

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. Does your firm do any excavating or septic tank installation work?            Yes            No

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

14. Does your firm do any work in the 5 boroughs of NYC?            Yes            No

If YES - What Percentage \_\_\_\_\_            What percent is \_\_\_\_\_ Commercial \_\_\_\_\_ Residential"

15. Are you a member of NOWRA or NAWT or one of its regional affiliate Professional Associations? \_\_\_\_\_

16. 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) _____	\$ _____
<b>TOTAL ANNUAL SALES</b>	<b>\$ _____</b>

17. Total number of employees? \_\_\_\_\_

18. What is your annual payroll? \$ \_\_\_\_\_

19. 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. \$ \_\_\_\_\_

20. 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.

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

22. How many field technicians or salespeople do you have? \_\_\_\_\_

23. What is the total square footage of all owned and rented buildings? \_\_\_\_\_

24. 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.)

25. Do you dispose of septic tank waste? Yes No

26. 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? \_\_\_\_\_

27. If you install septic tanks and drain fields, who performs the percolation test?

28. If you install new septic tanks or replace existing septic tanks do the replacement tanks or newly installed tanks include small animal or child catchers? Yes No

If NO, do you advise the property owner to install such devices? Yes No  
(No coverage applies unless a signed waiver is received from the property owner in respect of small animal or child catchers)

29. Do you perform industrial water filtration to remove PFA's or any testing to evaluate the PFA content of water discharged from commercial or industrial operations? Yes No

If "Yes," please give a detailed explanation of your services and operations related to the removal or testing for PFA's.

30. What percentage of engineering services are provided?

Water Engineering % \_\_\_\_\_ Structural Engineering % \_\_\_\_\_

Any other type of Engineering % \_\_\_\_\_ Describe: \_\_\_\_\_

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:** \_\_\_\_\_

\_\_\_\_\_ **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)

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

\_\_\_\_\_  
Broker Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

33. 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 <sup>st</sup> Prior		
2 <sup>nd</sup> Prior		
3 <sup>rd</sup> Prior		
4 <sup>th</sup> Prior		

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

Yes      No

35. 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

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

### 37. 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