOTE: YOUR UNDERLYING EMPLOYERS LIABILITY LIMITS MUST BE \$1M/\$1M/\$1M)

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____