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**Certified Waterworks & Wastewater Contractors: Insurance Application**

# Instructions

1. Please complete this application and fax or mail to the address at the bottom of the form; Include other documents required (see below).
2. Please answer all questions. If any section does not apply, please indicate with N/A. 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:
	1. This Application
	2. Currently valued General liability and if applicable Errors & Omissions insurance loss history for the past five years.
	3. Sample contracts for use with clients, subcontractors and sub consultants.
6. Please call the Insurance Specialist shown at the bottom of this form if you have any questions.

7 Property Insurance is available through a separate application process.

# Coverage

Please indicate which coverage you are seeking

General Liability

General Liability and Contractor's Pollution Liability ("GL" and "CPL")

General Liability, Contractor's Pollution Liability and Professional Liability ("GL", "CPL" and "E&O"}

# General Information

* 1. Named insured Website address
	2. Address (Street & PO Box) City Province Postal Code
	3. Telephone number 4 Fax number
1. Contact Name Title
2. Email address 7 Proposed effective date of coverage
3. How long has applicant been in business
4. Named insured is a: Partnership Corporation Joint Venture Other

# Coverage Information

1. Requested Limit of Liability

 $ Each Claim $ Aggregate $ Deductible

1. Please provide the following information about your current insurance coverage:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Coverage Type** | **Carrier** | **Premium** | **Limits** | **Expiration** | **Deductible or SIR** | **Retroactive Date** |
| General Liability |  |  |  |  |  |  |
| Contractor's Pollution Liability |  |  |  |  |  |  |
| Professional Liability |  |  |  |  |  |  |

# Exposure History

1. Please outline your exposure history

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year** | **Revenue** | **Payroll** | **No. of Employees** |
| Current/ Projected Year |  |  |  |  |
| Expiring Year |  |  |  |  |
| First Prior Year |  |  |  |  |

# Operations

1. What is the geographical extent of the Applicants operations? Please provide the province/ country where services are performed and the associated percentage of revenues.

|  |  |
| --- | --- |
| **Province/Country** | **% of Revenues** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. 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 you answered “Yes” to questions 15, 16, or 17, please provide further details. |  |  |

# Breakout of Operations

1. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

|  |  |
| --- | --- |
| **Category** | **Percent** |
| Commercial |  |
| Residential |  |
| Insurance Company |  |
| Industrial |  |
| Owners who act as their own contractor |  |

|  |  |
| --- | --- |
| **Category** | **Percent** |
| Federal Government |  |
| Provincial Government |  |
| Local Government |  |
| Other (Specify) |  |
|  |  |

1. What percent of your work is with repeat customers? %
2. Please provide a breakdown of your operations and related information

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Your Operations** | **A Total Projected Gross Receipts** | **B What% of this Work is Subcontracted** | **C Projected Payroll of Applicant** |
| ***Water Systems*** |  |  |  |
| Water source works |  |  |  |
| Water treatment & storage |  |  |  |
| Water distribution |  |  |  |
| System maintenance & operations |  |  |  |
| Other water |  |  |  |
| ***Wastewater Systems*** |  |  |  |
| Excavation & tankage |  |  |  |
| Pipework & plumbing |  |  |  |
| Installation |  |  |  |
| Maintenance |  |  |  |
| Planning & inspection |  |  |  |
| ***Other Contracting*** |  |  |  |
| General Excavation & Site Preparation |  |  |  |
| Trucking & Landscaping |  |  |  |
| Miscellaneous contracting |  |  |  |
| ***Totals:*** |  |  |  |

# Subcontractors

1. Are subcontractors or sub consultants hired to perform operations or services for the Applicant? Yes No

If "Yes" provide details:

# Contracting Procedures

1. What percentage of your projects have a signed contract which includes a statement of the scope of services to be provided? %

# Personnel of the Applicant

1. Please list below the total staff of the applicant

|  |  |  |
| --- | --- | --- |
| **Category of Staff** | **Number** | **List Licenses & Designations** |
| Water Systems |  |  |
| Professional Engineers |  |  |
| EOCP Certified |  |  |
| Wastewater Systems |  |  |
| Professional Engineers |  |  |
| ROWP |  |  |
| General |  |  |
| Total Number of Field Workers |  |  |
| Total Number of Support Staff |  |  |
| Other staff |  |  |

Other staff of the applicant (Please list)

|  |  |  |
| --- | --- | --- |
| 24 | Does your operation involve planning, installing or maintaining wastewater systems of greater than 5,000 gallons per day or more than 30 residential units? | Yes NoIf "Yes" provide details: |
|  |  |  |
| **IX Claims and Circumstances** |
| 25 | Has the Applicant ever been subject to any claim by any client or other third party? | Yes NoIf "Yes" provide details: |
| 26 | 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 a regulatory agency or any private party for any violation of any legal or any professional standards? | Yes No |
| If "Yes" provide details: |
| 27 | Does the Applicant have any knowledge of any claims or reasonably foreseeable 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 | Yes No |
| If "Yes" provide details: |
|  |
| **X Warranty, Signature, and Qualifications** |
| 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. The below signatory on behalf of the Applicant agrees and acknowledges that the Sustainable Infrastructure Society acts only as a coordinator; and that not the Society as coordinator, but the insurance agent and underwriter are responsible and liable for the insurance services provided.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.** |
|  | Signature of Applicant |  | Date | Position |  |
| 28 | Enter all applicable qualifications of Applicant: |  |  |
|  |  |  |  |

|  |
| --- |
| **Please fax or mail the completed application package to:** |
|  | **Attention:** | **Marlee Pateman, CAIB (HONS)**Commercial Risk AdvisorCapriCMW Insurance Services Ltd.100 – 1500 Hardy StreetKelowna, British Columbia V1Y 8H2| Canada Direct Line: +1.250.869-3914Fax: 1.250.860.1213Email: mpateman@capricmw.ca | **Channon Riddell**Client Care AdvisorCapriCMW Insurance Services Ltd.100 – 1500 Hardy StreetKelowna, British Columbia V1Y 8H2| Canada Phone: +1.250.860-2426 Etxn 1127Fax: 1.250.860.1213Email: criddell@capricmw.ca |