



## CONTRACTORS POLLUTION LIABILITY APPLICATION

THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE OR OCCURRENCE FORM POLICY

All questions must be answered completely. If space is insufficient to complete answers attach additional sheets of paper. Have application signed and dated by an owner, partner or director/officer of the firm requesting coverage.

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact & Title: \_\_\_\_\_

Company Website: \_\_\_\_\_

1. Applicant is a(an):  Individual  Partnership  Corporation  Joint Venture  Other  
 If the Applicant is a Joint Venture or "Other", please provide details:

\_\_\_\_\_

2. How long has Applicant been in business? \_\_\_\_\_

3. Describe your operations, the services provided and work performed:

\_\_\_\_\_

4. Estimated Gross Receipts (Annual):

a. Current Year \$ \_\_\_\_\_

b. Next Year (Projected) \$ \_\_\_\_\_

5. Is the Applicant owned or controlled by another company?  YES  NO

If "Yes", describe: \_\_\_\_\_

6. Does the Applicant own or have any subsidiaries?  YES  NO

If "Yes", describe or attach a list with descriptions of each subsidiary:

\_\_\_\_\_

7. Do you transport any liquids, chemicals, or hazardous materials for yourself or for others?  YES  NO

If Yes, please provide the number of operated Autos by type:

Private Passenger \_\_\_\_\_ Light Truck \_\_\_\_\_ Medium Truck \_\_\_\_\_ Heavy/Extra Heavy Truck \_\_\_\_\_

What cargo or material is hauled on above autos?

\_\_\_\_\_

8. Do you have a written procedure for avoiding underground hazards?  YES  NO  Not Applicable

9. Please specify the percentage breakdown of revenues by type of client/construction:

Residential/Habitational: \_\_\_\_\_% Commercial/Retail: \_\_\_\_\_% Institutional: \_\_\_\_\_% Industrial: \_\_\_\_\_%

Infrastructure: \_\_\_\_\_% Hospitals/Healthcare: \_\_\_\_\_% Municipal or Federal Government: \_\_\_\_\_%

10. Please identify the specific categories of work performed by revenue projected for the next year, and the percentage of each category that is subcontracted. The sum of Environmental and Non-Environmental gross revenues should equal the projected revenues indicated in question 4.b. above.

<b>ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
<b>Asbestos/Lead Abatement</b>		
Residential		
Commercial/Public		
Other		
<b>Mold Abatement</b>		
Residential		
Commercial/Public		
Other		
<b>Barrier/Liner Construction</b>		
<b>Construction Management</b> (Supervision of Environmental Construction Activities i.e. General Contractor)		
<b>Dredging (Remedial)</b>		
<b>Emergency Response Cleanup of Haz Mat &amp; Other Materials</b>		
<b>Groundwater/Soil Sampling</b> (At Job Site)		
<b>Haz Mat Soil/Groundwater Cleanup</b> (At Job Site)		
<b>Landfill Construction/Expansion/Capping</b>		
<b>PCB Removal</b>		
<b>UST Installation/Removal &amp; Maintenance</b>		
<b>AST Installation/Removal &amp; Maintenance</b>		
<b>Hauling</b> (including packing & storage) associated with environmental contracting operations indicated above		
<b>Other Environmental Consulting</b> Describe:		
<b>Total Environmental Contracting Revenue</b>		
<b>NON-ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
<b>Carpentry/Framing</b>		
<b>Construction Management</b> (Supervision of Construction Activities i.e. General Contractor)		
<b>Demolition/Dismantling</b>		
<b>Dredging</b> (Expanding the width & depth of waterways)		
<b>Drilling</b> (Oil/Gas/Water)		
<b>Electrical</b>		
<b>Excavation or Grading</b>		
<b>Residential Builders/Developers</b>		
<b>HVAC/Mechanical</b> (including Duct Cleaning)		
<b>Industrial Cleaning</b> (Including Septic/Sewer)		
<b>Labor Sub Contractor/Temporary Employment Agencies</b>		
<b>Logging</b>		
<b>Masonry/Concrete</b>		
<b>Marine Construction &amp; Other Marine Activities</b>		
<b>Oil and Gas Leasing</b>		
<b>Operation &amp; Maintenance of a facility for others</b>		
<b>Painting/Coatings Application</b> (Non Abatement)		
<b>Pesticide/Herbicide/Fertilizer Application &amp; Landscapers</b>		
<b>Pipeline/Railroad Construction or Maintenance</b>		
<b>Plumbing</b>		
<b>Restoration Contractors</b> (Fire/Water Damage)		
<b>Roofing/Insulation</b>		
<b>Steel Erection</b>		
<b>Street &amp; Road</b> (including light commuter rail)		
<b>Hauling</b> (other than listed above)		
<b>Wetlands Contracting</b>		
<b>Other Non-Environmental Contracting</b> Describe:		
<b>Total Non-Environmental Contracting Revenue</b>		
<b>Total All Revenue</b>		

11. Have any new operations commenced in the past year, or are any new operations planned in the next year?

YES  NO

If "Yes", describe: \_\_\_\_\_

12. Are all subcontractors hired under a written Contract?  YES  NO

If No, what percentage are? \_\_\_\_\_%

13. Are subcontractors required to carry Pollution Liability insurance?

YES  NO If Yes, what are the minimum limits required? \$ \_\_\_\_\_

14. List the Applicant's top 3 Subcontractors:

\_\_\_\_\_

15. Is coverage for Microbial Matter (Mold) requested?  YES  NO If Yes, please answer the following:

a. Do you have an established Standard Operating Procedure (SOP) and/or written Quality Assurance Plan/ Protocols designed to prevent microbial matter growth and detailing microbial matter inspections or removal/remediation of any microbial matter contamination?  YES  NO If Yes, please attach.

b. Do you perform training for laborers and/or subs on microbial matter prevention?  YES  NO

c. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?  YES  NO If Yes, please describe:

#### **CLAIMS HISTORY**

16. In the last five years, has the applicant had or caused any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?

YES  NO If Yes, describe: \_\_\_\_\_

17. Have any pollution claims been previously made against the applicant or reported under any other policies?

YES  NO If Yes, describe \_\_\_\_\_

18. 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 Yes, describe: \_\_\_\_\_

---

**NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND 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 CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A

CONFINEMENT IN STATE 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 DISTRICT OF COLUMBIA 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 INSURER 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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. **THE UNDERSIGNED APPLICANT DECLARES, WARRANTS AND REPRESENTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE APPLICANT FURTHER DECLARES, WARRANTS AND REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

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 HEREOF.

FURTHER, THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE CONTRACTORS POLLUTION LIABILITY POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT OR CLEANUP COSTS TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature)

**APPLICANT:** \_\_\_\_\_  
(Print Name)

**BROKER:** \_\_\_\_\_  
(Firm)

\_\_\_\_\_  
(Address)

**Signature:** \_\_\_\_\_

**License # & State:** \_\_\_\_\_

**(Tax ID#):** \_\_\_\_\_