



# Registered On-site Wastewater Practitioner Application

## Instructions

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper.
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
  - (a) This Application
  - (b) Currently valued General Liability and if applicable Errors & Omissions insurance loss history for the past five years.
  - (c) Sample contract for use with clients, subcontractors and subconsultants.

Please indicate which coverage you are seeking

- General Liability
- General Liability and Errors & Omissions Liability

## I. General Liability

1. Named Insured \_\_\_\_\_ Website Address \_\_\_\_\_
2. Address (Street and PO Box) \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_
3. Telephone Number \_\_\_\_\_ 4. Fax Number \_\_\_\_\_
5. Contact Name and Title \_\_\_\_\_
6. E-mail Address \_\_\_\_\_ 7. Proposed Effective Date of Coverage \_\_\_\_\_
8. How long has applicant been in business? \_\_\_\_\_
9. Named Insured is a  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

## II. Coverage Information

10. Requested Limit of Liability  
 \$ \_\_\_\_\_ Each Claim \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Deductible
11. Please list your current liability coverage information

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR	Retroactive Date
Property Insurance						
General Liability						
Professional Liability						

**Aon Reed Stenhouse Inc.**

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tel: 250.413.2214 • fax: 250.388.5164 • www.aon.ca:CLIENTS\B\BRITISH COLUMBIA ONSITE SEWAGE ASSOCIATI - 320000024452\REGISTERED ON-SITE WASTEWATER (REV A

**III. Exposure History**

12. Please provide exposure history

Year	Revenue(s)	Payroll	No. of Employees
Current/Projected	\$	\$	
Expiring	\$	\$	
First Prior Year	\$	\$	

**IV. Operations**

13. What is the geographical extent of the Applicant operations? Please provide the province/country where services are performed and associated percentage of revenue.

Province/Country	% of Revenue
_____	_____
_____	_____
_____	_____

14. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Have there been any significant changes in business strategy over the past year?  Yes  No

16. Have there been any significant changes in management over the past year?  Yes  No

17. Is the Applicant providing any services not provided last year?  Yes  No

If "Yes," to questions 15, 16, 17, please provide further details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Breakout of Operations**

18. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients you contract with:

Category	Percent	Category	Percent
Commercial		Federal Government	
Residential		Provincial Government	
Insurance Company		Local Government	
Industrial		Other (Specify)	
Owners who act as their own contractors			

19. What percentage of your work is with repeat customers? \_\_\_\_\_ %

Column A is the dollar value of Gross Receipts, Column B is the percent of Gross Receipts subcontracted, Column C is the dollar value of Payroll

Describe Your Operations	A—Total Projected Gross Receipts	B—What % of this Work is Subcontracted?	C—Projected Payroll of Applicant
<b>Wastewater System Contracting Operations</b>			
Excavation			
Plumbing			
Installation			
Maintenance			
Other Contractors Operations (please explain)			
<b>Wastewater System Professional Services</b>			
Planner			
Inspection			
Other Professional Services (please explain)			
<b>Total:</b>			

**VI. Subcontractors**

20. Are subcontractors or subconsultants hired to perform operations or services for the Applicant?  Yes  No  
 If "Yes," please provide details

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**VII. Contracting Procedures**

21. What percentage of your projects have a signed contract including scope of services to be provided prior to the commencement of services? \_\_\_\_\_ %

**VIII.**

22.

	Number	Number of Professionals with Licences and Designations (please list designations)
Registered On-site Wastewater Practitioners (including owner)		
Other Professionals (i.e., P.Eng., Geologist, Architect)		
Total Number of Field Workers		
Total Number of Support Staff		

Other staff of the Applicant (please list)

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23.  Yes  No  
 If "Yes," please describe

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**IX. Claims and Circumstances**

24. Has the Applicant ever been subject to any claim by any client or other third party?  Yes  No

If "Yes," please discuss

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25. Has the Applicant ever been subject to:

(a) Any formal or informal disciplinary or enforcement action arising from any contracting operations or professional services?  Yes  No

(b) Any action by any regulatory agency or any private party for any violation of any legal or any professional standard?  Yes  No

If "Yes," please discuss

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26. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from:

(a) Any contracting operations or professional services ever provided by the Applicant?  Yes  No

(b) Any releases of any substance into the environment subsequent to the Applicant's involvement in the project from or at any project where the Applicant ever provided contracting operations?  Yes  No

If "Yes," please discuss

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**X. Warranty**

After reasonable inquiry, the below signatory on behalf of the Applicant represents and warrants that the information submitted to the company in this Application, and any supplementary information thereto, is true, complete and accurate and that no material or relevant fact has been suppressed or misstated as of the date such information is submitted to the company, the Applicant agrees to advise the company of any changes to the information provided in this Application including but not limited to any change in the contracting operations specifically described in this Application, notices of any claim or of any potential claim or of any circumstances that may give rise to a claim, until the company binds a policy or until the company declines to bind a policy, if a policy is issued by the company, this Application shall become part of the policy and shall be deemed to be attached to the policy.

Any misrepresentation, non-disclosure, concealment, suppression or misstatement or breach of warranty in this Application or supplementary information thereto shall be construed against the Applicant.

Completion of this Application does not bind coverage.

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Signature

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Position