



WaterColor Management

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

401 Lee Street, Suite 606, Decatur, Alabama 35601-1908
Phone: 256-260-0412 Fax: 256-355-3070
www.watercolormanagement.com

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 questions 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 _____ Website Address _____

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 Sole-Proprietorship Partnership 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 _____

11. Total number of employees _____

A. What is your annual payroll? \$ _____

B. 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. \$ _____

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

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 engineering degrees? _____

18. Memberships and Certifications:

A. Are you a member of AWT Yes No or a member of WQA Yes No

B. How many company personnel are certified? CWT _____ CWR _____ CWS _____ CI _____ CST _____

MWS _____ MST _____

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

24. Do you have any retail operations? Yes No

25. A. What percent of your activity, service or product is for potable water? _____ %

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

Service Boilers _____ %	Install Water Filters _____ %
Service Cooling Systems _____ %	Install Water Softeners _____ %
Service Airwasher Systems _____ %	Install UV Systems _____ %
Service or Sell Automatic Controls _____ %	Distribute Filters, UV, RO, Softeners _____ %
Service or Sell Metering Pumps _____ %	
Service or Sell Ion Exchange Resins _____ %	Manufacture Filters, RO, UV, or Softener Systems _____ %
Sell or Use Fuel Oil Additives _____ %	
Sell Reagents & Test Kits _____ %	Commercial/Industrial Work _____ %

26. Should the answers in question 25 not fully describe all the services your company provides, please specify below what other services your company does provide:

_____	%	_____	%
_____	%	_____	%

27. If your company manufactures products that would be in addition to the answers provided in response to questions 25 and 26 please attach a copy of your product list or catalog along with the appropriate explanations as to said products.

28. 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 describe and provide specifications.

29. 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. Other (specify)	\$	_____
TOTAL ANNUAL SALES \$		_____

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

31. If the answer to the above is "Yes," please answer the following:

A. Do you store chemicals you sell to others?	<input type="radio"/> Yes <input type="radio"/> 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 Number	_____
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.

- 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 \$ _____

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 Yes No Name _____

State Agency Yes No Name _____

Federal Agency Yes No Name _____

Private Agency Yes No Name _____

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

Effective Date _____

O.S.H.A. CITATION HISTORY ENVIRONMENTAL PROTECTION AGENCY JUDGEMENTS

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 Judgement 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.

Name _____ Title _____

Date _____

