



Contractors Pollution Liability Supplemental Application

THE INSURANCE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE PERIOD OF INSURANCE ARE COVERED, SUBJECT TO POLICY TERMS AND CONDITIONS. THE LIMIT OF LIABILITY TO PAY LOSS WILL BE REDUCED BY, AND MAY BE EXHAUSTED BY CLAIMS EXPENSES

GENERAL

1. Name of applicant:

2. Address _____

City _____ County _____

State _____ ZIP _____

Phone _____ Contact _____

3. Website _____

4. Year established _____

5. Legal structure

Corporation	<input type="checkbox"/>	Limited liability partnership	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Sole proprietorship	<input type="checkbox"/>
Professional corporation	<input type="checkbox"/>	Joint venture	<input type="checkbox"/>
Limited liability corporation	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

6. Other offices (if insufficient space please provide full listing in addendum)

a. _____

b. _____

c. _____

POLLUTION

7. Please provide gross revenues derived from pollution related services:

Current Year	Previous year	2 Years previous
\$	\$	\$

8. Please specify percentage of gross revenues derived from the categories below:

Air quality/emissions testing or evaluation	%	Groundwater / soil sampling	%
Asbestos abatement, evaluation or monitoring	%	Hazardous material remediation	%
Barrier / Liner design or construction	%	Landfill expansion, construction, capping	%
Building inspections / real estate audits	%	Lead paint testing or evaluation	%
Decommissioning radioactive or nuclear facilities	%	Mold abatement, evaluation or monitoring	%
Dredging (environmental remediation)	%	Regulatory consulting (permitting and compliance audits)	%
Emergency response clean-up	%	Tank system design and testing (including underground)	%
Environmental assessments and audits	%	Transportation and disposal of pollutants or hazardous materials	%
Environmental remedial investigation	%	Waste brokering	%
Foundation sheeting and shoring design	%	Other	%
Groundwater / soil pollution and hazardous material clean-up	%		

9. Microbial exposure

- a. Has the applicant had any microbial claims or incidents (including mold, water damage or indoor air quality issues) in the past five years?

If yes, please provide full details in addendum to this application

- b. Are materials inspected for water damage and mold prior to installation?
 c. Are materials protected to prevent exposure to moisture and vapor?
 d. Please indicate for which of the following does the applicant have written risk management plans:

Written mold inspection program		Standard process to respond to mold complaints	
Written water intrusion and mold mitigation program		Training of facility owner or manager prior to turnover	
Written quality assurance or quality control plan		Other	
Written employee and subcontractor training plan			

e. Do standard contracts contains limits of liability with respect to mold?

10. Transportation & disposal

- a. Has the applicant ever been named a Potentially Responsible Party (PRP) in association with a non-owned disposal site?
If yes, please provide full details in addendum to the application
- b. Has the applicant had any pollution claims from transported waste or cargo in the last five years?
If yes, please provide full details in addendum to the application
- c. Who is responsible for transporting waste from a job site? Applicant _____% Third Party _____%
- d. What percentage of waste or other cargo transported by either the applicant, subcontractor or other third party is Hazardous _____%
- e. Please complete the following transport profile

Type	Number	Description
Passenger Vehicles		
Light Commercial Vehicles		
Heavy Commercial Vehicles		
Specialty Vehicles		
Transported materials		

LIABILITY

If the answers to any of the questions in this section are “Yes”, please provide an addendum to the application which includes full details of the:

- Service provided
- Claimant or plaintiff
- Estimate of potential Liability
- Date work performed
- Allegations
- Current Status
- Date Claim made
- Amount of demand
- Insurance Company Reserve, if any

11. Does the applicant have knowledge of any fact, circumstance, situation, error or omission which might reasonably be expected to give rise to a claim against the applicant?

12. In the past five years:

- Have any of the applicant’s clients made allegations, or complained about the performance, non-performance, or timeliness of the applicant’s products or services?

- Have any of the applicant’s clients refused to pay, stopped paying or requested a refund due to alleged problems with the applicant’s products or services?

- Has the applicant brought any suits against its clients from non-payment of fees?

13. In the past ten years:

- Have any pollution liability claims been made against the applicant or any of its past or present partners, principals, directors, officers, or employees?
- Have any suits or proceedings been brought against the applicant or any of its past or present partners, principals, directors, officers, or employees?
- Has the applicant or any of its past or present partners, principals, directors, officers, or employees been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body or other supervisory body?

INSURANCE

14. Has any insurer declined, cancelled or refused to renew any similar insurance for the applicant or predecessor firm?

15. Is the applicant currently insured under a pollution liability policy?

If yes, please provide details of all pollution liability policies carried in the past five years.

Insurance Company	Period of insurance	Limit of liability	Deductible/retention	Premium

16. How long has the applicant been continuously insured for pollution liability insurance? _____

17. Does the applicant maintain General Liability insurance?

- If yes, please provide details below.

Insurance company	Period of insurance	Limit of liability

DECLARATION

The applicant hereby represents after inquiry, that information contained herein and in any supplemental applications, addendums or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. The applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotation and/or authorization or agreement to bind the insurance based upon such changes.

Further, the applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and addendums, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by reference into and made a part of such policy;
3. The applicant's failure to report to its current insurance company any claim made against it during the current policy period, or act, error, omission or circumstances which the applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim;
4. The policy applied for provides coverage on a claims made and reported basis and will only apply to claims that are first made against the insured and reported in writing to the Company during the policy period. The limit of liability to pay loss will be reduced by, and may be exhausted by claims expenses.

Notwithstanding the above, it is understood and agreed that the completion of this application does not bind the Company to provide coverage, or the applicant to purchase the insurance.

This application must be signed and dated by an authorized officer, principal or partner of the applicant.

Signature: _____

Name: _____

Title: _____ Date: _____

PLEASE ENSURE THE FOLLOWING IS ATTACHED TO THE APPLICATION

- Addendums for all answers which required further information
- Full claims information for each claim or circumstance noted in the section “Liability”
- Copy of standard client contract
- Copy of standard consultant/subcontractor contracts
- Most recent two years’ financial statements
- Any other additional information the applicant has that will provide a greater understanding of the risk profile