

**PRODUCTS/COMPLETED OPERATION LIABILITY  
COMPREHENSIVE GENERAL LIABILITY  
PROFESSIONAL LIABILITY  
POLLUTION LIABILITY**

WATER TREATMENT 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 \_\_\_\_\_  
\_\_\_\_\_

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

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

5. Executive for Principal Contact \_\_\_\_\_ Title \_\_\_\_\_

Email: \_\_\_\_\_

6. Company Officer in Charge of Product Liability Insurance \_\_\_\_\_

7. What legal organization form would describe your company?

Corporation     Partnership     Sole-Proprietorship     Other

If Other please specify \_\_\_\_\_

8. 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).

9. FEIN# \_\_\_\_\_

10. 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)

11. Total number of employees \_\_\_\_\_

12. How many years has the current management been in place? \_\_\_\_\_

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

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

14. 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.

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

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

17. How many field technicians have chemical engineering degrees? \_\_\_\_\_

18. Memberships and Certifications:

A. Are you a member of the Association of Water Technologies?  Yes  No

B. How many field technicians are CWT certified? \_\_\_\_\_

19. Does your company import any products or parts to sell to clients that come directly from a foreign manufacturer.  Yes  No

20. Do you repackage or re-label any products you sell?  Yes  No

21. Do you subcontract any work?  Yes  No

22. Do you require certificates of insurance from your subcontractors?  Yes  No

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

24. Do you have any retail operations?  Yes  No

25. Please describe the various water treatment services your company provides and the percentage for each of your total business.

Service Boilers \_\_\_\_\_ %

Service Cooling Systems \_\_\_\_\_ %

Service Airwasher Systems \_\_\_\_\_ %



31. If the answer to the above is "Yes," please answer the following:
- A. Do you store chemicals you sell to others?  Yes  No
- B. What percentage of the chemicals you sell to others are stored and shipped directly by you? \_\_\_\_\_ %
- C. What percentage of the chemicals you sell to others are "drop shipped" to the client? \_\_\_\_\_ %

32. Name of current Product Liability insurance carrier(s): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Address \_\_\_\_\_

33. 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.

34. Policy Limit Desired:

General Liability, Professional Liability: Our automatic minimum limits of coverage are \$1 million per occurrence and \$3 million in the aggregate for the primary policy. There is also an automatic pollution limit of \$500,000.

Excess Liability \$ \_\_\_\_\_  
 Note: Excess Limits over \$10 million will require a referral.

35. Has your company had any liability claims paid by an insurance company in the past 5 years?  
 Yes  No

36. 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

37. Are your company premises and equipment inspected or certified by any outside third parties?  
 Yes  No

If Yes, please complete the following:

Local Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name _____
State Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name _____
Federal Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name _____
Private Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name _____



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6. Case is: PENDING  Closed

7. If CLOSED: SETTLEMENT  TRIAL DISMISSED  OTHER

If OTHER give details \_\_\_\_\_

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8. If CLOSED, list Date and amount Paid \_\_\_\_\_

9. Name of Insurance Carrier for this Claim \_\_\_\_\_

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10. On a separate sheet list any Citations you may have received and their disposition.