

**CONTRACTORS POLLUTION LIABILITY APPLICATION**

**SECTION I: ACCOUNT INFORMATION**

Insured Name:		Date:	
Mailing Address:			
City:	State:	Home State:	Zip:
Website:	Telephone:		Year Est:
Business Entity Type: <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: _____			

**SECTION II: COVERAGE QUESTIONS**

1. Does the insured perform Fire/Water Restoration related operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the insured haul hazardous or petroleum based materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the insured perform any services in the Oilfield/Oil and Gas Industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the insured have subsidiaries, a parent company or other related entities? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is coverage intended for a Joint Venture or OCIP/CCIP Wrap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Detail of geographical extent of operations: _____% Domestic      _____% Foreign	
7. Breakdown of revenue by classification (estimated percentage for the next 12 months): _____ % Residential    _____ % Industrial    _____ % Commercial    _____ % Other. If other, please describe.	

**SECTION III: ADDITIONAL INTERESTS**

1. Are any Additional Insureds/Waivers of Subrogation required on the policy? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any Additional Named Insureds required on the policy? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION IV: POLICY TYPE

<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made	Retroactive Date: ____
<input type="checkbox"/> Professional Liability	Claims-Made Only		Retroactive Date: ____
<input type="checkbox"/> Onsite Cleanup	Claims-Made Only		Retroactive Date: ____
<input type="checkbox"/> Third-Party Premises Pollution	Claims-Made Only		Retroactive Date: ____
Is coverage being requested for: <input type="checkbox"/> Project <input type="checkbox"/> Practice			
If coverage is being requested for a Project, please complete the Project-Specific Coverage Addendum.			

### SECTION V: COVERAGE REQUESTED

Limits (Occurrence/Aggregate): ____	Deductible: ____	Policy Period: ____
Enhancements	<input type="checkbox"/> Mold Coverage <input type="checkbox"/> Transportation Pollution Liability <input type="checkbox"/> Non-Owned Disposal Sites Liability <input type="checkbox"/> Sudden and Accidental PPL	<input type="checkbox"/> Per Project Aggregate <input type="checkbox"/> Construction Means & Methods Endorsement <input type="checkbox"/> Completed Operations: ____ <input type="checkbox"/> Other:

### SECTION VI: EXPOSURES

A. Contracting Services:	Projected Revenues:
All Non-Environmental Professional Services	
Appliance Installation	
Asbestos Abatement	
Carpentry or Framing	
Carpet and Upholstery Cleaning	
Concrete	
Construction Management	
Demolition - Exterior	
Demolition - Interior	
Dredging	
Drilling (non-environmental)	
Drilling (oil, gas, drinking water)	
Drywall	
EIFS (Ext. Insulation & Finish Systems)	
Electrical	
Excavation or Grading	
Fire Suppression/Sprinklers	

Fire/Water Restoration	
Flooring	
General Contracting	
Glazier / Glass and Window	
Home Building	
HVAC and Mechanical Refrigeration	
Insulation (no abatement)	
Landscaping	
Lead Abatement	
Logging	
Maintenance or Janitorial	
Masonry	
Mold Abatement	
Oil/Gas Service Work	
Painting (no abatement)	
Paving	
Pesticide, Herbicide and Fertilizer (no aerial)	
Pipeline Cleaning and Maintenance	
Plastering or Stucco	
Plumbing	
Recycling	
Roofing	
Sandblasting	
Scaffold Erection (exterior)	
Septic Cleaning and Maintenance	
Sewer and Water Main Construction and Maintenance	
Siding Installation	
Solar Energy Contracting	
Road and Bridge Construction	
Swimming Pool Services	
Transportation (Hazardous)	
Transportation (Non-hazardous)	
Transportation (Petroleum-based)	
Utility Line Construction or Repair	
Waterproofing/Fireproofing	
Other: _____	
Total Revenue for Contracting Services:	

## SECTION VII: BUSINESS PRACTICES AND SAFETY PROTOCOL

1.	What percentage of the insured's services are performed on the insured's behalf by a subcontractor or subconsultant: ____%	
2.	Describe the minimum insurance requirements for subcontractors and subconsultants:	
	General Liability                                    \$ _____	
	Contractors Pollution Liability                \$ _____	
	Professional Liability                             \$ _____	
3.	Do you require your subcontractors to name you as an additional insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does Applicant have written in-house quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does Applicant have written in-house health and safety procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does the Applicant have a written Hazardous Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the Applicant have an in-house continuing education program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION VIII: CLAIMS HISTORY

1.	Has any claim, suit or notice of incident been made previously (last three years) against Applicant (or Predecessor) or reported under any Contractors Pollution Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____	
2.	Have more than three claims, suits or notices of incident been made previously (last three years) against Applicant (or Predecessor) or reported under any General Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____	
3.	Has any member of Applicant, or Predecessor firm or any entity that the Applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit of notice of incident or occurrence against them? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: _____	
<p><b>*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.</b></p>		
<p><b>CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED</b></p>		

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 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 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 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 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 OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS AND CONCEALMENTS ARE NOT FRAUDULENT UNLESS MADE WITH INTENT TO KNOWINGLY DEFRAUD. IN ORDER TO DENY A CLAIM ON THE BASIS OF SUCH MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS, THE INSURER MUST SHOW RELIANCE UPON THE INFORMATION; THE INFORMATION WAS MATERIAL TO THE CONTENT OF THE POLICY; AND THE INFORMATION WAS MATERIAL TO THE ACCEPTANCE OF THE RISK OR PROVIDED FRAUDULENTLY.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS 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 WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE

IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO ALL APPLICANTS:

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Authorized Applicant

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Brokerage/Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## PROJECT-SPECIFIC COVERAGE ADDENDUM

Project Name, Address and Contract Number: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Estimated Revenue: \_\_\_\_\_

Limits (Occurrence/Aggregate): \_\_\_\_\_

Deductible: \_\_\_\_\_

Will the Insured be acting as a:  General Contractor or a  Subcontractor

Project Scope of Work: \_\_\_\_\_