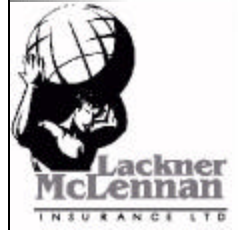




Lackner McLennan Insurance Ltd Underwriting Information & Application



**Canadian Ground Water
General Insurance Program
Commercial Property & Liability Information**

Contact and Mailing Information

Legal Named Insured _____		Contact Name _____		
Mailing Address: _____	#/Street _____	City _____	Prov. _____	Postal Code _____
Insured Location #1: (If different than above) _____	#/Street _____	City _____	Prov. _____	Postal Code _____
Insured Location #2: (If second location required) _____	#/Street _____	City _____	Prov. _____	Postal Code _____
Business Telephone: _____	Business Fax: _____			
Insurance Brokerage Name: _____	and _____		Brokerage Contact: _____	
Insurance Brokerage Address: _____	#/Street _____	City _____	Prov. _____	Postal Code _____
Brokerage Telephone: _____	Brokerage Fax: _____			

Description of Operations

Please enter the required information in the space provided. Should there be any other information that should be added to reflect a clearer vision of the operations or clarify any circumstances please provide this information on a separate sheet.

1. Year Business Established: [19 ____]
2. Years under present ownership: _____
3. Radius of Operations: _____
4. Driller Operates in Canada Only: YES: NO:
5. Number of Employees by Classification: Office/Administration: _____
Well & Job Site Operations: _____ Other: (Provide Description): _____
6. Complete Description of Operations: _____
(Use additional paper if required)

Breakdown of Revenue By Category and Operation

Water Well Drilling: \$		Plumbing Installation &	\$
Geotechnical Drilling: \$		Heating Installation &	\$
Environmental Drilling: \$		Septic Installation &	\$
Other Drilling: \$		Water Treatment	\$
Pump Installation & Service: \$		*Other Revenue:	\$
*Please give a complete description of what other revenue may be derived by the named insured on a separate sheet of paper. ie: Retail Wholesale and Distribution of Water Treatment and Well Equipment or Excavation, and other Construction		TOTAL OF ALL REVENUE:	\$

Proud Member of:



Proud Member of:



Lackner McLennan Insurance Ltd.
450 Frederick Street, 3rd. Floor, Kitchener, Ontario N2H 2P5
Tel: (519)-579-3330 or (800)265-2625 Fax: (519)579-1151

Construction and Occupancy Information			
Building Details	Loc. Or Building #1	Loc. Or Building #2	Example Information
Year Built -			1975
Height (# of Stories) -			1
Floor Construction - (wood, concrete, dirt)			Concrete 50% Dirt 50%
Wall Construction - (Wood Frame, Metal Clad,			Wood Frame Metal Clad
Roof Construction - (Wood Frame, Metal Frame & Deck)			Wood Frame
Total Square Feet (Area) -			1000 sq.ft.
Description of Uses - (Vehicle Storage, Workshop,			Stock Storage Work shop
Area Occupied by Others - (Other lessees or renters occupying			None
Type of Heating - (Force Air Oil or Gas or Propane,			Forced Air Oil Furnace Wood Stove Prof. Install
Protection Information			
Fire Sprinkler System -	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input type="checkbox"/> No - <input checked="" type="checkbox"/>
Hydrant Protection -	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input type="checkbox"/> No - <input checked="" type="checkbox"/>
Distance to Firehall -			4 miles
Fire or Burglary Alarm - (Insert whether Local or 24 Hr.	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Yes - <input checked="" type="checkbox"/> No - <input type="checkbox"/> 24 Hr. Monitored

Additional Underwriting Information
Provide any additional information that may describe your operations, experience, special licensing or out of the ordinary circumstances that make your company unique. (Use additional paper and attach brochures if available)



**Canadian Ground Water
General Insurance Program**
 Commercial Property & Liability Information

Proud Member of:



Proud Member of:



Property & Liability Claims and Policy History

Claims History

Please provide full details of prior claims and losses for the last 6 years. Include the "Date of Loss", full "Description of the Loss" and any "Payments" that were made to you or on your behalf.

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Payment</u>

Policy History:

Please provide full details of previous policy information. Include the "Previous Insurer" name, current "Policy Numbers" and "Expiry Dates". *This information is very **Important and Mandatory** prior to releasing an insurance quotation on the **Canadian Well Drillers Insurance Program**.*

<u>Previous Insurer</u>	<u>Policy Numbers</u>	<u>Expiry Dates</u>

Important Note:

Please provide a complete schedule of coverages to enable us to properly provide you with a quotation on the **Canadian Well Drillers Insurance Program**. If at all possible include copies of the expiring policy documents. This information will give an outline of the coverages you presently have and will

Summary of Coverage Requirements

COVERAGE DESCRIPTION	LIMIT OF COVERAGE	DEDUCTIBLE	LIMIT OF COVERAGE REQUIRED
BUILDING COVERAGE			
CONTENTS & EQUIPMENT			
STOCK IN STORAGE			
CONTRACTORS EQUIPMENT FLOATER			
TOOL FLOATER			
INSTALLATION FLOATER			
LOSS OF INCOME COVERAGE			
DOWN HOLE TOOL COVERAGE			
COMMERCIAL GENERAL LIABILITY			
UMBRELLA LIABILITY			
OTHER (please detail) _____			
OTHER (please detail) _____			



**Canadian Ground Water
 General Insurance Program**
 Commercial Property & Liability Information

Proud Member of:



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