

SEPTIC & SEWER INDUSTRY APPLICATION FORM

Includes coverage for: **COMMERCIAL GENERAL LIABILITY**
 PRODUCTS/COMPLETED OPERATION LIABILITY
 PROFESSIONAL LIABILITY
 POLLUTION LIABILITY

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 (_____) _____

5. Executive for Principal Contact _____ Title _____

E-mail: _____

6. Company Officer in Charge of Liability Insurance: _____

7. What legal organization form would describe your company?

Corporation Partnership Sole-Proprietorship Other

If Other please specify _____

8. Website: _____ FEIN# _____

Facebook Page: _____

9. 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).

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

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

13. Are you a member of NOWRA or one of its regional affiliate Professional Associations? _____

OTHER _____

14. Does your firm do any trenching work that is more than 4 ft. deep? ____ Yes ____ No

A. If "Yes," do you use shoring to prevent collapse? ____ Yes ____ No

B. Are escape ladders provided? ____ Yes ____ No

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

A. Gross Annual Tank Installation Sales \$ _____

B. Gross Annual Tank Maintenance Sales \$ _____

C. Gross Annual Design or Engineering Sales \$ _____

D. Gross Annual Septic Supplies/Equipment Sales \$ _____

E. Gross Annual Port-a-Potty Rental/Sales \$ _____

F. Other (Describe) _____ \$ _____

TOTAL ANNUAL SALES \$ _____

16. Total number of employees? _____

17. What is your annual payroll? \$ _____

18. 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. \$ _____

19. 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.
20. Does your company currently have a specific organized Safety Program? Yes No
21. How many field technicians or salespeople do you have? _____
22. What is the total square footage of all owned and rented buildings? _____
23. 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 _____ |

(Use additional sheet if necessary.)

24. Do you dispose of septic tank waste? _____ Yes _____ No
25. If the answer to the above question is "YES":
 A. How many locations do you use for disposal? _____
 B. Have you ever been fined or cited for disposal of waste water in an unauthorized place or location?
 _____ Yes _____ No
 C. How many pumper or disposal trucks do you own? _____
26. If you install septic tanks and drain fields, who performs the percolation test?

27. **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: _____

_____ **CHECK HERE IF YOU WISH TO EXCLUDE ERRORS AND OMISSIONS COVERAGE**

Additional Pollution Liability Up to \$25,000,000? Yes No Limit \$ _____

Excess Liability:

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

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)

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

Broker Name _____ Phone _____

Address _____

29. Liability Claims Experience:

NOTE.....this information is of vital importance, please be as detailed as possible. Begin with any claims that are currently pending and then proceed to any closed claims, listing all the claims in chronological order for the past five (5) years. For ease of providing this information use the Claims Information box below.

General Liability Losses		
Year	Amount of Loss	Value Date
Last Year		
1 st Prior		
2 nd Prior		
3 rd Prior		
4 th Prior		

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

Yes No

31. 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

32. Should your application for insurance be approved, please indicate the date you would require said insurance to become effective
Effective Date _____

33. O.S.H.A. CITATIONS, ENVIRONMENTAL AGENCY ACTIONS OR COURT JUDGMENTS

On a separate sheet, or the reverse side of this page, please list only those citations received in the past five (5) years that would relate your Work or Product. Also, please include any notices of Judgment under the Federal Insecticide, Fungicide, and Rodenticide Act.

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 _____

Section A – Workers Compensation

1. 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. \$ _____

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