

**PRODUCTS/COMPLETED OPERATION LIABILITY
COMPREHENSIVE GENERAL 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.

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

How did you hear about WaterColor Management? _____

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. What legal organization form would describe your company?

Corporation Partnership Sole-Proprietorship Other

If "Other," please specify _____ FEIN/SSN _____

7. 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).

8. 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)

9. 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. \$ _____

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

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

12. 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.

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

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

15. How many field technicians have engineering degrees? _____

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

17. Memberships and Certifications:

A. Are you a member of: _____ NGWA or _____ State Well Drillers Association

B. How many company personnel are certified? CWD _____ CPI _____ MGWC _____ CVCLD _____ CSP _____
CGWP _____

18. Do you subcontract any work? Yes No

19. Do you require certificates of insurance from your subcontractors? Yes No

20. Are you added as an additional insured on the sub-contractor's policy? Yes No

21. 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 _____% Ground Water Remediation _____%

Well Servicing _____% Ground Water Analysis _____%

Geological Survey _____% Ground Water Engineering _____%

Ground Water Distribution _____% Ground Water Management _____%

Well Supply Manufacturing _____% Water Handling Equipment Mfg/Supply _____%

Geothermal Contracting _____% Water Equipment Sales/Service _____%

Geology/Water Consulting _____%

22. Should the answers in question 21B 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.

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

24. Do you use dynamite or other explosives in your work? Yes No

A. How often? _____ B. What's the largest charge? _____

25. Do you do any sanitization of wells for potable water? _____

26. Do you follow the AWWA guidelines? _____

27. What percentage of your work is: _____ % Commercial _____ % Industrial _____ % Farm _____ % Domestic

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

Broker Name _____ Phone _____

Address _____

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

- A. Gross Annual Well Drilling \$ _____
 - B. Gross Annual Well Servicing \$ _____
 - C. Gross Annual Water Equipment Sales \$ _____
 - D. Gross Annual Consultation Fees \$ _____
 - E. Other (specify) \$ _____
- TOTAL ANNUAL SALES \$ _____

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

Yes No

29. 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

30. 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.

31. **Limits of Coverage Desired:**

General Liability: Our company wants the basic **\$1, 000,000 Per Occurrence, \$3,000,000 Aggregate** General Liability coverage that includes **\$1,000,000 automatic Pollution** coverage. **Policy does not exclude Bacteria coverage. Failure to control water borne bacteria is covered.**

Pollution Limit Desired: INCL \$1,000,000 Occurrence/\$3,000,000 Aggregate

Note: The policy automatically includes \$1,000,000/\$3,000,000 Limits

RETRO DATE: _____

Additional Pollution Liability Up to \$25,000,000 Limit \$ _____

E&O Limit Desired: INCL \$1,000,000 Occurrence/\$3,000,000 Aggregate

Note: The policy automatically includes \$1,000,000/\$3,000,000 Limits.

RETRO DATE: _____

Do you require Professional Liability (E&O) coverage? YES NO

Endorsements:

_____ Additional Insured CG2010 Ongoing Operations _____ Individual _____ Blanket

_____ Additional Insured CG2037 Completed Operations _____ Individual _____ Blanket

_____ Individual Designated Per Project – 2M/2M _____ Blanket Per Project – 2M/6M

Blanket Waiver of Subrogation Blanket Primary & Non-Contributory
 Product Withdrawal Expense – 100K Limit Product Withdrawal Expense – 300K Limit
 Hired and Non-Owned Auto Additional Insured Designated Person/Organization CG2026
 Stop Gap (Ohio, North Dakota, Washington, Wyoming)

Excess Liability:

Our company wants Excess Liability coverage in the amount of \$ _____ (Up to \$10,000,000 available)

32. 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 _____

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

34. Have you received a citation from the EPA in the last five years? Yes No

Section A – Workers Compensation

1. Do you require Stop Gap Coverage in the following States? OH, ND, WA, WY? Yes No

If “Yes,” please list the annual payroll in those states. \$ _____

2. What is the payroll of your company excluding all officers? \$ _____

3. What is the payroll of for the officers in your company? \$ _____ Incl. Excl.

4. List your current payroll by Classification below: (Use a separate sheet for each state)

STATE	CLASS	# OF EMPLOYEES	GENERAL WORK DESCRIPTION	ANNUAL PAY
	8742		Company Owners or Corp Officers	
	8742		Outside Sales	
	8601		Consultant - Outside	
	8603		Consultant – Inside	
	4511		Chemical Analyst	
	8018		Distributor	

	8742		Mfg. Representative	
	5183		Field Technician-Water Treatment	
	4828		Chemical Mixing or Blending	
	5183		Water Softening/Filter Installation	
	8810		Clerical	

5. Has your company been issued an Experience Rating Modification (MOD)? Yes No

6. If "YES" what is your MOD? _____

Section B – Auto

1. How many company owned autos do you have? _____

2. Please complete the following chart:

NO. AUTOS	TYPE OF AUTO	MAKE/MODEL	COST NEW	STATE VEH IS LICENSED IN
	Passenger			
	SUV			
	Pick Up			
	Van			
	Box Truck			
	Semi Tractor			
	Heavy > 20,000 < 45,000 Pound			
	Extra Heavy > 45,000 Pounds			
	Trailers			

3. Please complete driver information: (If more than 9 drivers, please use separate sheet)

DRIVER NAME:	DATE OF BIRTH:	SS NUMBER:	LICENSE STATE:	LICENSE NUMBER:

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

It is understood and agreed that all information contained in this application submitted to WCM in connection with the insurance being applied for will be relied upon by Underwriters issuing the policy. It is warranted that the particulars and statements contained in said application for the proposed policy and any materials submitted therewith (which shall be retained on files by underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed policy and are to be considered as incorporated into and constituting a part of the proposed policy.

The undersigned declares that to the best of his/her knowledge the information herein is true and current. Signing of the application and warranty does not bind the undersigned to complete the insurance, but it is agreed that this warranty along with the application will be attached and become a part of such policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with the application and this warranty, as they deem necessary.

It is agreed that in the event there is any material change in the answers to the questions contained in the application prior to the effective date of the policy, the applicant will notify underwriter and, at the sole discretion of underwriters, any outstanding quotations may be modified or withdrawn.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date

NOTE: If you are a well drilling operation please complete and return the Well Drilling Supplement.

WELL DRILLING SUPPLEMENT

1. Do you call 811 before you start drilling? 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? _____

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. Are all manufacturer's drive guards in place on all of your equipment?
 _____ Yes _____ No
13. Are all manufacturer's WARNING signs clearly visible and readable on all of your equipment?
 _____ Yes _____ No
14. If you climb on the mast, do you have proper fall arrest equipment? _____ Yes _____ No
15. Do you have a regular scheduled maintenance program for your truck, mast and other related drilling equipment? _____ Yes _____ No

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

1. 91581 CONTRACTORS-SUBCONTRACTORS WORK – IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, ERECTION OR REPAIR – NOT BUILDINGS

\$ _____

2. 91590 CONTRACTORS PERMANENT YARDS – MAINTENANCE OR STORAGE OF EQUIPMENT OR MATERIAL

\$ _____

3. 92102 DRILLING WATER

\$ _____

4. 98483 PLUMBING RESIDENTIAL OR DOMESTIC

\$ _____

 Applicant's Signature

 Date

 Applicant's Printed Name

 Title