



Contractors Pollution Liability (CPL) and Contractors Pollution & Professional Liability (CPPL) Application

INSTRUCTIONS:

- Please type or print clearly.
- Answer all questions completely for each coverage part the Applicant is applying for. For questions that do not apply, please print "N/A" in the space provided
- If additional space is required to complete an answer, please provide supporting information on a separate sheet of paper making sure to reference applicable the question number.

REQUIRED SUPPLEMENTAL INFORMATION:

- Current and three (3) prior years contractors pollution and professional liability (if applicable) loss runs. If no prior pollution and/or professional coverage exists, please provide current and four (4) prior years Commercial General Liability (CGL) loss runs, or as many years as are available if entity is less than five years old. All loss runs should be valued no longer than 30-days prior to date this application is signed.
- If requesting retroactive coverage, please provide copies of expiring pollution and professional policies.
- Work in Progress (WIP) along with a list of upcoming projects

1. GENERAL INFORMATION

Applicant/Named Insured: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Company Formation: _____

Contact Name and Telephone #: _____

Website URL: _____

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

2. COVERAGE TERMS - provide requested coverage details below:

Effective Date: _____

COVERAGE	PER CLAIM	AGGREGATE	RETENTION	RETROACTIVE DATE (IF APPLICABLE)
Contractors Pollution <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$	\$	\$	
Professional Liability (Claims Made Only)	\$	\$	\$	

Total Policy Aggregate MS \$ _____

3. RELATED ENTITIES – entities to be listed on the policy along with associated information:

ENTITY NAME	RELATIONSHIP/OWNERSHIP	SERVICE(S) PROVIDED

4. OPERATIONAL INFORMATION

a. Has the applicant filed for bankruptcy at any time during the last five years? Yes No
 If yes, provide details:

b. What percentage of Applicant’s revenue is generated via residential/habitational work? _____ %

c. Does Applicant utilize subcontractors to perform any contracting operations? Yes No
 If yes, answer the following:

a. What percentage of revenue is subcontracted? _____ %

b. What percentage of subcontractors are hired using a written agreement or contract? _____ %

c. Does Applicant collect certificates of insurance from all subcontractors? Yes No

d. Are subcontractors required to name Applicant as an additional insured? Yes No

d. Does Applicant haul any hazardous waste or petroleum-based materials? Yes No
 If yes, provide details:

e. Is Applicant providing any new contracting operations not provided during the last 12-months? Yes No
 If yes, provide details:

f. Does Applicant design or construct custom single-family homes? Yes No
 If yes, provide details (# of homes, value range, level of customization, etc.):

5. FINANCIAL AND EXPOSURE INFORMATION

a. Please provide total gross revenue:

	YEAR	REVENUE
Projected/Next Fiscal		
Current		
First Prior		
Second Prior		

b. Breakdown Applicant’s estimated gross revenue including subcontracted work for next 12-month period using the applicable category(ies). If no category exists, use the “other” row(s). Sum total of breakdown should equal the Projected/Next Fiscal revenue figure provided above.

CONTRACTING OPERATION	REVENUE	CONTRACTING OPERATION	REVENUE
Air / Soil / Groundwater Sampling		Landscaping	
Alternative Energy Contracting (Solar, wind & geothermal)		Logging	
Asbestos / Lead Abatement and Consulting		Marine Construction	
Bio-Remediation Services		Masonry/Concrete	
Carpentry / Framing / Flooring		Mechanical Contracting/Building Services	
Construction Management - Agency		Medical Waste Collection	
Construction Management - At Risk		Mold Abatement - Commercial	
Crime Scene Cleanup		Mold Abatement - Residential	
Demolition/Deconstruction/Dismantling		Natural Resource Assessments/Management	
Design Build		Oil/Gas Field Services (No Drilling)	
Dredging		Painting/Coatings Application	
Drilling		PCB Retrofit, Removal and Disposal	
Ecological Risk Assessments		Permitting and Compliance Consulting	
Electrical		Pesticide/Herbicide/Fertilizer Application (aerial/drone application)	
Emergency Spill Response		Pesticide/Herbicide/Fertilizer Application (non-aerial)	
Environmental Assessments/Compliance Audits		Phase I/II/III ESAs, Remedial Studies, Risk Assessments	
Environmental Construction Management		Pile Driving	
Environmental Dredging		Plumbing	
Environmental Facilities O&M		Radioactive Material	
Excavation, Grading, Site Preparation (Non-remediation)		Residential Builder/Developer	
Expert Witness & Litigation Support		Roofing/Siding/Building Envelope	
Fire Sprinkler Installation/Maintenance		Septic Tank Installation/Service	
Fire/Water Damage Restoration		Soil Excavation (Remediation)	
General Contracting		Steel Erection	
Geotechnical/Soil Testing		Stone/Metal Restoration	
Glass Installation/Glazer		Storage Tank Removal, Maintenance, Installation, Upgrade or Retrofit Services	
Groundwater and/or Soil Treatment and Remediation - In Situ		Storm Water Management	
Groundwater Recovery/Remediation - Ex Situ		Street/Road	
Health and Safety Training		Training services, including OSHA	
Heavy Highway/Bridge/Tunnel		Utility - Electric/Cable/Telephone	
HVAC		Waste Brokering/Arranging	
Indoor Air Consulting		Water / Sewer Construction	
Industrial Hygiene Services		Water / Wastewater Systems O&M	
Industrial Maintenance/Cleaning		Water Resource Management	
Insulation		Well Drilling/Soil Borings	
IT related to environmental services		Other: _____	
Lab Packing		Other: _____	
Landfill, Barrier and/or Liner Installation		Other: _____	

6. PROFESSIONAL LIABILITY (IF APPLICANT IS NOT REQUESTING THIS COVERAGE SKIP TO SECTION 7)

a. Provide a description of all Professional Services provided by Applicant:

b. Is Applicant providing any new professional services not provided during the last 12-months? If yes, please provide detail on the new professional service(s) along with associated annual revenue projection: Yes No

c. Breakdown Applicant’s estimated gross revenue for next 12-month period using the applicable category(ies) below. If no category exists, use the “other” column. Sum total of breakdown should equal the Projected/Next Fiscal revenue figure provided in Section (5.a.) above.

PROJECT DELIVERY METHOD	PROJECTED ANNUAL REVENUE
Construction Only – applicant has no obligation for design or Construction Management Agency	
Construction Management Agency – applicant holds no design or construction contracts	
Construction Management At Risk – applicant provides consulting services during preconstruction and self performs or holds/manages construction contracts during construction	
Design/Build with In-house Design – applicant assumes contractual responsibility for design and construction where design is performed largely in-house	
Design/Build with Subcontracted Design – applicant assumes contractual responsibility for design and construction where design is primarily subcontracted to others	
Design Services – performed for others with no contractual responsibility for construction or construction management services	
Other (please provide detail)	

d. Does Applicant stamp any designs in-house? Yes No
 i. If yes, please provide resumes for all Applicant employees who stamp plans.

7. YOUR LOCATION COVERAGE – provide the following for Applicant’s location(s) requesting site pollution coverage

ADDRESS	DESCRIPTION OF LOCATION AND OPERATIONS PERFORMED

8. CLAIM AND PRIOR COVERAGE INFORMATION

- | | | |
|---|-----|----|
| a. Has the Applicant had any insurance policy cancelled or non-renewed within the past five years? If yes, please provide detail: | Yes | No |
| <hr/> | | |
| b. Has the Applicant ever been subject to any claim by any client or third party? If yes, please provide detail: | Yes | No |
| <hr/> | | |
| c. Has the Applicant ever been subject to any formal or informal disciplinary action arising from contracting operations or professional services performed by them or on their behalf? If yes, please provide detail: | Yes | No |
| <hr/> | | |
| d. Is the Applicant aware of any fact or circumstance which may result in a claim, suit, or notice of incident against them, or arising from any professional service or contracting operation performed by them or on their behalf? If yes, please provide detail: | Yes | No |
| <hr/> | | |

Fraud Warnings

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, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

STATE FRAUD WARNINGS NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 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 which 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, 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 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 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, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance 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 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.

Applicant's signature: _____

Applicant's name (please print): _____

Applicant's Title: _____

Date: _____

Insurance representative: _____

Name of Agency: _____

Telephone Number: _____

Email Address: _____