

**Environmental**  
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**CONTRACTORS POLLUTION LIABILITY  
 APPLICATION**

**1. Applicant Information:**

Applicant Name:			
Mailing Address:			
City, State, Zip:			
Telephone:		Fax:	
Principal Contact:		Title:	
E-Mail Address:		Website Address:	
Federal Employer Identification Number (FEN):			
Date Firm was established:			

- Answer all questions; leave no spaces blank. Utilize "N/A" for questions which are not applicable to your business.
- If insufficient space is provided to answer any question completely, attach supplementary pages.
- This Application **must be signed and dated** by a duly authorized Owner, Partner, or Officer of the applicant.

**New applicants *must* submit the following items with this application: (Please check submitted items)**

- Past two (2) years financial statements (audited preferred), including Accountant Notes, Balance Sheet, and Income Statement.
- Past five (5) years currently valued General Liability loss runs, with descriptions.
- Past five (5) years currently valued professional and pollution claims / circumstances / loss history. For any loss (or reserve) greater than \$25,000, please provide a narrative description of the circumstances surrounding the loss and any new/revised risk management practices instituted to prevent similar losses in the future.

**This application is for:**

- Pollution Only::**
  - Occurrence Coverage – Contractor’s Pollution Liability
  - Claims Made Coverage – Contractor’s Pollution Liability

**Please indicate what effective date you are seeking:** mm/dd/yy

**Please indicate the Limits of Liability and Self-Insured Retention Amounts that your firm is interested in:**

- |  |   |
|--|---|
| <input type="checkbox"/> \$1,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$10,000 per CLAIM |
| <input type="checkbox"/> \$2,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$15,000 per CLAIM |
| <input type="checkbox"/> \$5,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$25,000 per CLAIM |
| <input type="checkbox"/> Other \$ _____                  | <input type="checkbox"/> \$50,000 per CLAIM |
|  | <input type="checkbox"/> Other \$ _____     |

**PART I. GENERAL INFORMATION**

**2. DESCRIPTION OF  
 CONTRACTING  
 OPERATIONS:**

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3. **DETAIL GEOGRAPHICAL EXTENT OF OPERATIONS:** % Domestic (U.S.): \_\_\_\_\_ % Canada: \_\_\_\_\_ % Foreign: \_\_\_\_\_

Please provide geographic regions of all domestic/foreign projects:

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4. **LIST ANY ENTITY WHICH HAS A CONTROLLING OR OWNERSHIP INTEREST IN YOUR FIRM:**

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5. **LIST ALL ENTITIES YOUR FIRM WHOLLY OR PARTLY OWNS, MANAGES AND/OR CONTROLS:**

Name of Entity	% Owned	Services Performed	Requesting ANI Status (Yes/No)

**PART II. INSURANCE INFORMATION**

6. **DETAIL ANY POLLUTION LIABILITY COVERAGE THE APPLICANT HAS HAD IN THE PAST THREE (3) YEARS, INCLUDING THE CURRENT YEAR:**

Insurance Carrier	Limits	SIR/Ded	Policy Period	Retro Date

7. **CURRENT CASUALTY INSURANCE PROGRAM:**

<u>Carrier</u>	<u>Limit (in millions)</u>	<u>SIR/Ded</u>	<u>Premium</u>	<u>Exp. Date</u>
GL: <input type="checkbox"/> occurrence <input type="checkbox"/> claims-made w/retro date				
Prior Carrier:				
GL: <input type="checkbox"/> occurrence <input type="checkbox"/> claims-made w/retro date				
Present Carrier:				
<b>Umbrella:</b>				

**PART III. REVENUE HISTORY**

8. **PLEASE PROVIDE YOUR FIRM'S PAST THREE (3) YEARS ANNUAL REVENUES:**

Estimated	20	\$	_____
Current:	20	\$	_____
Year:	20	\$	_____
Year:	20	\$	_____
Year	20	\$	_____

**PART IV. DISCIPLINES OF SERVICE OR OPERATIONS**

9. PLEASE INDICATE THE PERCENT OF SERVICE PERFORMED: (Service Breakdown to total 100%)

Types of Services or Operations	% Service Breakdown	% Work Subcontracted
<b>Contracting</b>		
Carpentry	%	%
Demolition/Dismantling	%	%
Drilling	%	%
Electrical	%	%
Excavation Grading/Site Prep	%	%
General Contracting	%	%
Heavy Highway/Bridge	%	%
HVAC	%	%
Mechanical	%	%
Industrial Cleaners (incl. Sewer/Septic)	%	%
Insulation	%	%
Masonry/Concrete	%	%
Marine	%	%
Oil Lease	%	%
Painting	%	%
Pile Driving	%	%
Pipeline Construction/Cleaners	%	%
Plumbing	%	%
Roofing	%	%
Steel Erection	%	%
Street and Road Construction	%	%
Tunnel	%	%
Other (explain)	%	%
<b>Specialty Services</b>		
Asbestos Abatement or Evaluation	%	%
Environmental Phase I or II Assessments	%	%
Foundation, Sheeting or Shoring Design	%	%
Inspections of Home/Commercial Properties	%	%
Lead Abatement or Evaluation	%	%
Manufacture/Sale/Distribution of Products	%	%
Mold Abatement or Evaluation	%	%
<b>Total 100%</b>	<b>100%</b>	

(Service Breakdown to total 100%)

**PART V. PROJECT AND CLIENT INFORMATION**

10. PERCENTAGE OF YOUR FIRM'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES: (Total must equal 100%)

Airports	%	Industrial Waste Treatment	%	Recreational/Sports	%
Apartments	%	Jails/Justice	%	Retirement Communities	%
Assisted Living	%	Landfills	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches	%	Manufacturing/Industrial	%	School Dormitories	%
Condominiums	%	Mass Transit	%	Shopping Center/Retail	%
Convention Centers	%	Medical Offices	%	Site Development	%
Dams	%	Military Housing	%	Storm Water Systems	%
Environmental	%	Mines	%	Tunnels	%
Food Processing	%	Nuclear/Atomic	%	Warehouses	%
Harbors/Piers/Ports	%	Office Buildings	%	Wastewater Systems	%
Hospitals	%	Parking Structures	%	Waste Treatment Plant	%
Hotels/Motels	%	Petro/Chemical	%	Other (specify)	%
House: Custom	%	Potable Water Systems	%		
House: Townhouse	%	Power Plants	%		
House: Single Family Homes	%				

11. PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR FIRM'S THREE (3) LARGEST CURRENT PROJECTS:

Project Name	Location	Services Performed	Total Professional Fees	Owner/Client	Project Type	Estimated Construction Value
					\$	\$
					\$	\$
					\$	\$

Does your firm have a financial/equity interest in any projects?  Yes  No  
 If yes, please identify and describe:

12. PERCENTAGE OF YOUR FIRM'S REVENUES ATTRIBUTABLE TO THE FOLLOWING CLIENT TYPES FOR LAST FISCAL YEAR:

Commercial	%	Industrial	%
Contractors	%	Federal Government/Agency	%
Design Professionals	%	State Government/Agency	%
Developers	%	Lending Institutions	%
Education/Institutional	%	Local Government/Agency	%
Other (specify)	%	Other (specify)	%

What percentages of your firm's revenues are derived from repeat clients?	%
What percentage of your firm's revenues was derived from your largest client?	%

**PART VI. CONTRACTING PROCEDURES**

13. WHAT PERCENTAGE OF YOUR FIRM'S SERVICES IS PERFORMED UNDER WRITTEN CONTRACTS? \_\_\_\_\_%
14. ARE SUBCONSULTANTS AND SUBCONTRACTORS HIRED UNDER A WRITTEN AGREEMENT?

Yes (Please attach a copy)  No

**Describe the minimum insurance requirements:**

General Liability: \$ \_\_\_\_\_

Professional Liability: \$ \_\_\_\_\_

Contractor's Pollution Legal Liability: \$ \_\_\_\_\_

**PART VII. RISK MANAGEMENT / LOSS PREVENTION PROCEDURES**

15. DOES YOUR FIRM HAVE A DEDICATED RISK MANAGER?  
 Yes (please provide resume)  No
16. DOES YOUR FIRM UTILIZE WRITTEN, IN-HOUSE QUALITY CONTROL PROCEDURES?  Yes  No
17. DOES YOUR FIRM UTILIZE WRITTEN, IN-HOUSE HEALTH AND SAFETY PROCEDURES AND A SAFETY OFFICER?  Yes  No
- Who is responsible at your firm for educating other staff members and updating the procedures?
-

18. DOES THE COMPANY POSSESS STANDARD PROTOCOL FOR WORKING IN PRE-EXISTING CONTAMINATED AREAS? (i.e., contaminated soils) Yes No

**PART VIII. CLAIM / CIRCUMSTANCE / INCIDENT / OCCURRENCE / LOSS HISTORY**

19. **HAS ANY CLAIM, SUIT OR NOTICE OF INCIDENT BEEN MADE AGAINST:**  
\*YOUR FIRM;  
\*PREDECESSOR FIRM;  
\*ENTITIES YOUR FIRM WHOLLY OR PARTLY OWNS, MANAGES AND/OR CONTROLS; OR  
\*ANY MEMBER OF YOUR FIRM OR OF THE ABOVE ENTITIES? Yes No

If yes, please give full details (use additional sheets of paper, if necessary):

- a. Date when claim, suit or notice was made;
  - b. Date the act, error, omission or pollution condition giving rise to the claim, suite or notice was committed;
  - c. Name of the claimant;
  - d. Nature of the claim, suite or notice;
  - e. Amount of the initial demand;
  - f. Maximum amount of reserves established; and
  - g. Final disposition (including amount of settlement payment)
20. IS ANY MEMBER OF YOUR FIRM, PREDECESSOR FIRM OR ANY ENTITY YOUR FIRM WHOLLY OR PARTLY OWNS, MANAGES AND/OR CONTROLS AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN OR POLLUTION LIABILITY CLAIM, SUIT OR NOTICE OF INCIDENT/OCCURRENCE AGAINST THEM?  Yes  No

If yes, please give full details. \_\_\_\_\_

\_\_\_\_\_

**HAS ANY APPLICATION FOR POLLUTION INSURANCE MADE ON BEHALF OF THE APPLICANT, ANY PREDECESSORS IN BUSINESS, PRESENT PARTNERS OR OFFICERS EVER BEEN DECLINED OR HAS THE INSURANCE EVER BEEN CANCELED OR RENEWAL REFUSED?** Yes No

If yes, give full details. \_\_\_\_\_

\_\_\_\_\_

## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 D.C. APPLICANTS: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment 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 MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company,

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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**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 PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS: WARNING:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

**NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment 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 ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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 THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.**

*(Fraud Language Revised 10/07/05)*

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent/Broker Name: \_\_\_\_\_