



# Contractors Pollution Liability (CPL) and Contractors Pollution & Professional Liability (CPPL) - Project/OCIP/CCIP Supplemental 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 the applicable question number.

**REQUIRED SUPPLEMENTAL INFORMATION:**

- Complete copy of project contract and scope of work, including any drawings, budgets, specifications, and insurance requirements.
- Current and three (3) prior years loss runs for any Commercial General Liability (CGL), contractors pollution liability and professional liability policies purchased by the Applicant, lead contractor and/or project owner. If project owner is a newly formed special purpose entity (SPE) for this project, please provide loss runs for project-specific policies purchased under other SPE's operating under the lead contractor and/or project owner. All loss runs should be valued no longer than 30-days prior to date this application is signed.
- For OCIP/CCIP applications – Copy of standard contract between lead contractor and/or project owner and all subcontractors/subconsultants working on the project.

**1. GENERAL INFORMATION**

Applicant/Named Insured: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address (if different):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Company Formation (Month/Year): \_\_\_\_\_

Contact Name and Telephone #: \_\_\_\_\_

Website URL: \_\_\_\_\_

Applicant is:  Project Owner  Lead Contractor  Subcontractor  Other \_\_\_\_\_

Company Structure:  Corporation  Partnership  Joint Venture  LLC/LLP  
 Other: \_\_\_\_\_

Policy Structure:  Project Specific  CCIP  OCIP

**2. COVERAGE TERMS - provide requested coverage details below:**

Effective Date: \_\_\_\_\_

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

Total Policy Aggregate \$ \_\_\_\_\_

3. PROJECT DETAILS

- a. Project name: \_\_\_\_\_
- b. Project location: \_\_\_\_\_
- c. Contract name/number: \_\_\_\_\_
- d. Project duration (months): \_\_\_\_\_
- e. Brief project description, including end use:

f. Description of surrounding exposures and any special hazards:

g. Is the Applicant aware of any pollution exposures on the jobsite?

h. Number of years Completed Operations requested: \_\_\_\_\_

i. Project team participants (if applicable):

Owner name: \_\_\_\_\_

Architect: \_\_\_\_\_

Construction Manager (CM): \_\_\_\_\_

General Contractor (GC): \_\_\_\_\_

Subcontractors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. Construction value: \$ \_\_\_\_\_

k. Description of Contracting Operations to be performed under this policy:

l. Design fees (if any): \$ \_\_\_\_\_

m. Description of Professional Services to be rendered under this policy (if applicable):

n. Project Delivery Method:

Construction Only

Design/Bid

Construction Management Agency

Design/Bid/Build

Construction Management At Risk

Other: \_\_\_\_\_

4. OPERATIONAL INFORMATION

a. Does the applicant currently carry Contractors Pollution Liability or Contractors Pollution and Professional Liability insurance on a blanket basis? Yes  No

If Yes, please provide company and limits of liability: \_\_\_\_\_

- b. Does the project involve the remediation of any Lead Based Paint or Asbestos Containing Materials? Yes  No   
 If Yes, please provide details: \_\_\_\_\_
- c. Does Applicant utilize subcontractors to perform any contracting and/or design operations? Yes  No   
 If yes, answer the following:
- i. What percentage of revenue is subcontracted? \_\_\_\_\_ %
  - ii. What percentage of subcontractors are hired using a written agreement or contract? \_\_\_\_\_ %
  - iii. Does Applicant collect certificates of insurance from all subcontractors? Yes  No
  - iv. Are subcontractors required to name Applicant as an additional insured? Yes  No
  - v. How long are subcontractor documents retained? \_\_\_\_\_
- d. Provide a description of the site safety and inspection program:

5. Prior Experience

- a. Number of years Applicant has performed similar type of work: \_\_\_\_\_
- b. List and description of prior projects:
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
  - iv. \_\_\_\_\_

6. CLAIM AND PRIOR COVERAGE INFORMATION

- a. With respect to the project to be insured under this policy, 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? Yes  No   
 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: \_\_\_\_\_

Insurance representative: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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

Email Address \_\_\_\_\_