

CONTRACTORS POLLUTION LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- Current and prior 3 years currently valued loss history
- Expiring pollution and/or professional policies

Submit all underwriting information to your regional mailbox.

A. APPLICANT INFORMATION:

Name Of Applicant:		Date:	
Address:			
City:		State:	Zip Code:
Company Website:	Phone:	D&B No.:	NAICS:
Company is a/an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other Organization (Describe):			

B. COVERAGE

Is this application for a project specific submission?

Yes No

If yes, please attach copy of Project Contract and complete Section F. of this application.

Please indicate below the coverages requested.

Coverage	Policy Term	Each Pollution Condition Limit	Aggregate Limit	SIR	Retroactive Date
Contractors Pollution	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	\$	\$	\$	

The following entities are to be listed as Named Insureds on the policy. Please list any ownership/relationship information:

Named Insured	Owner/Relationship

C. PRIOR LIABILITY COVERAGE (LAST 3 YEARS)

Type of Coverage	Carrier	Premium	Retroactive Date	Limits of Liability	Deductible/ SIR
Contractors Pollution		\$		\$	\$
Non-Owned Disposal Site				\$	

Type of Coverage	Carrier	Premium	Retroactive Date	Limits of Liability	Deductible/SIR
Mold And Legionella				\$	
Transportation Pollution				\$	

Does the applicant currently carry professional liability coverage?

Yes No

D. GROSS ANNUAL REVENUE (HISTORICAL)

Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

Please list the applicant's total gross annual revenues:

Last completed fiscal year: \$

Projected current fiscal year: \$

Percentage of your operations for oil and gas industry: %

E. GROSS ANNUAL REVENUE (FOR THE NEXT 12 MONTH PERIOD)

Please list the applicant's estimated gross annual revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

Contracting Service	Gross Revenue	Contracting Service	Gross Revenue
Environmental Contracting			
Asbestos abatement	\$	Recycling collection centers	\$
Lead-based paint abatement	\$	Septic tank services	\$
Environmental drilling (not oil/gas)	\$	Soil remediation	\$
Fuel system equipment (excluding tanks) installation and maintenance	\$	Service station contracting (building, construction, concrete, electric)	\$
Groundwater remediation	\$	Storage tank (above ground) installation and removal	\$
Hazardous and emergency response, including spill cleanup	\$	Storage tank (underground) installation and removal	\$
Landfill construction	\$	Transportation – medical waste/biohazard	\$
Medical waste, crime scene, drug lab remediation	\$	Waste incineration	\$
Mold, fire, water or storm damage buildup & restoration	\$	Waste water treatment installation & maintenance	\$
Mold prevention and remediation	\$	Wetlands contracting	\$
Radon mitigation	\$		
Environmental Consulting			
Air monitoring	\$	Hazardous materials consulting	\$
Environmental compliance	\$	Health and safety consulting	\$
Environmental expert witness	\$	Indoor air quality consulting	\$
Environmental feasibility studies	\$	Mold inspection, remediation, testing and consulting	\$
Environmental impact studies	\$	Non-environmental consulting	\$
Environmental laboratories	\$	Phase I environmental site assessments	\$

Environmental Consulting (continued)			
Environmental litigation support	\$	Phase II environmental site assessments	\$
Environmental manual preparation	\$	Phase III environmental site assessments	\$
Environmental permitting	\$	Radon testing	\$
Environmental remedial investigation and studies	\$	Safety training	\$
Environmental sampling	\$	Underground storage tank testing	\$
Geophysical consulting	\$	Wetlands consulting	\$
Geotechnical consulting	\$	Wildlife studies	\$
Construction And Trade Contracting			
Aircraft refueling	\$	Insulation	\$
Carpentry	\$	Masonry	\$
Carpet and floor covering	\$	Modular construction	\$
Concrete	\$	Painting	\$
Demolition	\$	Plant repair and maintenance	\$
Drywall and gypsum wallboard	\$	Plumbing	\$
Electrical	\$	Roofing	\$
Excavation – other than contaminated soils	\$	Sewer and utility lines	\$
Fire suppression systems	\$	Steel erection	\$
Foundation	\$	Street and road	\$
General contracting	\$	Tank and pipe cleaning	\$
Glazing windows	\$	Transportation – dry freight	\$
Grading of land and landscaping	\$	Transportation – refuse, trash and liquid products	\$
HVAC	\$	Weatherization and waterproofing	\$
Industrial cleaning (including janitorial)	\$	Welding	\$
Energy Contracting			
Geothermal contractors	\$	Solar contractors	\$
Oil or gas site preparation	\$	Wind turbine contractors	\$

F. PROJECT SPECIFIC INFORMATION (Only complete if this application is for a project specific submission.)

Please provide the following information with respect to the specific project:

Project name and contract number:			
Project address:			
City:		State:	Zip Code:
Estimated start date:		Estimated completion date:	
Estimated revenue	Occurrence limit requested	Aggregate limit requested	SIR requested
\$	\$	\$	\$
General contractor:		Project owner:	

1. The applicant will be acting as a: General contractor Subcontractor
2. Provide project scope of work or description of wrap-up:

3. List any additional named insured or additional insured requests, including their interest in the project or other endorsement requests, including completed operations period:

4. The project is an/a: OCIP CCIP

5. Completed operations period requirement:

6. List any required endorsements (e.g. waiver of subrogation, transportation, mold, non-owned disposal sites, notice of cancellation, etc.).

G. GENERAL INFORMATION

1. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him/her, the firm, his/her predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please provide full details of each incident:

2. Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? Yes No
If yes, please provide a detailed explanation.

Fair Credit Report Act Notice

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other 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 subjects such person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date

(Florida only) Agent license number: _____