



**NATIONAL GROUND WATER ASSOCIATION
SUPPLEMENTAL APPLICATION
FOR WATER WELL CONTRACTORS**

Insured's/Applicant Name: _____ Insured's Web site: _____

AGENT SECTION

Agent: Please complete the section below and have your client fill out and sign the application. Upon completion fax or mail this completed application with the ACORD application(s). Fax: 603-334-3090 e-mail: Jeff.Blumberger@willis.com Mail to: Jeff Blumberger, Willis Programs, 1 New Hampshire Avenue, Suite 200, Portsmouth, NH 03801

Agency Name: _____ Agency Phone#: _____

E-Mail Address: _____ Agency Fax#: _____

Are you a Hartford agent? Yes No If No, License Number: _____ State: _____

APPLICANT SECTION

1. Are you a current member of the NGWA? Yes No
2. Are you a member of a State or Regional Water Well Drilling Association? Yes No
If yes, please list: _____
3. Are you or your employees certified NGWA Contractors in good standing? Yes No
If yes, which designation(s): CWD CPI CWD/PI MGWC
4. Does your firm have separate insurance in place for Pollution Liability? Yes No
5. Does your firm have separate insurance in place for Professional Liability? Yes No

OPTIONAL LIMITED POLLUTION COVERAGE

6. Do you enter into hold harmless agreements with respect to assumption of pollution liability? Yes No
If Yes, please describe: _____
7. With respect to the loss control program addressing pollution exposure:
 - a. Are there procedures in place on handling hazardous material spills/accidents? Yes No
 - b. Is a formal accident investigation program in place? Yes No
 - c. Is there a disaster and emergency plan in place? Yes No
 - d. If Yes to any of the above, please describe: _____
8. Has any person, entity or government agency ever investigated or brought a cause of action against you/your company regarding an actual or alleged pollution incident? Yes No
If Yes, please describe: _____
9. Provide a detailed list of all pollution incidents insured or uninsured you've ever had. Provide total incurred value of loss, including expense and valuation date.

OPERATIONS

<u>What operations does the firm perform?</u>	<u>Percentage of your operations?</u>	<u>Comment</u>
Domestic Water Well Drilling	_____ %	
Industrial/Commercial Well Drilling	_____ %	Please explain below
Oil or Gas Drilling	_____ %	Not eligible for program
Pump installation, repair, or service	_____ %	Please explain below
Other (including installations, other than pumps)	_____ %	Please explain below

a. For Industrial/Commercial Drilling, Municipal Drilling, or other above specify the type of work performed:



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- b. For pump installation, repair or service, do you perform the connection/hook-up to the premises? Yes No
- c. Do you perform any plumbing operations inside the premises? Yes No
10. What service do you use to verify the location of utility lines? _____
11. Does the business perform any work for municipal **water treatment** or municipal **water systems**? Yes No
- a. What is the percentage of this to their total operations? _____ %
- b. Specify work performed: _____
12. Does the business perform or subcontract any **BLASTING**? Circle: Perform or Subcontract Yes No
- a. If perform, are you certified by the state? Yes No
- b. If subcontracting, are your subs certified by the state? Yes No
- c. Do you require certificates of insurance from their subs? Yes No
- d. If Yes, what limits of liability are required? _____
13. What is the percentage of total job costs subcontracted to others? _____ % (If none, skip to #17)
- a. What type of work is subcontracted and the associated receipts:
1. Work: _____ Receipts: \$ _____
2. Work: _____ Receipts: \$ _____
14. Are certificates of insurance always obtained from all contractors? Yes No
15. Do you have written, signed contracts with all of your subcontractors? Yes No
16. Do the contracts with your subcontractors:
- a. Require the sub to defend, indemnify and hold you harmless? Yes No
- Always require the sub to name you as additional insured on the General Liability
- b. policy? Yes No
- c. Require limits of liability insurance at least equal to yours? Yes No
17. Do you perform or subcontract any monitor well drilling or installation at hazardous waste or superfund sites? Yes No
- a. What percentage at what site level: A. _____% B. _____% C. _____% D. _____%
18. Do you perform hydro fracture work? Yes No
- If Yes, what is the % of total jobs involving this work: _____%
19. Do you analyze soil or water samples? Yes No
- a. Do you utilize or subcontract analysis of soil or water samples to other providers of such analysis services? Yes No
- b. Do you make recommendation or warranties or guarantees based on the results of the analysis of soil or water samples? Yes No
20. Do you make guarantees or warranties as to the pressure, quality or portability of the water? Yes No
21. Does the business perform any pollution monitoring or testing? Yes No
22. Does the business perform any out-of-state operations? Yes No
- If so, where? _____
23. Does the business have any past, current or future operations in the states of California, Nevada, or Arizona? Yes No
- If Yes, please describe: _____
24. Do you perform work in wrap-up projects? Yes No
- If yes, how much of your total payroll is in wrap-up projects? \$ _____



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EMPLOYEE TRAINING AND SAFETY

- 25. What is the average drilling experience of your drilling employees? _____Months _____Years
- 26. What is the average work experience of your remaining employees? _____Months _____Years
- 27. Describe employee personal protective equipment supplied or used by employees and any methods to enforce their use:

- 28. Describe methods used to restrict public access to job sites, storage yards and owned business premises during and after business hours:

- 29. Loss Control Program: Formal Safety Committee Management Involvement
- 30. Do you have a dedicated full-time safety professional on staff? Yes No
- 31. Do you have a written safety program? Yes No
- 32. Do you conduct regular worksite inspections? Yes No
- 33. Do you conduct safety training for your staff, i.e. toolbox talks, tailgate meetings? Yes No
a. How often? _____
- 34. Do you hold jobsite supervisor accountable for safety? Yes No

DRILL RIGS

- 35. Are your drill rigs equipped with manufacturer installed hydraulic levelers/outriggers that are functioning properly? Yes No
- 36. Are your rigs equipped with the proper fire extinguishers? Yes No
- 37. Do you assign specific drivers to each drill rig? Yes No
- 38. Is the jobsite surveyed by an experienced job supervisor to determine the safest route onto the site? Yes No
- 39. When driving the vehicle onto the site, is a two-man team used? (One to drive and one to direct the driver) Yes No

Drill #1

Manufacturer/Model of Drilling Rig (Ingersoll-Rand, Driltech, Schramm, etc) _____
 Drilling Type (Rotary, Cable Tool, etc.) _____
 Complete Serial Number _____
 Chassis/Carrier (Ford, International Freightliner, Cummins, etc.) _____
 Name of the driver for this rig: _____
 Length of time driving this rig: _____

Drill #2

Manufacturer/Model of Drilling Rig (Ingersoll-Rand, Driltech, Schramm, etc) _____
 Drilling Type (Rotary, Cable Tool, etc.) _____
 Complete Serial Number _____
 Chassis/Carrier (Ford, International Freightliner, Cummins, etc.) _____
 Name of the driver for this rig: _____
 Length of time driving this rig: _____



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Drill #3

Manufacturer/Model of Drilling Rig (Ingersoll-Rand, Driltech, Schramm, etc) _____

Drilling Type (Rotary, Cable Tool, etc.) _____

Complete Serial Number _____

Chassis/Carrier (Ford, International Freightliner, Cummins, etc.) _____

Name of the driver for this rig: _____

Length of time driving this rig: _____

Drill #4

Manufacturer/Model of Drilling Rig (Ingersoll-Rand, Driltech, Schramm, etc) _____

Drilling Type (Rotary, Cable Tool, etc.) _____

Complete Serial Number _____

Chassis/Carrier (Ford, International Freightliner, Cummins, etc.) _____

Name of the driving for this rig: _____

Length of time driving this rig: _____

NOTICES

The following special notices apply to the coverage provided by the Limited Pollution Coverage for Water Well Drilling Operations

- a. Defense Within Limits Provision
THE LIMITS OF INSURANCE PROVIDED UNDER TE LIMITED POLLUTION COVERAGE FOR WATER WELL DRILLING OPERATIONS ENDORSEMENT SHALL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY LEGAL DEFENSE COSTS, AND TO THE EXTENT THE LIMITS OF INSURANCE ARE THEREBY EXCEEDED, WE SHALL NOT BE LIABLE FOR LEGAL DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT.
- b. Arbitration Provision (Does not apply in all states)
ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.



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FRAUD AND APPLICANT'S STATEMENT:

Countrywide Fraud Statements

For Utah Applicants Only:

ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF (THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR), A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGEMENT IN ANY COURT OF PROPER JURISDICTION.

FRAUD WARNING STATEMENTS

ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA APPLICANTS: WARNING IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER,



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SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

THE HARTFORD AS USED ABOVE INCLUDES OF ONE OR MORE OF THE PROPERTY AND CASUALTY COMPANY SUBSIDIARIES OF THE HARTFORD FINANCIAL SERVICES GROUP, INC. THE SUBSIDIARY COMPANIES ARE HARTFORD ACCIDENT AND INDEMNITY COMPANY, HARTFORD CASUALTY INSURANCE COMPANY, HARTFORD FIRE INSURANCE COMPANY, TWIN CITY FIRE INSURANCE COMPANY, HARTFORD UNDERWRITERS INSURANCE COMPANY, HARTFORD INSURANCE COMPANY OF ILLINOIS, SENTINEL INSURANCE COMPANY LIMITED, HARTFORD INSURANCE COMPANY OF THE MIDWEST, TRUMBULL INSURANCE COMPANY, HARTFORD INSURANCE COMPANY OF THE SOUTHEAST, PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD, HARTFORD LLOYD'S INSURANCE COMPANY, AND PACIFIC INSURANCE COMPANY. PLEASE NOTE THAT NOT ALL OF THE LISTED INSURANCE COMPANIES MAY BE LICENSED IN ALL STATES AND THE DISTRICT OF COLUMBIA.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Producer's Signature: _____ Title: _____

Print Name: _____ Date: _____

License Identification Number or National Producer Number: _____
(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast

New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford



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Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company

Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company