



## 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 loss for all proposed Named Insureds
2. Resumes/SOQ's of all key personnel. Include company brochures and promotional material (if applicable)

### 1. APPLICANT INFORMATION

NAME OF APPLICANT:		DATE:
INSPECTION CONTACT:		PHONE:
MAILING ADDRESS:		
WEBSITE:		EMAIL:
FEIN:	COMPANY IS AN: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC <input type="checkbox"/> OTHER (DESCRIBE):	
NAICS:		
If there is more than one proposed Named Insured? List each and provide percentage of ownership and relationship:		

Number of years performing services to be covered by this Insurance:

### 2. REQUESTED COVERAGE

Indicate requested limits, retention, and retroactive date

Coverage Part	Occurrence/ Claims Made	Claims Made Retro Date	Occurrence Limit	Aggregate Limit	Deductible/ SIR
Contractors Pollution Liability					

### 3. EXPIRING COVERAGE

Provide all expiring information

Coverage Part	Occurrence/ Claims Made	Claims Made Retro Date	Occurrence Limit	Aggregate Limit	Deductible/ SIR
Contractors Pollution Liability					



#### 4. REVENUE

Provide total gross estimated revenue for next 12 months and actual revenue for the prior 2 years

	Gross Annual Revenues
Next 12 months	\$
1 <sup>st</sup> Prior Year	\$
2 <sup>nd</sup> Prior Year	\$

#### 5. 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 detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is/are there presently any "open" claim(s) being handled by any prior carrier? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 6. OPERATIONS INFORMATION

1. What percentage of time do you work without a written contract?	%
2. Do you work with subcontractors/subconsultants? If "Yes," please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Are all subcontractors/subconsultants licensed and certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is a standard written contract used to engage all subcontractors/subconsultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If yes, does that contract contain Hold Harmless and Limitation of Liability Clauses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you require Certificates of Insurance from all subcontractors/subconsultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. What limits of Contractors Pollution Liability Insurance do you require from all subcontractors/subconsultants?	\$
f. Do you require to be added as an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you perform work over water? If yes, please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you perform any Pesticide, Herbicide or Fertilizer Application? If yes, please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you perform any over or downhole work on oil and gas wells? If yes, please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No



## 8. CONTRACTING SERVICES

Please state the next twelve (12) months of expected revenue for each applicable category below and indicate percent subcontracted, if any.

Services	Projected Gross Revenue	% 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	\$	%
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	\$	%
Logging	\$	%
Masonry	\$	%
Mechanical Contractor and Equipment Installation	\$	%
Medical Waste Collection and Disposal	\$	%
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 Revenue for All Contracting Services	\$	

## 9. FAUD WARNING

**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.**

#### **10. WARRANTY**

The undersigned authorized officer of the applicant warrants to the Company, that I/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. I/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**

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**Signature of Application**

**Date**