



Contractor's Pollution Liability Application

Instructions

1. Please answer all questions on this application, utilise additional sheets if necessary.
2. Have this form signed and dated by an owner, partner or director/officer of your firm.

Applicant

1. Name: _____

Address: _____

Headquarters Address: _____

Telephone Number of Headquarters: _____

Contact and Title: _____

2. a) Requested Limits: \$ _____

b) Requested Deductible \$ _____

c) Requested Effective/Expiration Dates _____

d) Requested Coverage as Expiring? Yes No

e) Expiring Carrier _____

f) Expiring Premium _____

3. Length of time the Named Insured or any additional insureds have been in business?

4. Describe any name changes or mergers and acquisitions within the past five years.

5. Total Professional staff of applicant

a. Principals _____

b. Engineers & Architects _____

c. Field Personnel _____

d. Hydrogeologist, Geologists, Chemists, etc. _____

6. Over the last five years, has any one project generated 25% or more of total revenues or generated \$5 million in revenue for that year? If yes, give full details_____

7. Profile of Operations and Sales

	A % In House	B % Sub Contracted	C Projected Sales	D Projected Payroll	E # of jobs
1. Remedial Action/Contracting					
Groundwater Sampling					
Remedial Design					
Soil Sampling					
Non-Hazardous Emergency Response					
Haz. Material clean-up, soil excavation					
Groundwater Treatment & Recovery					
Mobile Incinerators					
Barrier Contractors, Liners					
Emergency Haz. Material Clean-up					
Tank Removal/Installation					
PCB Oil/Equipment Retrofill & Removal					
Dredging					
Landfill Construction/Expansion					
Painting					
Other (explain)					
Total Section 1					
2. Industrial Cleaning Contracting					
Sewer/Septic Cleaning Contracting					
Above ground Tank/Refinery					
Pipeline Cleaners					
Underground Tank Cleaning					
Other (explain)					
Total Section 2					
3. General Contracting					
Plumbing					
Electrical					
Paving					
Building Construction					
Site Preparation					
Bridge Construction					
Excavation (Non Haz)					
Concrete Work					
Carpentry					
Other (explain)					

8. Detail radius of operations. Any operations in a foreign country? If yes, please explain.

9. Does your company select or assist in the selection of subcontractors for the purpose of monitoring a remediation project or job site? _____

10. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients? If yes, explain. _____

11. Does your company own, operate or lease licensed waste treatment, storage or disposal facilities? If yes, explain. _____

12. Are updated certificates of insurance from subcontractors kept on file? If yes, explain procedure. _____

13. Are these certificates required to show pollution liability insurance? If yes, discuss limits required. _____

14. Do you require subcontractor policies to name you as an additional insured? _____

15. Do your contracts with subcontractors contain an indemnification provision? If yes, attach copies of sample indemnification clauses. _____

16. Does your company enter into written contracts where you assume liability? If yes, please explain, and provide copies of current agreements. _____

17. Describe equipment used in your operation. Attach a list of scheduled and non-scheduled equipment. _____

18. Please list any raw or process materials used at a job site. (Include all gasoline, kerosene and diesel fuel usage). If a mobile fuel tank is utilised, describe containment.

<u>Description of Material</u>	<u>Quantity on Job Site</u>	<u>Method of Storage</u>	<u>Tank</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following two questions must be answered for contractor's coverage.

19. Have any claims been previously made against the applicant or reported under any contractor's pollution contract? Yes No

If yes, please state the following:

1. Date when the claim was made
2. The date the incident, act or omission giving rise to the claim occurred
3. Name of the claimant
4. Nature of the claim
5. Amount paid or estimated may be paid
6. Current status

20. 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 will be sought? If yes, please give full description. _____

21. Additional Submission Information

- Brochure/statement of qualification
- Safety Procedure/Manual
- Resumes of key personnel, including all Project Managers
- Hard copies of loss runs for pollution losses
- Audited financial statements (last 2 years)
- Training Manual
- Spill or Emergency Contingency Plans
- Standard Operating Procedures, if available

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue a policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart hereof.

NOTICE: To N.Y. and Ohio 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. In New York, a person commits such crime shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. In New York, a person who commits such a crime 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.

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

APPLICANT _____ DATE _____
signature of officer of corporation

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)