

CONTRACTORS POLLUTION AND PROFESSIONAL LIABILITY APPLICATION

Please answer all questions and attach the following information:

- Past five (5) years of currently valued General, Professional, and Pollution Liability Loss Runs.
- Past two (2) complete year-end financial statements.
- Detailed description of current coverage including any applicable retroactive dates.

SECTION 1 – GENERAL INFORMATION

First Named Insured:		
Mailing Address:		
City/State/Zip Code:		
Contact Name/Title:		
Telephone:		Email:
Website:		Year Established:

SECTION 2 – REQUESTED COVERAGES

Effective Date and Term Options:		
Limit Options:		
SIR Options:		
	Professional Liability	Retroactive Date:
	Pollution Liability	Retroactive Date:

SECTION 3 – REVENUES

Estimated Revenues for Next Fiscal Year:	\$
Estimated Revenues for Current Fiscal Year:	\$
Estimated Revenues for Past Fiscal Year:	\$

SECTION 4 – PERSONNEL DISTRIBUTION

(Please indicate how many of each on staff)

Principals/Senior Management:	
Construction or Project Managers:	
General Laborers & Construction Supervisors:	
Architects, Engineers & Land Surveyors:	
Clerical Support & Other Office Staff:	
Other (Please Specify):	

Please attach a list of all insureds including professional and contracting services performed by each as well as their relationship to the First Named Insured.

SECTION 5 – PROJECT SIZE DISTRIBUTION FOR CURRENT FISCAL YEAR

Project Revenues	Number of Projects
\$5,000,000 or Less	
\$5,000,000 - \$10,000,000	
\$10,000,000 - \$25,000,000	
\$25,000,000 - \$100,000,000	
\$100,000,000 or Greater	

SECTION 6 – PROJECT DISCIPLINES FOR CURRENT FISCAL YEAR
 (Percentage of Annual Revenues)

Discipline	Percentage
Commercial Construction (Office, Retail, Warehouse, General Buildings etc.)	%
Residential Construction (Assisted Living, Multi-Family, Mixed Use, etc.)	%
Industrial Construction (Manufacturing, Mining, Recycling, Energy Pipeline, etc.)	%
Civil Construction (Landfill, Utility, Street, Road & Highway, Bridge, Dams, etc.)	%
Institutional & Recreational Construction (Hospitality,Medical, Government, Schools, Churches, Jails, Stadiums, etc.)	%
Environmental Remediation & Abatement Services	%
Other (Please Specify):	%

SECTION 7 – PLEASE DESCRIBE INSURED’S CONTRACTING SERVICES

Please describe the insured's contracting services in detail below.

SECTION 8 – PLEASE DESCRIBE INSURED’S PROFESSIONAL SERVICES

SECTION 9 – PROJECT DELIVERY METHODS

(Complete this section only if you are requesting Professional Coverage)

	Percentage of Current Revenues	Percentage of Prior Year’s Revenues
Construction Only	%	%
Construction Management (CM) At Risk	%	%
Construction or Design Build with Design Subcontracted	%	%
Construction or Design Build With Design In-House	%	%
Design or Construction Observation Only	%	%
Construction Management (CM) Agency	Professional Fees	Construction Values
Current Year:	\$	\$
Next Year Projected:	\$	\$
Other (Please Describe Below)	%	%

SECTION 10 – RISK MANAGEMENT & SAFETY		YES	NO
Do you require subcontractors to carry Pollution Liability insurance? If “Yes,” please include limits required			
Are there procedures in place to handle water intrusion events?			
Is there a written Mold Management Plan in place?			
Is there a dedicated Risk Manager on staff?			
Do you have a written Quality Control/Quality Assurance Program?			
Do you have a written Health & Safety Plan in place?			
Do you utilize written agreements with your clients?			
Do you utilize written agreements with your subcontractors?			
What is your current Worker’s Compensation Experience Modification factor?			
Do you require subcontractors to carry Professional Liability Insurance?	YES	NO	
If “Yes,” please include limits required:	\$		
Do you stamp drawings or blueprints for clients?	YES	NO	
Do you provide Design Assist services or perform field changes to designs?	YES	NO	

SECTION 11 – COVERED LOCATIONS

(If coverage is requested for more than one location, please attach additional sheets and information)

Location:	Owned	Leased
Description of Current Site Operations:		
Have there been any historic environmental releases or issues at the property? If “Yes,” please provide details below:	YES	NO
Years At Location:		

TANK / HAZARDOUS MATERIALS STORAGE

(N/A, if not needed)

(Please attach separate sheet, if more space is needed)

AST or UST	Contents	Storage Capacity	Age (yrs)	Tank Construction	Date Removed or Decommissioned	Type of Secondary Containment

SECTION 12 – EXPIRING COVERAGE

Coverage	Carrier	Limits	SIR	Term	Retro Dates (If applicable)	Premium
General Liability:		\$ /	\$			\$
Pollution Liability:		\$ /	\$			\$
Professional Liability:		\$ /	\$			\$

SECTION 13 – CLAIM INFORMATION	YES	NO
<p>Within the last five (5) years have any claims been made or reported under any Pollution Liability or Professional Liability policy involving the Applicant, a Predecessor Firm, or an Entity the Applicant owns, manages or controls? If “Yes,” please provide details below:</p>		
<p>Is the Applicant aware of any pollution condition, indoor contaminant condition, or professional act, error, or omission that has involved the Applicant, a Predecessor firm, or any Entity the Applicant owns, manages, or controls? If “Yes,” please provide details below:</p>		
<p>Is the Applicant aware of any pollution condition, indoor contaminant condition, professional act, error, or omission, or any incident or circumstance which may potentially or reasonably be expected to trigger coverage under this policy or lead to a claim against the Applicant or its related entities? If “Yes,” please provide details below:</p>		
<p>Has the Applicant received any regulatory notices of violation, fines, penalties, or complaints? If “Yes,” please provide details below:</p>		

FRAUD WARNINGS**NOTICE TO ALABAMA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, NEW MEXICO 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 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS

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 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 any 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 ratings 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 material false information concerning any act 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 LOUISIANA AND RHODE ISLAND 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 MAINE 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 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, conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime and 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 PUERTO RICO APPLICANTS

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TEXAS APPLICANTS

Any person who knowingly presents a 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 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 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.

NOTICE TO APPLICANTS OF ALL OTHER STATES

Any person who knowingly and with intent to defraud any insurance company or other person, submits an application for insurance or statement of claim containing any false, incomplete, or misleading 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 be subject to criminal and civil penalties along with loss of insurance benefits.

WARRANTY STATEMENT

The undersigned authorized officer ("Applicant") declares, warrants and represents that a diligent inquiry has been made for all information requested by the Company in the application or otherwise and that the information and statements contained in this application, including attachments, and all other submissions made in the process of seeking insurance from the Company, are true and correct, and that no material facts have been misstated or suppressed. The Applicant also declares, warrants and represents that if any information supplied on this application, including attachments, or in other submissions made in the process of seeking insurance from the Company, changes between the date of this application and the effective date of the policy, the Applicant will immediately notify the Company of such changes and the Company, at its discretion, may modify or withdraw any outstanding quotations and/or authorizations or agreements to bind the insurance.

NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any claim, circumstance, incident or notice disclosed or required to be disclosed in response to any question in the Claim Information section above, or disclosed or required to be disclosed prior to the effective date of the policy, is hereby expressly excluded from coverage under the proposed insurance policy.

Authorized Applicant Signature _____

Date _____

Applicant Printed Name _____

Applicant's Title _____

Broker/Agent Signature _____

Date _____

Broker/Agent Printed Name _____

Name of Firm _____