

WATERCOLOR MANAGEMENT
PRODUCTS/COMPLETED OPERATION LIABILITY
COMPREHENSIVE GENERAL LIABILITY
PROFESSIONAL LIABILITY
POLLUTION LIABILITY

SEPTIC TANK / PLUMING INDUSTRY 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.

1. Corporate or Business Name _____

2. Mailing Address _____

2. Physical Address _____

4. Telephone (_____) _____ Fax (_____) _____

5. Executive for Principal Contact _____
Title _____ Email: _____

6. Company Officer in Charge of Product Liability Insurance _____
Title _____ Email: _____

7. What legal organization form would describe your company?
 Corporation Partnership Sole-Proprietorship Other

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

8. Policy Limit Desired: Note: Limit over 10M will result in referral.

General Liability: Our automatic primary policy limit is \$1 million per occurrence and \$3 million in the aggregate with \$500,000 pollution coverage included.

Excess Umbrella: \$ _____

Note: Excess limits over \$10 million must be referred to an outside underwriter and will take more time to quote.

9. How many years has your company been in business? _____

Note: If your company is new, please attach a summary of the work experience of the owner(s) or manager(s) in your field of endeavor.

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. Please provide below your company's annual receipts:

Gross Annual Septic Tank Installation & Repair \$ _____

Gross Annual Septic Tank Service Including

Emptying, Cleaning & Transporting \$ _____

Gross Annual Septic Tank Parts & Supplies \$ _____

Other (specify) \$ _____

TOTAL ANNUAL SALES \$ _____

13. 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 _____

14. What is the total square footage of all owned and rented buildings? _____
15. Total number of employees _____
16. 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.
17. Does your company currently have a specific organized Safety Program? Yes No
18. How many field technicians or salespeople do you have? _____
19. Do you dispose of Septic Tank Waste ? Yes No
20. 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? _____
21. If you install septic tanks and drain fields, who performs the percolation tests?

22. Please indicate if your company handles in any way, chemicals with low flash points or would be "Red Labeled" items. Yes No
- If your answer to this question is yes, please use a separate sheet of paper to fully describe and provide specifications.
23. If your company manufactures products that would be in addition to the answers provided in response to questions 22 please attach a copy of your product list or catalog along with appropriate explanations as to said products.
24. Product 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 Sheet attached.
25. Has your company had any liability claims paid by an insurance company in the past 5 years?
 Yes No
26. Do you have any or 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

27.

What % of your business revenue is derived from the following sources?			
%	Description	%	Description
	98482 Commercial & Industrial Plumbing		51957 Concrete Products Mfg – Septic Tank manufacturing
	98483 Residential Plumbing		51958 Pre-stressed concrete products manufacture as septic tank
	14527 Janitorial Supplies; Dealers or Distributors; Includes Soaps, Surfactants and Polymers.		98806 Septic Tank Installation by Specialist Contractor & Drivers
	16527 Plumbers Supplies; Dealers and Drivers including pipes and chemicals for septic tank installation, cleaning and liquefaction.		99943 Water Companies Including portable toilets, and waste water Treatment Plants
	45993 Manufacturing Representative		99948 – Residential water softening equipment installation, servicing or repair.
	47366 Sales and Service Consulting for septic tanks and other forms of on-site waste water disposal or treatment.		99948 Water Treatment of Cooling Towers or Boilers or Water Softening Equipment, installation, servicing or repair
	58096 Plumbers Supplies Mfg.		95647 Air Conditioning Non-Portable – Servicing, Cleaning, Adjusting & Drivers
	98482 Plumbing Commercial or industrial including Water Softening Installation or Service		91481 Building Maintenance Including Maintenance of Boiler Water
	92663 Engineering or Architect Consulting Service for septic tank or waste water designs & engineering.		98805 Plumbing, including septic tank cleaning & maintenance and drivers.
	0000 Other		
0000 Description:			
TOTAL OF ALL REVENUE SOURCES MUST EQUAL 100%			

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

_____ Expiration Date: _____

Broker Name: _____ Phone: _____

Address: _____

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

Effective Date _____

30. Have you had any prior losses?

General Liability		
Year	\$ Loss	Value Date
Last Year		
1 st prior		
2 nd prior		
3 rd prior		
4 th prior		

O.S.H.A. CITATION HISTORY

ENVIRONMENTAL PROTECTION AGENCY JUDGEMENTS

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 in some way to Product Liability. 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 _____

