



WaterColor Management  
PO BOX 1132  
Decatur, AL 35602  
Ph 256-260-0412 • Fx 888-512-1613  
WaterColorManagement.com

WATER TREATMENT NEW & RENEWAL APPLICATION FORM

**INSTRUCTIONS:** This application is for PRODUCTS/COMPLETED OPERATIONS LIABILITY, COMPREHENSIVE GENERAL LIABILITY, PROFESSIONAL LIABILITY, POLLUTION LIABILITY AND EMPLOYEE BENEFITS. Please complete this form in full. If for a renewal, you must disclose here or in supporting documents, all material, significant changes to your business, e.g. incidents which might reasonably be considered to cause a claim against you, changes in your operations or in the terms of your contracts. WaterColor cannot accept any liability for failures to disclose or misstate material facts regarding your operations. All information here is used for insurance underwriting purposes only and all disclosures are kept in the strict confidence.

**Section A – General Liability**

Our company needs its quotation No Later Than: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How did you hear about WaterColor Management? \_\_\_\_\_

1. Business Name \_\_\_\_\_

dba \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Physical Address \_\_\_\_\_

4. Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

5. Company Officer in Charge of Insurance: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Website: \_\_\_\_\_

6. Your Business is a:      Corporation                  Partnership                  Sole-Proprietorship                  Other

If "Other," please specify \_\_\_\_\_

7. How many years has your company been in business? \_\_\_\_\_ How long current management in place? \_\_\_\_\_

8. FEIN# \_\_\_\_\_ Annual payroll \$ \_\_\_\_\_

9. Does your company have Branches at other locations?      Yes      No

*If yes, please list number ( \_\_\_\_\_ ) and addresses of other locations: (Use Separate Sheet)*

10. Number of Autos – Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented \_\_\_\_\_

11. Employee Info:

<u>TYPE OF EMPLOYEE – Description of Duties</u>	<u>NO OF EMPLOYEES</u>
Office/Clerical -	
Field -	
Plant -	
Delivery -	
In House Laboratory -	
Other _____ -	

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

13. Do your employees complete the OSHA 10hr or 30hr Safety Training Program?            Yes            No

14. Do your employees complete the OSHA Hazcom Program?            Yes            No

15. Does your firm do any testing for PFA's?            Yes            No

16. Does your firm have an active leak detection program with leak detectors installed at each installation or maintenance site?  
           Yes            No

17. Do you perform any work for oil & gas industries?            Yes            No

18. If your premiums are above minimum premium, and you are a member of your industry association, or have certification, you are eligible to receive a 5% PREMIUM DISCOUNT.

Memberships: AWT: \_\_\_\_\_ WQA or Regional WQA Association: \_\_\_\_\_ NGWA: \_\_\_\_\_ Other: \_\_\_\_\_

Certifications: How many company personnel are certified? CWT\_\_\_\_\_; CWR\_\_\_\_\_; CWS\_\_\_\_\_; CI\_\_\_\_\_; CST\_\_\_\_\_;

MWS\_\_\_\_\_; MST\_\_\_\_\_; CCT \_\_\_\_\_; CTD \_\_\_\_\_; ASSE \_\_\_\_\_

19. How many personnel have Engineering Degrees?\_\_\_\_\_ Environmental Degrees?\_\_\_\_\_ Chemistry?\_\_\_\_\_ Biology?\_\_\_\_\_

20. Do you subcontract any work?            Yes            No

If "Yes," Do you require certificates of insurance from your subcontractors?            Yes            No

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

**For your protection, WaterColor requires that you obtain certificates of insurance evidencing that you have been added to the subcontractor's liability insurance before commencing any work, entry to any location or transportation of any goods on your behalf.**

21. A. What percent of your activity is Residential \_\_\_\_\_% Industrial \_\_\_\_\_% Commercial \_\_\_\_\_%

B. How are your services or activities divided by percentage?

Consulting	_____%	Chemical Distributor	_____%
Chemical Mfg/Blender	_____%	Install Water Filters	_____%
Service Boilers	_____%	Install Water Softeners	_____%
Service Cooling Systems	_____%	Install UV Systems	_____%
Service Airwasher Systems	_____%	Distribute Filters, UV, RO Softeners	_____%
Service or Sell Automatic Controls	_____%	Service Non-Potable Water System	_____%
Service or Sell Metering Pumps	_____%	Service Potable Water System	_____%
Service or Sell Ion Exchange Resins	_____%	Manufacture Filters, RO, UV or Softener Systems	_____%
Sell or Use Fuel Oil Additives	_____%	Commercial/Industrial Work	_____%
Sell Reagents & Test Kits	_____%	Domestic Work	_____%
Wastewater	_____%	Lab Testing	_____%
Legionella Water Mgt Plans	_____%	Cleaning/Sanitization/ Remediation	_____%

22. Should the answers in question 21 not fully describe all the services your company provides, please specify below what other services your company does provide:

\_\_\_\_\_ % \_\_\_\_\_ %

23. What percent of work is performed in the 5 boroughs of New York? \_\_\_\_\_% New York State? \_\_\_\_\_%  
(Brooklyn, Bronx, Queens, Staten Island, Manhattan)

24. Please indicate if your company handles in any of the following:

Yes or No Answer:	Maximum Volume Stored:	Precautions Made to Prevent Fire:
Hazardous Chemicals: _____		
Flammable: _____		
Corrosives: _____		
Oxidants: _____		

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

- A. Gross Annual Water Treatment Sales \$ \_\_\_\_\_
- B. Gross Annual Water Treatment Equipment Sales \$ \_\_\_\_\_
- C. Gross Annual Consultation Fees \$ \_\_\_\_\_
- D. Gross Annual Chemical Sales \$ \_\_\_\_\_
- (Other than those used in "A" Above)
- E. Softening / Purification / Filtration / RO Etc. \$ \_\_\_\_\_
- F. Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL ANNUAL SALES** \$ \_\_\_\_\_

26. Do you sell chemicals to customers without directly servicing their cooling or heating systems? Yes No

If "Yes," what percentage is "drop shipped? % \_\_\_\_\_ Delivered by company truck % \_\_\_\_\_

27. 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. \_\_\_\_\_

28. Please give a brief description of your operations: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

29. **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 wish to exclude E&O coverage? \_\_\_\_\_**

**Excess Liability:**

\_\_\_\_\_ Our company wants Excess Liability coverage in the amount of \$ \_\_\_\_\_ (Up to \$20,000,000 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      \_\_\_\_\_ Employee Benefits Coverage

\_\_\_\_\_ Additional Insured Designated Person/Organization CG2026

\_\_\_\_\_ International Coverage

**NOTE:** WaterColor strongly recommends that you never perform services or sell products without a signed written contract or detailed purchase order in place. For a specimen contract, please go to [www.waterColorManagement.com/contracts](http://www.waterColorManagement.com/contracts). Claims arising from services or products supplied without signed purchase orders or written contracts may be subject to higher deductibles. If working at customer sites, please document and photograph the area and equipment to be worked on before commencing work. Please also document your customer’s instructions and statements regarding the condition of the water, the equipment, safety procedures and the premises before starting work.

## Section B – 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 C – 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