



# Water Well Drillers Questionnaire

## APPLICANT INFORMATION

NAMED INSURED \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

FEIN \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

1. Summary of operations:  
\_\_\_\_\_  
\_\_\_\_\_

2. Enter percentage of work in the following operations?	Caissons/Building underpinning_____%
Water well drilling/installation_____%	Percentages based on ___Sales ___Payroll
Soil core boring/sampling_____%	Monitor well drilling/installation_____%
Geothermal drilling/installation_____%	Pump installation/repair_____%
Pollution monitoring/testing_____%	Municipal water treatments/systems_____%

3. Enter percentage of operations for the following types of customers?  
Residential/Habitational\_\_\_\_\_% Agricultural\_\_\_\_\_% Commercial\_\_\_\_\_% Industrial\_\_\_\_\_% Institutional\_\_\_\_\_%

4. Indicate percentage in the following?  
New Construction\_\_\_\_\_% Retrofit/Rehab\_\_\_\_\_% Service\_\_\_\_\_% Maintenance\_\_\_\_\_% Other\_\_\_\_\_%

5. Do you perform or subcontract any blasting? Yes No

6. \*Do you perform any type of well drilling for the oil/gas industry? Yes No  
*\*Any drilling work done in connection to oil and gas drilling /exploration is a prohibited exposure and would render the prospect ineligible for coverage.*

7. Rigs  
a. How many rigs do you have total?  
b. What are the values of each?  
c. What year are the trucks they are mounted on?  
d. What type of service/repair do you perform on the rigs and trucks? Outside shop or self-performing?

8. Safety  
a. Do you conduct regular work site inspections? Yes No  
b. Do you conduct safety training for your staff, i.e. toolbox talks, tailgate meetings? Yes No  
How often? \_\_\_\_\_  
c. Do you hold jobsite supervisors accountable for safety? Yes No

9. Do you communicate with the one-call service in your area and the area utility owners that are not members of one-call prior to all scheduled well drilling/excavation work?    Yes    No

10. Subcontracting:

a. What is the percentage of total job costs subcontracted to others? \_\_\_\_\_

b. Are certificates obtained from all contractors?    Yes    No

c. Are subcontractors' limits equal to or greater than your limits of liability?    Yes    No

d. Are you named as an additional insured on the subcontractors' general liability policy including ongoing and completed operations??    Yes    No

e. Do you use subcontractor agreements containing hold harmless/indemnity agreements in favor of you?    Yes    No

**N.J. Law P.L. 1995, c. 132:** Any person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

**I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.**

\_\_\_\_\_  
Owner or Officer's Name

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiring policy number, if applicable