



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

Renewal of STRAVA Specialty policy number:

Named Insured:

Address:

City: State: Zip: Phone:

1. Has the applicant's name or form of business entity changed, or has any other person or entity been purchased by, merged with, or consolidated into the applicant? Yes No
 - a. If "Yes", please provide details in the box below:

2. Applicants actual prior 12-month revenue: \$
 - Please provide proof of prior 12-month revenue via audited financial statement, tax return, or equivalent.
3. Applicants projected annual revenue for next 12 months: \$
4. If projected revenue versus actual prior 12-month revenue has shifted more than 20% in either direction, please explain why:

5. Has applicant started offering any new contracting operations during the last year or does the applicant anticipate adding new contracting operations during the coming year? Yes No
 - a. If yes, please provide detail on the new contracting operation(s) along with associated annual revenue projection:

Questions 6-7 apply to CPPL renewals only.

6. Has applicant started offering any new professional services during the last year or does the applicant anticipate adding new professional services during the coming year? Yes No
 - a. If yes, please provide detail on the new professional service(s) along with associated annual revenue projection:

7. Has applicant started offering any new project delivery methods outlined in the schedule below during the last year or does the applicant anticipate adding new project delivery methods during the coming year? Yes No
 - a. If yes, please provide detail on the new project delivery method(s) below:

PROJECT DELIVERY METHOD	PROJECTED ANNUAL REVENUE
Construction Only – 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)	

8. Is the applicant aware of any fact or circumstance that could result in a claim arising from any professional service or contracting operation performed by or on their behalf during the last policy term? Yes No
- a. If yes, please provide detail:

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: _____