

Application for Contractors Pollution Liability Insurance

This insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only claims which are first made against you and reported to the Company during the Policy Period are covered subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by Claim Expenses. Claim Expenses may also be applied against the Deductible. If you have any questions about the coverage, please discuss them with your insurance broker or agent.

Instructions

1. Please complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by an owner, partner or director/officer of your firm.
3. Additional information required for this submission:
 - Resumes of key personnel
 - Firm's brochure describing services and qualifications
 - Audited financial statements for last 2 years
 - Hard copy of Loss runs applicable to coverages requested
 - Sample Client and Subcontractor contract forms
 - SF 254 or 10 largest projects list

1. Applicant Name

2. Address

3. Telephone

4. Address of Headquarters

5. Company Contact and Title

6. List of proposed Named Insureds to be covered by this Policy.

7. How long has the Named Insured been in business? _____ years

8. During the past five years, has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check)? Yes No

If yes, provide details below.

9. Description of Contractor Operations

10. Total Professional Staff of Applicant

(1) Principals:
(2) Supervisors / Foreman:
(3) Total number of Engineers & Architects:
(4) Total number of Field Personnel:
(5) Hydrogeologists, Geologists, Chemists:
(6) All other (describe):

11. Are any Joint Ventures proposed under this Policy? (please check) Yes No

If yes, provide details below.

12. Does the firm engage in any foreign operations? (please check) Yes No

If yes, provide details below.

13. Does any one project or contract represent more than 25% of the firm's annual fees? (please check) Yes

No If yes, provide details below.

14. Last three year's total gross revenue: 1999 _____

2000 _____

2001 _____

15. Profile of Operations

- In column A, please provide % of firm's revenues performed by in-house operations and services.
- In column B, please provide % of firm's revenues in subcontracted operations and services.
- Columns A+B should equal 100%.
- Projected sales = 12 months from anticipated date of coverage for operations and services.

Contractor Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
1. Environmental Contracting			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner Contractors			
Emergency Haz Material Clean-Up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling/Recovery			
Dredging			
Asbestos/Lead Abatement			
Other (explain)			
2. Non-Environmental Contracting			
Carpentry			
Demolition/Dismantling			
Drilling			
Electrical			
Excavation (Non Haz)/Grading			
General Contracting			
HVAC/Mechanical			
Industrial Cleaners (incl. Sewer/Septic)			
Insulation			
Logging			
Masonry/Concrete			
Marine			
Oil Lease			
Painting			
Pipeline Construction/Cleaners			
Plumbing			
Roofing			
Steel Erection			
Street and Road Construction			
Other (explain)			

16. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients? (please check) Yes No
17. Are updated certificates of insurance from subcontractors kept on file? Yes No Are these certificates required to show environmental liability insurance? Yes No
18. What are the minimum limits of liability insurance you require from your subcontractors?

General Liability	_____
Environmental Liability	_____
Professional Liability	_____

19. Do you require subcontractor policies to name you as an additional insured? Yes No
20. Do your contracts with subcontractors contain an indemnification provision? Yes No
If yes, attach copies of all insurance requirements and indemnification clauses.
21. Does your company enter into written contracts where you assume liability? Yes No If yes, what is the percentage of contracts in which you assume liability % _____
If yes, attach copies of all insurance requirements and indemnification clauses.
22. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Pollution Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

23. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution Liability Policies? Yes No If yes, state a) the date when claim was made; b) the date the incident giving rise to the claim took place; c) name of the claimant; d) nature of the claim; e) amount paid or estimated may be paid; and f) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement.

24. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought? Yes No
If yes, provide details below.

It is agreed that if such knowledge exists, any claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

25. If project policy, include copy of fully executed contract with client.

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 Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEVADA APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company.. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)