



Lackner McLennan Insurance Ltd Underwriting Information & Application



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.

- Year Business Established: [19 ____] 2. Years under present ownership: _____
- Radius of Operations: _____
- Driller Operates in Canada Only: YES: 0 NO: 0
- Number of Employees by Classification: Office/Administration: _____
Well & Job Site Operations: _____ Other: (Provide Description): _____
- Complete Description of Operations: _____
(Use additional paper if required)

Breakdown of Revenue By Category and Operation

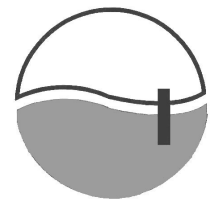
Water Well Drilling:	\$	Plumbing Installation & Service:	\$
Geotechnical Drilling:	\$	Heating Installation & Service:	\$
Environmental Drilling:	\$	Septic Installation & Service:	\$
Other Drilling: (Please describe on separate sheet)	\$	Water Treatment Installation & Service:	\$
Pump Installation & Service:	\$	*Other Revenue: (Please describe on separate sheet)	\$
*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 activities. Etc.		TOTAL OF ALL REVENUE:	\$



Lackner McLennan Insurance Ltd.
423 King St. N., Waterloo, ON, N2H 2Z5
Tel: (519)-579-3330 or (800)265-2625 Fax: (519)579-1151

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

Proud Member of:



Proud Member of:



TM

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, Brick Veneer, Solid Masonry)			Wood Frame Metal Clad
Roof Construction - (Wood Frame, Metal Frame & Deck)			Wood Frame Metal Clad
Total Square Feet (Area) -			1000 sq.ft.
Description of Uses - (Vehicle Storage, Workshop, Stock Storage, Offices, Residence)			Stock Storage Work shop
Area Occupied by Others - (Other lessees or renters occupying space in adjacent units in building)			None
Type of Heating - (Force Air Oil or Gas or Propane, Electric, Wood Burning Unit)			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. Monitored under applicable space)	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

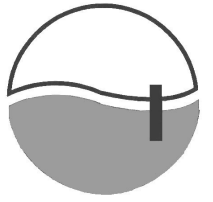
Additional Underwriting Information

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
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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**.*

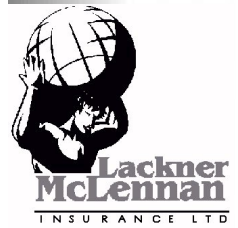
<u>Previous Insurer</u>	<u>Policy Numbers</u>	<u>Expiry Dates</u>

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 allow for a true comparison to our insurance program. Or you can complete the remaining portion of this application and forward the information to us. (If required attach additional pages)

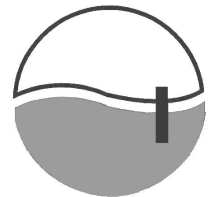
Summary of Coverage Requirements

COVERAGE DESCRIPTION	LIMIT OF COVERAGE	DEDUCTIBLE	LIMIT OF COVERAGE REQUIRED IN QUOTATION
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) _____			



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