

EXCESS SUPPLEMENTAL APPLICATION

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

COMPANY NAME: _____

EXCESS COVERAGE AMOUNT REQUESTED: _____

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

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

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

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

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

10. Do you have any retail operations? Yes No

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

12. 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?

13. Is there any marine or marina exposure? Yes No

14. Do you have USL&H coverage? Yes No

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

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

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

18. Do you want Excess to cover Pollution Yes No

If Yes, What limit: \$1M \$2M \$3M \$4M \$5M

19. Do you want Excess to cover Employers Liability (Work Comp) 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)

20. Do you want Excess to cover Auto Yes No

If Yes, Please complete the following information:

Schedule of Company Owned Vehicles used in business (Schedule A):

MAKE:	MODEL:	YEAR:	REGISTRATION	VALUE:	TYPE:	WEIGHT:	GARAGING POST CODE:

If there are additional vehicles please attach a continuation listing on your letterhead stationery or provide your company's name on the top of each continuation page.

- A. Are all vehicles in Schedule A fitted with telematics devices? Yes No
- B. Does Applicant/Named Insured have a formal driver safety training program which prohibits the use of cell phones while driving? Yes No
- C. Does Applicant/Named Insured obtain & review driver MVR's before/during hiring process? Yes No
- D. Does Applicant/Named Insured obtain & review driver MVR's annually? Yes No
- E. We are required to obtain the Motor Vehicle Record (MVR) for each employee who will drive a company owned vehicle. Please list all such drivers information below for us to obtain MVR's.

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

If there are additional vehicles please attach a continuation listing on your letterhead stationery or provide your company's name on the top of each continuation page.

F. Are all drivers listed able to drive all company owned motor vehicles? Yes No

If not, please identify which vehicle registration number is allocated to each driver

G. Are there any vehicles not solely owned by and registered to Applicant/Named Insured? Yes No

If Yes provide details: _____

H. 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)

WARRANTY:

AS APPLICANT FOR THIS COVERAGE, I WARRANT THAT the following is true:

- a. We receive and review MVRs annually on all employees and requires that all employees carry automobile insurance with limits no less than the required stated minimums or provide access to such information to the underwriters.
- b. We will only hire new drivers with clean MVRs in the last 5 years.
- c. We have a policy prohibiting the use of cell phones while driving.
- d. Only those drivers that meet the following conditions will be allowed to drive on company business:
 - 1. Drivers over the age of 25,
 - 2. No driver has more than two (2) moving violations within past three (3) years,
 - 3. No driver may have At fault accidents within past three (3) years if the property damage was greater than \$2500 or there was a bodily injury claim.
 - 4. No driver has convictions of Driving Under The Influence (DUI), Reckless Driving, Driving While Intoxicated (DWI), Vehicular Manslaughter, Driving Dangerously, or other similar type of offence.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____