

Contracting Pollution Liability Application

PLEASE READ CAREFULLY: This is an application for a claims-made policy. **Completion of this application does not bind coverage.**

Instructions:

- The Applicant is responsible for obtaining and submitting whatever information and records are necessary to answer the Application questions, whether in the public domain or in their or another party's possession.
- Answers **ALL** questions completely, leaving no blank responses.
 - If any questions (or part thereof) do not apply, write **"not applicable"** or **"n/a"** in the space.
 - Check **Yes** or **No** answers.
- If coverage is sought for more than one location, answer all questions for each location.
- This form must be completed in full, dated and signed by an authorized representative of the Applicant.
- Storage Tank Information must be completed in full for all storage tank systems where coverage is requested.

Attachments:

- Please submit the following with your application (as applicable):
 - Five years loss runs.
 - Copy of the existing policy and endorsements.

Part 1: Applicant Information

Named insured: _____ Year established: _____

Has your company ever operated under a different name? No Yes (provide detail): _____

Contact name, position, email: _____

List any acquired or merged, affiliated, parent, predecessor, subsidiaries or other firms for which coverage is requested.

Name of firm:	Relation to your company:
_____	_____
_____	_____
_____	_____

Part 2: Coverage Information

Requested Coverage: New Business Renewal Policy Effective Date: _____

Complete all that apply:	Limits			Deductible		
Contracting Pollution Liability	\$500,000	\$2,000,000		\$5,000	\$25,000	
	\$1,000,000	Other	\$ _____	\$10,000	Other	\$ _____
DIC Transportation	\$500,000	\$2,000,000		\$5,000	\$25,000	
	Not required	\$1,000,000	Other	\$ _____	\$10,000	Other

Note: If you require Premises Pollution Liability coverage, complete and submit a separate Premises Pollution Liability application.

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Part 2: Coverage Information

(continued)

Existing coverage: Check here if this does not apply and proceed to next part of the application.

Coverage basis: Claims-made Occurrence

Carrier: _____ Retroactive Date: _____

Limits: \$ _____ Deductible: \$ _____ Premium: \$ _____

Part 3: Revenue Profile

Revenue: Last year: \$ _____ Upcoming year: \$ _____

Current year: \$ _____

% Revenue in capacity as:

General contractor: _____ %

Project manager: _____ %

Subcontractor: _____ %

Other (specify): _____ %

% Revenue provided to the following sectors:

Residential: _____ %

Governmental: _____ %

Commercial: _____ %

Industrial: _____ %

Other (specify): _____ %

Do you always carry out work under a written contract signed by every client? Yes No

Are you responsible to bring in mobile tanks to work sites? Yes No

If "yes" to above, are those tanks equipped with secondary containment? Yes No

Part 4: Subcontractors Management (only complete if you hire subcontractors)

Check here if this does not apply to you and proceed to next part of the application.

Are subcontractors hired under a written contract? Yes No

Do such contracts contain indemnification and hold harmless clauses in your favor? Yes No

Do you ensure that subcontractors have their own insurance? Yes No

If so, what are the minimum limits of liability you require of your subcontractors?

General Liability: Auto: Pollution Liability: Errors & Omissions:

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Part 5: Operations Breakdown

Environmental Ops	Rev.	% Sub	Non-Environmental Ops	Rev.	% Sub
Asbestos / Lead abatement and remediation			Construction management		
Bioremediation			Demolition / Dismantling		
Emergency response / cleanup			Dredging		
Excavation (contaminated soil)			Electrical		
Fire / Water restoration			Excavation (noncontaminated soil) / Grading		
Groundwater sampling			Frac. fluid - handling, hauling, disposal		
Groundwater treatment / recovery			General contracting (commercial) - new		
Hazardous material clean-up			General contracting (commercial) - reno		
Industrial cleaning (incl. Sewer/Septic)			General contracting (industrial) - new		
Lab packing			General contracting (industrial) - reno		
Landfill construction			General contracting (residential) - new		
Liner construction / installation			General contracting (residential) - reno		
Mold abatement remediation			HVAC / mechanical		
PCB removal			Hydro-blasting		
Pesticide / Fertilizer / Herbicide application			Hydraulic fracturing		
Pipeline cleaning / construction			Insulation / Waterproofing		
Remediation (others)			Landscaping / Gardening		
Soil drilling / sampling			Logging		
Soil remediation / treatment			Masonry / Concrete		
Transportation - Hazardous material, PCBs, TDG Class 6.1, 6.2, 7, Waste			Non-environmental drilling		
Tank cleaning			Painting / Coating application		
Tank (above ground) installation			Plumbing		
Tank (above ground) service / removal			Roofing		
Tank (underground) installation			Sewer / Water main construction / maintenance		
Tank (underground) service / removal			Steel erection		
Underground / Subsurface remediation			Street / Road construction / maintenance		
Water / Waste treatment plant operation / maintenance			Transportation - non hazardous		
Other (explain):			Other (explain):		
Total (Environmental Ops):			Total (Non-Environmental Ops):		

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Part 5: Operations Breakdown

(continued)

With respect to the Environmental Operations provided:

Indicate the years' experience you have in providing those operations: _____

Provide description of training, qualifications and certifications:

List any professional organizations or associations memberships:

Part 6: DIC Transportation (only complete if coverage is requested)

Check here if this does not apply to you and proceed to next part of the application.

Percentage of cargo transported by: You (1st party) _____ % Subcontractors (3rd party) _____ %

Type and number of automobiles transporting pollutants and hazardous materials:

PPVs, light and heavy trucks _____ Light and heavy trailers _____
Dump, tanker, vacuum trucks _____ Dump, tanker, vacuum trailers _____

Answer the following:

Are any of your vehicles placarded for transporting for hazardous materials or waste?	Yes	No
Are all vehicles transporting hazardous materials or waste equipped with spill kits?	Yes	No

Part 7: Risk Management

Do you have a formal Spill Prevention Control and Countermeasures (SPCC) plan?	Yes	No
Do you have a documented emergency response plan and inspection plan?	Yes	No
Do you have a dedicated environmental officer?	Yes	No

If "yes" to any of the questions above, provide detail of the risk management plan(s):

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Part 8: Compliance & Claims History

Within the past five years,

- | | | |
|--|-----|----|
| • Has any insurance company denied, canceled or non-renewed coverage? | Yes | No |
| • Have any claims been made or any legal actions (including any regulatory proceedings) been brought against you to the proposed insurance? | Yes | No |
| • Have you been involved in any environmental impairments, pollution conditions or incidents on or at projects where you performed contracting operations? | Yes | No |

Do you have knowledge of injury to people or damage to property during the last five years on or at projects where you performed contracting operations? Yes No

At the time of signing this application, do you have knowledge of any circumstances that may reasonably be expected to give rise to a claim against you from environmental impairments, pollution conditions or incidents? Yes No

If "yes" to any of the questions above, provide a description of the information, claim, or circumstance. In addition, provide information as to what actions have been taken to mitigate or avoid a similar loss from occurring again.

NOTICE TO ALL APPLICANTS

Completion of this form does not bind coverage. Applicant's acceptance of our quotation and our written agreement to be bound are required to bind coverage and issue policy.

If the applicant applying for insurance negligently or fraudulently misrepresents or fraudulently omits to communicate any material fact, matter or circumstance which should be made known to us in order to enable it to judge of the risk to be undertaken, we may have the right to void the contract of insurance ab initio, as if it never had any legal validity.

Accordingly, it is imperative that this application be completed fully and accurately and that you communicate to us in writing any and all additional facts, matters and circumstances that are material to the risks against which you would like to be insured.

Continuing Duty to Report

The undersigned, on behalf of the insured organization, agrees that the Named Insured(s) has a continuing duty, throughout the policy period, to report any changes and update this Application, including all supplements, attachments and replies to underwriter inquiries.

Declarations

I / We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, declares that it has obtained the necessary consent for the collection, use and disclosure by the Insurer of any personal information provided above or in connection with this application or any renewal or change in coverage, for the purposes of offering and providing products and services to meet the insured organization's needs, assessing and underwriting risks on a prudent basis, determining insurance product prices, investigating and settling claims, detecting and preventing fraud or other illegal activities, analyzing business results and compiling statistics, reporting to regulatory or industry entities, and acting as required or authorized by law

Signature: _____

Print Name _____

Official Title: _____ Date: _____

Agent/Broker _____