

BACKFLOW TESTER APPLICATION

Name Insured: _____

Entity: ___ Individual ___ Corp ___ Other

Address _____

City _____ CA Zip _____

Policy Effective Date _____

1) Are you certified? ___ Please attach copy of certificate.

2) How many owners, partners or officers? _____

3) Do you have any employees (not including clerical) _____ # _____

4) Do you have at least 3 years of Plumbing Experience _____

How did you receive the experience _____

During what time period was the experience gained? _____

5) Member of any Association/date of expiration? _____

6) Have you sustained any losses or allegations of losses in the last five years? _____ If yes please attach details.

Note: This policy is not intended to cover the installation of backflow assemblies but to the testing of such assemblies and the replacement of worn parts with factory replacement seals, washers and valves in order to rectify the device.

Applicants Signature: _____

Date: _____