

Contractors Pollution Liability Application

APPLICANT			DATE																				
ADDRESS																							
CITY		STATE	ZIP																				
TELEPHONE		WEB ADDRESS																					
COVERAGE REQUESTED:		New Business	Renewal Business																				
			PROPOSED EFFECTIVE DATE:																				
LIMITS OF LIABILITY & DEDUCTIBLE		Limits Requested: Deductible Requested:																					
CONTRACTOR'S POLLUTION LIABILITY		Occurrence Form	Claims Made Form																				
Retroactive date _____																							
Prior Liability Carrier Information – Contractors Pollution Liability																							
Carrier	_____	Occurrence	Claims Made																				
Limit of Liability	_____	Effective Date	None																				
Deductible	_____	Expiration Date	_____																				
Premium	_____	Retro Date	_____																				
<p>1. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of has a liability policy issued to any of the aforementioned ever been cancelled at the instigation of any premium finance company? Yes No (provide details below)</p> <p>_____</p>																							
<p>2. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele. Amounts must total 100%</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Commercial</td> <td style="width: 10%;">_____%</td> <td style="width: 33%;">f. Industrial</td> <td style="width: 10%;">_____%</td> </tr> <tr> <td>b. Contractors</td> <td>_____%</td> <td>g. Residential – Single Family</td> <td>_____%</td> </tr> <tr> <td>c. Design Professionals</td> <td>_____%</td> <td>h. Residential – Multi Family</td> <td>_____%</td> </tr> <tr> <td>d. Developers</td> <td>_____%</td> <td>i. Utilities</td> <td>_____%</td> </tr> <tr> <td>e. Governmental</td> <td>_____%</td> <td>j. Other:</td> <td>_____%</td> </tr> </table>				a. Commercial	_____%	f. Industrial	_____%	b. Contractors	_____%	g. Residential – Single Family	_____%	c. Design Professionals	_____%	h. Residential – Multi Family	_____%	d. Developers	_____%	i. Utilities	_____%	e. Governmental	_____%	j. Other:	_____%
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e. Governmental	_____%	j. Other:	_____%																				
<p>3. Does the Applicant use a standard written contract with its clients: Yes No (If yes, please answer the following & attach a copy of your standard contract)</p> <p>a. What percentage of your projects are contracted using:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">The Applicants standard contract</td> <td style="width: 10%;">_____%</td> <td style="width: 40%;">Verbal agreement</td> <td style="width: 5%;">_____%</td> </tr> <tr> <td>A letter of agreement</td> <td>_____%</td> <td>Other:</td> <td>_____%</td> </tr> <tr> <td>A client's contract form</td> <td>_____%</td> <td></td> <td></td> </tr> </table>				The Applicants standard contract	_____%	Verbal agreement	_____%	A letter of agreement	_____%	Other:	_____%	A client's contract form	_____%										
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<p>4. Are subcontractors hired under a written, standard subcontract? Yes No (Please attach a copy)</p>																							
<p>5. Do you have established relationships with sub-contractors? Yes No</p> <p>Describe the minimum subcontractor insurance requirements:</p> <p>General Liability \$ _____ Professional Liability \$ _____ Contractors Pollution Legal Liability \$ _____</p>																							
<p>6. Does your firm have written quality control procedures? (If yes, please include the table of contents with application) Yes No</p>																							
<p>7. Does your firm have written health and safety procedures? (If yes, please include the table of contents with application) Yes No</p>																							
<p>8. Enter firm's gross revenue for the last three years below Fiscal Year Period: _____ to _____</p> <p>\$ _____ Estimated gross revenue for the upcoming year</p> <p>\$ _____ 1st prior year's revenue</p> <p>\$ _____ 2nd prior year's revenue</p>																							
<p>9. Detail geographical extent of operations: % Domestic: _____ % Foreign: _____</p>																							

10. Please provide percentage of gross revenue derived from the following operations (amounts must total 100%):

Classification	% Operations	% subcontracted	Classification	% Operations	% subcontracted
Above Ground Storage Tank Installation	_____%	_____%	Metal Erection	_____%	_____%
Air Pollution Control Installation	_____%	_____%	Mold Abatement	_____%	_____%
Appliance installation	_____%	_____%	Painting	_____%	_____%
Asbestos Abatement	_____%	_____%	Paving	_____%	_____%
Bioremediation	_____%	_____%	Pesticide/ Herbicide Applicator	_____%	_____%
Bridge Construction	_____%	_____%	Pile Driving	_____%	_____%
Carpentry	_____%	_____%	Pipeline Installation	_____%	_____%
Carpet Cleaning	_____%	_____%	Plastering/Stucco	_____%	_____%
Concrete	_____%	_____%	Plumbing - Commercial	_____%	_____%
Debris Removal	_____%	_____%	Plumbing – Residential	_____%	_____%
Dismantling 4+ Stories	_____%	_____%	Recycling (hazardous materials or chemicals)	_____%	_____%
Dismantling 3 stories & less and interior dismantling	_____%	_____%	Recycling (other)	_____%	_____%
Dredging	_____%	_____%	Refrigeration	_____%	_____%
Drilling	_____%	_____%	Rigging/ Stevedoring	_____%	_____%
Drilling (non oil & gas production)	_____%	_____%	Road Construction	_____%	_____%
Electrical	_____%	_____%	Roofing – Commercial	_____%	_____%
Electronics Recycling	_____%	_____%	Roofing – Residential	_____%	_____%
Emergency Response	_____%	_____%	Sampling	_____%	_____%
Explosives Demolition	_____%	_____%	Sandblasting	_____%	_____%
Fencing	_____%	_____%	Grading	_____%	_____%
Fire/Water Damage Restoration	_____%	_____%	Sandblasting	_____%	_____%
Flooring	_____%	_____%	Soil Excavation	_____%	_____%
General Contracting	_____%	_____%	Soil Remediation	_____%	_____%
Geothermal System Installation	_____%	_____%	Street Cleaning	_____%	_____%
Hazardous Waste Cleanup	_____%	_____%	Tank Cleaning	_____%	_____%
HVAC	_____%	_____%	Tank Lining	_____%	_____%
Industrial Cleaning	_____%	_____%	Tank Vapor Recovery	_____%	_____%
Insulation Fire Proofing	_____%	_____%	Thermal Treatment	_____%	_____%
Interior Demolition	_____%	_____%	Tunneling	_____%	_____%
Labpacking/Drum Handling	_____%	_____%	UST Installation	_____%	_____%
Landfill Liner Installation	_____%	_____%	UST Removal	_____%	_____%
Landscaping Contractor	_____%	_____%	UST Testing	_____%	_____%
Lead Abatement	_____%	_____%	Vapor Barrier Installation	_____%	_____%
Maintenance/ Janitorial	_____%	_____%	Waste Water Treatment Installation/ Construction	_____%	_____%
Masonry	_____%	_____%	Other (please explain)	_____%	_____%
Mechanical Construction	_____%	_____%			

Claims, Circumstances, Incidents & Loss History

- 11.** In the past 3 years, has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities? Yes No (If yes, please provide the following details)
- Date when claim, suit or notice was made
 - Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
 - Name of the claimant
 - Nature of the claim, suit or notice
 - Amount of the initial demand
 - Maximum amount of reserves established
 - Final disposition (including amount of settlement payment)
- 12.** In the past 3 years, has any member of your firm or a related entity aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? Yes No
If yes, please provide full details on the same basis as the above requirements (use additional paper if necessary)
- 13.** In the past 3 years has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities? Yes No
If yes, please provide details (use additional paper if necessary)

PROJECT DESCRIPTION

Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

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Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Most recent income statement and balance sheet.
- 2) Three years of currently valued loss runs.

FRAUD WARNING: APPLICABLE TO ALL STATES

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 shall also be subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____

Title: _____

FEIN #: _____

Applicant's Signature: _____

Date: _____

Agent / Broker Name: _____