

| 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 |

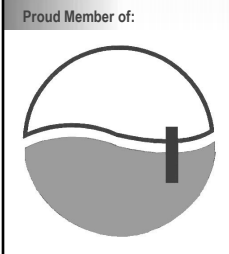
Additional Underwriting Information

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)

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



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> |
|---------------------|----------------------------|----------------|
| | | |
| | | |
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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**.*

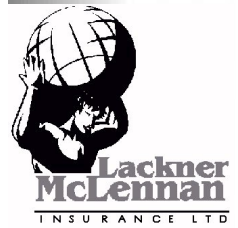
| <u>Previous Insurer</u> | <u>Policy Numbers</u> | <u>Expiry Dates</u> |
|-------------------------|-----------------------|---------------------|
| | | |
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Important Note:

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)

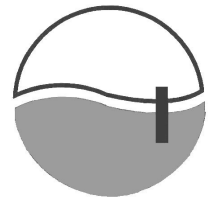
Summary of Coverage Requirements

| 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) _____ | | | |



Canadian Ground Water
General Insurance Program
Commercial Property & Liability Information

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