

**Contractors
Pollution
Liability
Coverage**

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of your Company.

Required Attachments:

- Please provide a copy of your Statement of Qualifications (should include, at a minimum, key personnel resumes, representative project listing, etc.).
- Please provide copies of your past two (2) years of audited financial statements and annual reports.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a CLAIMS-MADE BASIS for any claims made and reported to the Insurer, in writing, during the policy period, arising from pollution conditions resulting from covered operations.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

Company is: Corporation Partnership Joint Venture LLC/LLP
 Other: _____

2. Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

Name of Firm:	Date of Formation or Transaction:	# of Professional Staff that Joined the Insured:	% of Firm Annual Billings Assigned to the Insured:

3. Breakdown of professional staff:

Position:	Number of Personnel:	Turnover % Rate in Last Year:
Principals		
Professional Geologists		
Certified Industrial Hygienists		
Project Managers		
Total Overall Staff		

4. Insured's total gross revenues in the last filed tax return, excluding recovered expenses:

\$ _____ [for the period ending: month _____ year _____]

5. Insured's estimated gross revenues for the current fiscal year: \$ _____

6. Please provide the estimated sales associated with the following activities for the current fiscal year:

Activity:	Sales	% Sub-contracted
Soil excavation		
Soil/ groundwater treatment		
Bioremediation		
Underground/ subsurface remediation		
Dredging		
PCB handling		
Emergency spill response		
Landfill construction		
Liner installation		
Monitoring well drilling		
Potable well drilling		
Soil/ groundwater boring		
Lab packing		
UST installation		
UST removal		
Tank cleaning		
Pipeline installation		
Pipeline/ sewer/ septic maintenance		
Industrial cleaning		
Hydroblasting		
Demolition		
Asbestos/Lead Abatement		
Mold remediation services		

Electrical		
HVAC		
Plumbing		
Water/ sewer		
Road construction/ maintenance		
Excavation		
Site development/ grading		
Concrete work		
General construction		
Other (explain)		
TOTAL:		

7. Does your Company have a standard contract to use with its subcontractors? YES NO
 a. If yes, do they contain hold harmless or indemnification agreements in favor of your Company? YES NO

8. If applicable, what are your minimum insurance requirements for subcontractors?

General Liability \$ _____
 Auto \$ _____
 Contractor's Pollution Liability \$ _____
 N/A

9. Within the past five (5) years, has any of the professional staff provided services to a client which represented greater than 10% of the company's revenue? YES NO
 a. If "Yes", please complete the information below for each client:

Client:	Revenue % :	Fees Earned \$:	Type of Project:	Current Client:
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Desired effective date of coverage: _____

11. Limits of Liability and Self Insured Retention requested:

Limits of Liability:		Self Insured Retention:	
Per Loss:	\$ _____	Per Loss:	\$ _____
Aggregate:	\$ _____		

12. Within the past five (5) years has the applicant purchased this type of insurance coverage? YES NO
 a. If "Yes", please provide information regarding any such coverage and all available loss information.
13. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance? YES NO
14. Within the past five (5) years has the applicant or other party to the proposed insurance been involved in any pollution incidents on or at projects where the applicant performed contracting operations? YES NO
15. Does the applicant or other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the applicant performed contracting operations? YES NO
16. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? YES NO

If "Yes" to either 13., 14., 15., and/or 16. above, provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

***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.**

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.

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. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)