



Form Highlights:

- All-risk policy, offering coverage for all usual and customary services performed within the scheduled profession
- Coverage for BI/PD resulting from professional services included
- Automatic endorsements to remove applicable non-class restrictions/coverage enhancements when applicable
- Coverage for independent contractors included
- Coverage for subsidiaries, employees, and exposures arising from joint ventures and employees included
- Supplemental payments for disciplinary proceedings covered up to \$5,000, outside of the limits
- Claims-made form
- Bi-lateral extended reporting period (ERP) available up to 3 years
- Prior acts coverage available
- True worldwide coverage

Please review the policy form and endorsements for coverage provided. Actual coverage may vary and is subject to policy language as issued.

Data Collection Tool

Proposed Named Insured (dba if any) _____

Physical Address (include zip) _____

Proposed Effective Date _____

Contact Name _____

Does Applicant currently carry insurance for their Septic Inspecting, Consulting, and Design Exposure? Yes No

Expiring Carrier	Expiring Limits	Expiring Retention	Expiring Retro Date	Expiring Premium
	\$	\$	/ /	\$

If none, limits requested: \$250,000 \$500,000 \$1,000,000

Professional Class	Annual Revenue	% Revenues from Residential Service	% Revenues from Commercial Service	% Revenues from Other
Septic System Inspection	\$			
Septic System Design	\$			
Septic System Consulting				
Other (Please specify):*	\$			
Total Revenues	\$			

*Coverage is not extended unless specifically added as a covered profession

Employee Breakdown (for covered services only)

# Full Time Employees	# Part Time Employees	# of Independent Contractors	# California employees

Does any single contract contribute more than 50% of total gross revenues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant have a Parent Entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide name)
Does the proposed insured require coverage for additional insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide name)
During the past five years, has the Applicant's Professional Liability coverage been cancelled or non-renewed for a reason other than the insurer withdrawing from a state or no longer providing coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide details)

For Applicants without previous coverage, warranty is required

With regard to the coverages for which the Applicant is applying, have any claims been made against any party proposed for coverage within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete supplement)
Is any party proposed for coverage aware of any fact, circumstance or event which could give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, complete supplement)

Claims or Circumstances Supplement: For Applicants without previous coverage, warranty is required:

If the answer to the claims made or knowledge question was yes, please provide the following information:

	Claim #1	Claim #2	Claim #3
Month/Year claim was made:			
Was coverage in force?			
Claimant			
Description			
Is the claim open or closed?			
Total claim amount:			
Defense Expenses Paid			
Indemnity Paid			

Are you a member of NOWRA? Yes No Other association member (please specify): _____

Additional Information

Signature of Designated Officer

Date

The SeptiCover Errors & Omissions Program is the endorsed E & O Program of NOWRA.



National Onsite Wastewater Recycling Association

P 800.966.2942