

Contractors Pollution Legal Liability Supplemental Questionnaire

1. Named Insured: _____
 Address: _____

 Contact & Title: _____ Phone #: _____
2. Is Applicant a(n): Corporation Partnership Individual Other [Please Specify]
3. If this is a joint venture, please give details: _____
4. How long has Applicant been in business? _____
5. Describe your operations, the services provided and work performed: _____
6. Is Applicant a member of any professional organizations, franchise, or Associations? Yes No
 If so, please name: _____
7. Estimated Gross Receipts (Annual): Current Year _____ Next Year _____
8. Is the Applicant owned or controlled by another company? Yes No
 If so, please describe: _____
9. Does the Applicant own or have any subsidiaries? Yes No
 If so, please describe: _____
10. Please provide the number of operated Autos by type:
 Private Passenger _____ Medium Truck _____ Extra Heavy Truck _____
 Light Truck _____ Heavy Truck _____ Trailers _____
TOTAL _____
 What cargo or material is hauled on above vehicles? _____
11. Specific categories of work performed by revenue for the current year:

Category	Gross Receipts	% Subcon- tracted	Category	Gross Receipts	% Subcon- tracted
Carpentry/Framing		%	Oil & Gas Lease		%
Constr. Mgmt/ Project Mgmt		%	Painting (non abatement)		%
Dredging		%	Pesticide/herbicide/fertilizer		%
Demolition		%	Pipeline/Railroad construction		%
Drilling		%	Plumbing		%
Electrical		%	Residential- Developer/Homebuilder		%
Excavation/ Grading		%	Restoration Contractor (fire/water)		%
HVAC/Mechanical		%	Roofing/ Insulation		%
Industrial cleaning/sewer/water		%	Sewer/Water		%
Logging		%	Steel Erection		%
Masonry/Concrete		%	Street & Road		%
Marine Construction		%	Other		%
Total of all Revenue		%			

12. Are all subcontractors hired under a written contract? Yes, _____% No, _____%
13. Are updated certificates of insurance from subcontractors kept on file? Yes No
14. List the Applicant's Environmental Subcontractors: _____
15. What are the minimum limits of liability you require of your subcontractors?
 General liability _____
 Professional Liability _____
 Pollution Liability _____

CLAIMS HISTORY

16. Have any pollution claims been previously made against the applicant or reported under any other Policies?
 Yes No
 If so, please describe: _____
17. 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 is being sought?
 Yes No
 If so, please describe: _____

FRAUD STATEMENT
 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 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.

APPLICANT: _____ DATE _____
 (signature of officer of corporation)

APPLICANT _____
 (print name & title)