

Application for Contractors Pollution Liability



Instructions

Please complete the application in its entirety.

Note: Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Submission Requirements

- Five (5) years of currently valued loss information and details regarding any losses.
- Financial statements for past year.
- Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).
- If you need coverage for a specific project, please complete Addendum **C**.

SECTION I – APPLICANT INFORMATION

Insured(s):

Street Address:

City:	State:	Zip Code:
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Contact Name:	Contact Title:
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Telephone:	Website:	Year Established:
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The Insured is a(n):

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Public Entity
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Other: _____

Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity?
 Yes No If **yes**, please explain.

During the past five (5) years, has the Applicant's name or type of business entity changed? Has the Applicant discontinued any operations? Has any other person or entity been purchased by or merged with or consolidated into the applicant?
 Yes No If **yes**, please explain.

Type of Personnel:	Number:	Type of Personnel:	Number:
Principals, Officers, Directors		Field Personnel	
Architects		Drivers	
Engineers		Volunteers	
Geologists-Scientists-Industrial Hygienists		Other:	
Project Managers-Supervisors-Foremen			
Types of Certifications Held by Employees:			

SECTION II – COVERAGE REQUESTED				
Requested Coverage	Effective Date	Limits	Deductible	Retroactive Date
<input type="checkbox"/> Contractors Pollution				
<input type="checkbox"/> Professional Liability				

SECTION III – EXPIRING COVERAGE						
Coverage Expiration	Carrier	Limits	Expiration	Premium	Deductible	Retroactive Date
General Liability						
Contractors Pollution						
Professional Liability						

Is the applicant ever had any policy declined, cancelled or non-renewed for any reason (Not Applicable in Missouri)?
 Yes No If **yes**, please explain.

SECTION IV - OPERATIONS
States/Foreign Countries where operations are conducted:

Revenue Classification by Client Type (Percentage):			
Commercial/Retail: _____%	Industrial: _____%	Single Family Residential: _____%	
Educational Institutions: _____%	Infrastructure: _____%	Multi-Family Residential: _____%	
Government (Federal, State, Local): _____%	Manufacturing: _____%	Other Residential (Hotels, Nursing Homes, etc.): _____%	
Hospitals/Healthcare: _____%	Petroleum/Petrochemical: _____%	Other: _____%	

Please list the 3 largest projects performed during the past year:			
Client	Revenue	Services Provided	% Complete

Vehicles					
Vehicle Type	Number of Units	Cargo or Material Hauled	Radius		
			0-50 MI	50-200 MI	Over 200 MI
Light Truck					
Medium Truck					
Heavy/Extra Heavy Truck					
Trailers					
Buses					
Other:					

Revenue		
Projected Gross Receipts (next 12 months): \$		
1st Prior Year Actual GR:		2nd Prior Year Actual GR:
Revenue Breakdown by Operations	Projected Gross Receipts	% Subcontracted
Alternative Energy Contracting (solar, wind & geothermal)		
Asbestos, Lead Abatement or Mold Abatement		
Carpentry/Framing		
Carpet/Upholstery Cleaning/Flooring		
Demolition/Dismantling - Interior		
Demolition/Dismantling - Four (4) stories or less		
Demolition/Dismantling - Five (5) stories or greater		
Drilling - Environmental		
Drilling - Water Well or Other		
Drilling – Geotechnical/Oil/Gas/Mineral Exploration		
Drywall/Wallboard Installation		
Electrical		
Excavation/Grading - Commercial		
Excavation/Grading - Residential		
Fire Sprinkler Installation/Maintenance		
Fuel System Equipment Installation and Maintenance		
General Contracting – Commercial		
General Contracting – Multi-Family Residential		
General Contracting – Single Family Residential		
Glass Installation/Glazer		
HVAC/Mechanical Engineering		
Industrial Cleaning		
Insulation		
Janitorial Services		
Landfill Construction		
Landscaping		
Marine Construction		
Masonry/Concrete		
Meth Lab or Crime Scene Cleanup		
Oil/Gas Lease Operator		
Painting		
Pipeline Construction & Maintenance - Sewer/Water Main		
Pipeline Construction & Maintenance - Oil/Gas		
Pipeline Construction & Maintenance - Industrial		
Plumbing		
Restoration Contracting (Fire/Water)		
Roofing - Commercial		
Roofing – Residential		
Septic Tank Cleaning		
Service Station Construction or Maintenance		
Storage Tank Installation or Removal - Aboveground Storage Tank		
Storage Tank Installation or Removal - Underground Storage Tank		
Storage Tank or Pipeline Cleaning		
Street and Road Construction & Maintenance		
Utility Installation (Electrical/Gas/Cable)		
Utility Location Services		
Waste Transportation		
Wastewater Treatment System Installation/Maintenance		
Water Treatment System Installation/Maintenance		
Wetlands Contracting		
Vacuum Truck Operations:		

	Projected Gross Receipts	% Subcontracted
Other Non-Environmental Contracting – please list:		

Professional Services	Projected Gross Receipts	% Subcontracted
Please list:		

SECTION VI – RISK CONTROL

Safety and Quality Control Practices	
Does the applicant have a written Employee Health and Safety Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Hazardous Communication Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Quality Control/Quality Assurance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide formal training to employees on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor(s)	
What percentage of your operations is performed by subcontractor(s)?	____%
Are subcontractor(s) required to name the applicant as an Additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What insurance and limits does the applicant require of subcontractors(s)? <input type="checkbox"/> General Liability: \$ _____ <input type="checkbox"/> Pollution Liability: \$ _____ <input type="checkbox"/> Professional Liability: \$ _____	

SECTION VII – CLAIM HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? Yes No If **yes**, please explain.

Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought? Yes No If **yes**, please explain.

During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions? Yes No If **yes**, please explain.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and 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 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 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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

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 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 AND 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 MAINE, 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 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 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 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 OKLAHOMA APPLICANTS: 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 AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

SECTION VIII – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by OneBeacon. If a policy is issued it will be in reliance by OneBeacon upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with OneBeacon and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

OneBeacon is authorized to make any inquiry in connection with this Application. Acceptance by OneBeacon of this Application or the making of any subsequent inquiry does not bind the insured or OneBeacon to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to OneBeacon under any policy of a claim or potential claim.

If OneBeacon learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify OneBeacon.

Completion of this application does not bind coverage. The insured's acceptance of OneBeacon's quotation is required prior to binding coverage.

_____ _____ _____ _____
Date Signature Print Name Title

Producer Information:

Agent:	Agency:		
Address:			
City:	State:	Zip Code:	
Telephone:	Email:		



Commercial Insurance Underwriters, Inc.
901 E Saint Louis St Ste 205
Springfield MO 65806-2537
Phone: 800-241-9759
Fax: 877-203-0291

Addendum A: Insured Location(s) for Environmental Premises Liability

(Complete if requesting coverage)

Site Address:
Describe the operations performed at this location:

Does the applicant store any hazardous or bulk materials at this location(s)? Yes No If **yes**, please complete.

Chemical Name	Quantity (gallons/lbs)	Storage Method			
		AST	UST	Drum/Tote	Other

Are AST(s) and/or UST(s) located at the site? Yes No If **yes**, please complete.

AST	UST	Size (gallons)	Age	Contents	Construction Material	Secondary Containment

Does the applicant treat and/or discharge chemical(s), wastewater, etc. into the environment at this location? Yes No If **yes**, please complete the table below.

Constituent	Daily Amount	Treatment Process	What type of receiving body (river, lake, air, etc.)	Permit and ID Number (NPDES, RCRA, Air Permit, etc.)

Does the applicant know of any fact, circumstance, situation, transaction, event, act, error or omission which may reasonably be expected to result in a claim or claims being made against you or any other person or entity for whom coverage is being sought for damage or injury arising from the release of hazardous or non-hazardous substances into the environment? Yes No If **yes**, please explain.

Is the applicant aware of any historical or present contamination on the insured locations or emanating from the insured location(s) or any facts or circumstances which may reasonably result in a claim for such contamination? Yes No If **yes**, please explain.

Addendum B: Project or Client Specific Coverage

A copy of the project proposal and contract may be required.

Named Insured(s):

Project Name:

Project/Contract No.:

Project Address:

City:

State:

Zip Code:

Coverage Requested:

Limits Requested:

Projected Gross Receipts:

Percentage Subcontracted:

Project Duration:

Specific Dates (if known):

Description of Operations to be performed (provide breakdown of project receipts if necessary):

Any environmental-related operations? If Yes, please describe.

Client Information

Client Name:

Additional Information/Coverage Requirements:

Addendum C: Construction Management Operations

(Complete if requesting Professional Services Liability Coverage for Construction Management Operations)

Insured(s):			
Project Delivery Method			
Please provide the percentage of Applicant's GROSS RECEIPTS for the current year based upon the following project delivery methods.			
		Estimated Revenue for NEXT 12 months:	Actual Revenue for PRIOR 12 months:
Construction Only – no contractual obligations for design or CM agency	Construction Values		
	Professional Fees		
Construction Management Agency – holding no design or construction contracts	Construction Values		
	Professional Fees		
Construction Management At Risk – provides construction services during pre-construction and self performs or holds and manages construction subcontracts during construction phase	Construction Values		
	Professional Fees		
Design/Build with in-house Design – assume contractual obligations for design and construction where design is substantially performed in-house	Construction Values		
	Professional Fees		
Design/Build with Subcontracted Design – assume contractual obligations for design and construction where design is substantially subcontracted to others	Construction Values		
	Professional Fees		
Design Only Services – performed for others with no contractual obligations for construction or CM (i.e. Third party design)	Construction Values		
	Professional Fees		
Other – Please describe	Construction Values		
	Professional Fees		
Totals – Use Fees in calculating totals			
Does Applicant obtain evidence of professional liability insurance from all sub-consultants Applicant may hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain:			
Does Applicant peer review its design work, including sub-consultant work, prior to delivery of the work to the client? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the peer review internally and/or externally performed? Please describe:			
Does Applicant obtain the written approval of the project design work at definitive stages of development for all projects and all offices from the project owner or its representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain:			
Does Applicant use written contracts with every project owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please provide the percentage of Applicant's past 12 months' billings where oral agreements were used: _____			
Does Applicant use written contracts with all sub-consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please provide the percentage of Applicant's past 12 months' billings where oral agreements were used: _____ %			
Are all contracts for services reviewed prior to execution? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please identify the person(s) who review such contracts: _____ If "No," please explain: _____			