

## 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		%
<b>Total of all Revenue</b>		%			

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)