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| **SPECIFIC PROJECT CONTRACTORS POLLUTION LIABILITY APPLICATION** |

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: 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.

* Please print or type clearly.
* All questions must be answered. Please contact your agent if assistance is required.
* If any questions do not apply, print or type “N/A” in the space provided.•
* This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured’s letterhead. This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

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

1. Five years of currently valued general and pollution liability loss runs, for all proposed Named Insureds
2. Resumes/SOQ’s of all key personnel. Include company brochures and promotional material (if applicable)
3. Most recent income statement or balance sheet.
4. Copy of project contract

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| 1. **APPLICANT INFORMATION**
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| NAME OF APPLICANT: | DATE: |
| INSPECTION CONTACT: | PHONE: |
| MAILING ADDRESS: |
| WEBSITE: | EMAIL: |
| FEIN: | COMPANY IS AN: [ ]  INDIVIDUAL [ ]  PARTNERSHIP [ ]  CORPORATION[ ]  JOINT VENTURE [ ]  LLC [ ]  OTHER (DESCRIBE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NAICS: |
| 1. **REQUESTED COVERAGE**

Indicate requested limits and retention |
| **Coverage Part** | **Occurrence Limit** | **Aggregate Limit** | **Deductible/SIR** |
| Contractors Pollution Liability | $ | $ | $ |
| Please indicate the number of years needed for the discovery period (Extended Reporting Period): |  |
| 1. **PROJECT INFORMATION**
 |
| 1. Project Name and Designation:
 |  |
| 1. Project Location:
 |  |
| 1. Project Description:
 |
| 1. Project Start Date:
 |  |
| 1. Project Length:
 |  |
| 1. Project Owner Name:
 |  |
| 1. Project Owner Address:
 |  |
| 1. General/Prime Contractor Name:
 |  |
| 1. General/Prime Contractor Address:
 |  |
| 1. Construction Manager Name:
 |  |
| 1. Construction Manager Address:
 |
| 1. With regards to this project, do you, or any of the consultants/subsidiaries/parents or other organizations related you, or any principal, partner, officer, director or employee have ownership interest in this project?
 |  [ ]  Yes [ ]  No  |
| 1. With regards to this project, do you, or any of the consultants/subsidiaries/parents or other organizations related you, or any principal, partner, officer, director or employee involved with financing for the project?
 |  [ ]  Yes [ ]  No  |
| 1. Is contaminated soil or groundwater present at the project location?

If yes, please provide detail on the additional comments section at the end of this application. |  [ ]  Yes [ ]  No  |
| 1. Are there any structures at the project location with confirmed, or suspected, asbestos containing materials or lead based paint?

If yes, please provide detail on the additional comments section at the end of this application. |  [ ]  Yes [ ]  No  |
| 1. Does the project contract address:
 |
| Waivers of subrogation? |  [ ]  Yes [ ]  No  |
| Limitations of liability? |  [ ]  Yes [ ]  No  |
| Indemnifications? |  [ ]  Yes [ ]  No  |
| Dispute resolution? |  [ ]  Yes [ ]  No  |
| 1. **CLAIMS HISTORY**

If additional space is needed, please attach details on a separate sheet of paper |
| 1. Have there been any losses in the past (5) years?

If "Yes", please provide loss runs and list details on the additional comments section at the end of this application: |  [ ]  Yes [ ]  No  |
| 2. Is/are there presently any “open” claim(s) being handled by any insurance carrier? If yes, please provide detail on the additional comments section at the end of this application. |  [ ]  Yes [ ]  No  |
| 1. **OPERATIONS INFORMATION**
 |
| 1. With regards to this project, will you work with subcontractors/subconsultants?

If “Yes,” please answer the following:1. Are all subcontractors/subconsultants licensed and certified?
2. Is a standard written contract used to engage all subcontractors/subconsultants
3. If yes, does that contract contain Hold Harmless and Limitation of Liability Clauses?
4. Do you require Certificates of Insurance from all subcontractors/ subconsultants?
5. What limits of Contractors Pollution Liability Insurance do you require from all subcontractors/ subconsultants?
6. Do you require to be added as an Additional Insured?
 |  [ ]  Yes [ ]  No  [ ]  Yes [ ]  No  [ ]  Yes [ ]  No  [ ]  Yes [ ]  No  [ ]  Yes [ ]  No $ [ ]  Yes [ ]  No  |
| 1. **PROJECT CONTRACTING SERVICES**
 |
| Please state the project revenue for each applicable category below and indicate percent subcontracted, if any. |
| **Services** | **Projected Construction Costs** | **% Subcontracted** |
| Alarm Installation | $ | % |
| Asbestos Abatement | $ | % |
| Carpentry | $ | % |
| Concrete | $ | % |
| Construction – Apartments | $ | % |
| Construction – Commercial | $ | % |
| Construction – Industrial | $ | % |
| Construction – Residential | $ | % |
| Construction Debris Removal | $ | % |
| Construction Management | $ | % |
| Crime Scene Cleanup | $ | % |
| Demolition – (Interior Remodel) | $ | % |
| Demolition – Over Two Stories | $ | % |
| Demolition – Two or Less Stories | $ | % |
| Dredging | $ | % |
| Dredging – Navigable Waterways | $ | % |
| Drilling/Monitor Well Installation | $ | % |
| Drilling – Non-Environmental | $ | % |
| Duct Cleaning | $ | % |
| EIFS/Stucco | $ | % |
| Electrical | $ | % |
| Emergency Spill Response | $ | % |
| Excavation/Grading | $ | % |
| Fire and Water Restoration | $ | % |
| General Contractor | $ | % |
| General Contractor – Residential | $ | % |
| Glass/Glazing | $ | % |
| Groundwater Remediation/Treatment | $ | % |
| Haz Mat Packing/Pickup | $ | % |
| HVAC – Commercial  | $ | % |
| HVAC – Industrial | $ | % |
| HVAC - Residential | $ | % |
| Industrial Cleaning (power washing, power vacuuming, pit cleaning) | $ | % |
| Insulation | $ | % |
| Janitorial | $ | % |
| Lab Packing | $ | % |
| Landfill Construction/Liner installation | $ | % |
| Landscaping | $ | % |
| Lead Abatement Contractor | $ | % |
| Masonry | $ | % |
| Mechanical Contractor and Equipment Installation | $ | % |
| Mold Remediation Commercial | $ | % |
| Mold Remediation Residential | $ | % |
| Medical Waste Pickup | $ | % |
| Painting/Coating | $ | % |
| PCB Containing Materials – Removal/Remediation | $ | % |
| Pipelines – oil, gas, or chemical | $ | % |
| Pipelines – water or wastewater | $ | % |
| Plumbing – Commercial | $ | % |
| Plumbing – Residential  | $ | % |
| Plumbing – Industrial  | $ | % |
| Sample Collection (soil, water, asbestos, lead paint, etc.) | $ | % |
| Radon Venting | $ | % |
| Roofing | $ | % |
| Roustabout | $ | % |
| Septic System Installation | $ | % |
| Soil Remediation | $ | % |
| Storage Tank Cleaning | $ | % |
| Storage Tank Installation | $ | % |
| Storage Tank Removal | $ | % |
| Steel Erection | $ | % |
| Street & Road | $ | % |
| Swimming Pool Contractors | $ | % |
| Tree Trimming | $ | % |
| Utility Contractor | $ | % |
| Utility Contractor - Underground | $ | % |
| Waste Disposal and Hauling | $ | % |
| Waste Incineration | $ | % |
| Wastewater Treatment Systems Installation/Maintenance | $ | % |
| Waterproofing | $ | % |
| Welding | $ | % |
| Wetlands Contracting | $ | % |
| Other (please specify) | $ | % |
| Other (please specify) | $ | % |
| Other (please specify) | $ | % |
| Total Construction Costs for All Contracting Services | $ |
| 1. **FAUD WARNING**
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| **ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)****IN FLORIDA, 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.****IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.****IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.****IN THE DISTRICT OF COLUMBIA, 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.****THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.** |
| 1. **WARRANTY**
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| The undersigned authorized officer of the applicant warrants to the Company, that l/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. l/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date. |
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| **Name of Applicant** | **Title** |
|  |  |
| **Signature of Application** | **Date** |
| **ADDITIONAL COMMENTS** |