



WATERPLUS RENEWAL APPLICATION



Account Name:

Effective Date:

GENERAL INFORMATION	No Changes	*Update Needed
Mailing Address:	<input type="checkbox"/>	<input type="checkbox"/>
Street Address:	<input type="checkbox"/>	<input type="checkbox"/>

RENEWAL CHANGES	N/A	No Changes	*Update Needed
Operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Payroll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality Violations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-Time Employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course of Construction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroelectric/Power Generating Facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps >1,000 HP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED ATTACHMENTS	N/A	No Changes	*Update Needed/Attached
<input type="checkbox"/> ACORD Application (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Property Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mobile Equipment Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Auto Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driver List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dam and/or Levee Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of Current Work Comp Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***UPDATE NEEDED/ATTACHED:** *(Please elaborate.)*

CLAIMS

In the past 5 years, are you aware of any claims/lawsuits against you or know of any other events / incidents / occurrences which might reasonably lead to a claim/lawsuit? *If yes, please provide details:* Yes No

In the past 5 years, have you received any claims/complaints or had any lawsuits brought by or on behalf of your customers / others regarding exposure to toxins, contaminants or pollutants as a result of your water/sewage services? *If yes, please provide details:* Yes No

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate, and complete and that no material facts have been omitted, misrepresented, or misstated. I know of no other claims or lawsuits against the Applicant, and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the Applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant Signature:

(Date)

Broker Signature:

(Date)