



WaterColor Management

Insurance and Risk Management for: Water
Treatment Businesses – Chemical Operations for
Water Treatment – Water Filtration and Softening –
Private Septic and Sewage Companies

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SEPTIC TANK INDUSTRY APPLICATION FORM

Includes coverage for:

- PRODUCTS/COMPLETED OPERATION LIABILITY**
- COMPREHENSIVE GENERAL 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.

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. Website: _____ FEIN# _____

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. 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.

- Pollution Limit Desired:** Incl. \$500,000 Occurrence/\$500,000 Aggregate
 \$500,000 Occurrence/\$1,000,000 Aggregate
 \$1,000,000 Occurrence/\$1,000,000 Aggregate
 \$1,000,000 Occurrence/\$2,000,000 Aggregate
 \$1,000,000 Occurrence/\$3,000,000 Aggregate

Note: The policy automatically includes \$500,000/\$500,000 Limits

Auto Liability Coverage Desired? Yes No

Environmental Liability (Additional) Up to \$25,000,000? Yes No Limit \$ _____

14. 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) _____ \$ _____

TOTAL ANNUAL SALES \$ _____

15. Total number of employees? _____

16. What is your annual payroll? \$ _____

17. Do you require Stop Gap Coverage in the following States: Ohio, North Dakota, Washington, Wyoming?

If "Yes," please list the annual payroll in those states.

\$

18. 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.

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

20. How many field technicians or salespeople do you have? _____

21. What is the total square footage of all owned and rented buildings? _____

22. 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.)

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

24. 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? _____

25. If you install septic tanks and drain fields, who performs the percolation tests?

26. 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.

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

_____ Expiration Date: _____

Broker Name _____ Phone _____

Address _____

28. 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.

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

30. 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

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

Effective Date _____

7. If CLOSED: SETTLEMENT TRIAL DISMISSED OTHER

If OTHER, give details _____

8. If CLOSED, list Date and amount Paid _____

9. Name of Insurance Carrier for this Claim _____

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