



REGISTERED ON-SITE WASTEWATER PRACTITIONER APPLICATION

Note: All questions must be completed in their entirety and information requested in the "attachments" section must be submitted with this questionnaire.

1. Named Insured _____
2. Address _____
3. Website _____
4. Telephone _____ Fax _____
5. Email _____
6. Effective date of Coverage _____
7. When was the firm established? _____
8. How many years experience in this field of work? _____
9. Are you a member of BCOSSA? Yes No
10. Is the firm: A corporation A partnership A joint venture An individual
11. Total Personnel (refers to owners and paid employees):
 - a) Total number of ROWPs (including owner): _____
 - b) Total number of field workers: _____
 - c) Total number of support staff: _____
 - d) Total number of other professionals (eg P. Eng, Geologist, Architect): _____
 - e) List professional designations: _____
12. Have any of those listed above ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No
If "Yes", give details: _____

13. Any action by any regulatory agency or any private party for any violation of any legal or any professional standard?
 Yes No
If "Yes", please discuss: _____

14. Do your operations only involve planning, installing, and maintaining wastewater systems of less than 5,000 gallons per day, and less than 30 residential units? Yes No

If "No", please describe other operations: _____

15. Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired.

16. Is the Applicant providing any services not provided last year? _____

If yes to above, please provide further details:

17. Do you have any US or overseas exposure? Yes No If yes, please indicate the % of revenue for this exposure? _____

18. Column A is the dollar value of Current Year Gross Receipts, Column B is the dollar value of Projected Year Gross Receipts

Describe Your Operations	A- Current Year Gross Receipts	B- Projected Year Gross Receipts
Wastewater System Contracting Operations		
Installation		
Excavation		
Maintenance		
Plumbing		
Other Contractors Operations		
Wastewater System Professional Services		
Planner		
Inspection		
Other Professional Services		
Total:		

19. Are subcontractors or subconsultants hired to perform operations or services for the Applicant?

Yes No If yes, please provide details _____

20. Do you collect valid Liability Insurance Certificates from all subcontractors? Yes No

21. Do you request evidence of Professional Indemnity Insurance from all consultants? Yes No

22. Has the applicant ever been subject to any claim by any client or other third party? Yes No

If yes, please discuss: _____

23. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from:

24. Any contracting operations or professional services ever provided by the Applicant for a fee? Yes No

If yes, please provide full details _____

25. Any releases of any substance into the environment subsequent to the Applicant's involvement in the project from or at any project where the Applicant ever provided contracting operations?

If yes, please discuss: _____

26. Has any insurer ever cancelled, declined or refused to renew your insurance? Yes No If yes, please provide details: _____

27. Limit of Liability Requested:

Property: _____

General Liability/Contractors Pollution Liability: _____

Errors and Omissions Liability: _____

Broad Form Forest Fire Fighting Expense: _____

Snow Removal: _____

Current Insurance Carrier: _____

Warranty

After reasonable inquiry, the below signatory on behalf of the Applicant represents and warrants that the information submitted to the company in this application, and any supplementary information thereto, is true, complete and accurate and that no material or relevant fact has been suppressed or misstated as of the date such information is submitted to the company, the Applicant agrees to advise the company of any changes to the information provided in this Application including but not limited to any change in the contracting operations specifically described in this Application, notices of any claim or of any potential claim or of any circumstances that may give rise to a claim, until the company binds a policy or until the company declines to bind a policy, if a policy is issued by the company, this Application shall become part of the policy and shall be deemed to be attached to the policy.

Any misrepresentation, non-disclosure, concealment, suppression or misstatement or breach of warranty in this Application or supplementary information thereto shall be construed against the Applicant.

Completion of this Application does not bind coverage.

Signature

Position