

CONTRACTORS' POLLUTION INCIDENT LIABILITY COVERAGE APPLICATION

NOTE:

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claim" means the receipt of a demand for money or services, naming "you" and alleging a "pollution incident."

The limits of liability stated in the policy are reduced by the cost of defense. Legal defense costs also may be applied against your self-insured retention (SIR), if applicable to the claim. If you have any questions about the coverage, please discuss them with your insurance agent.

IMPORTANT INSTRUCTIONS:

Please:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your company's letterhead. Indicate the question number.
3. This form must be completed, signed, and dated by a principal, partner, or officer of your company.
4. Mail completed application to your local broker or agent.

New Application Renewal Application

Renewal Policy # _____

Schinnerer Use Only

Please indicate the limits (000's) you would like us to quote: 250 500 1,000 2,000 5,000 Other: _____

Please indicate self-insured retention (SIR) you would like us to quote: 5,000 10,000 25,000 50,000 Other: _____

COMPANY INFORMATION

<p>1. Name of Company(s) Address of Principal Office (List addresses of all branch offices on a separate sheet)</p>	
	County: _____ Telephone: _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Subchapter S Corp <input type="checkbox"/> Other _____ (Identify) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Tax ID # _____ Year Company Established _____	
Total Staff _____	Construction Personnel _____ Project Managers _____ Seasonal Personnel _____ Architects/Engineers _____
Geographical Extent of Operations _____	
BROKER MUST COMPLETE THE FOLLOWING	
Broker Name _____ Brokerage Name _____	
Address _____ Phone _____	
Fax Number _____	License No. _____ Renewal Date _____ States Where Licensed _____
Licensed E & S Broker _____	This insurance program is only available to Licensed Excess & Surplus Lines Brokers

2. Do you operate under any other company names? Y N
 Please provide details: _____

3. Has your company ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization? Y N
 If yes, please provide full particulars on a separate sheet, listing each company name in chronological order and specify the date of the change.

4. Has your company or any subsidiary or predecessor company ever filed for or been in receivership or bankruptcy under Chapter 7 or Chapter 11? Y N
 If yes, please explain: _____

5. Has any Pollution Incident insurance been issued to any company named in Question 1. or 2. If yes, please complete the following for at least the **last 5** years:

Company	Policy #	Limit	Deductible	Dates	Premium
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

Retroactive coverage date on current pollution incident policy. _____

6. A. Has any insurer declined, canceled or refused to renew similar insurance for your company or any predecessor company? If yes, please give details. Y N

B. Do you or any subsidiary or predecessor company have any unpaid deductible or self-insured retention obligations? Y N

7. Please list your current insurance coverage:

Company	Policy #	Limit	Deductible	Dates
General Liability				
Professional Liability				
Auto				

Is your company bondable?
 If no, explain by attachment. If yes, provide your firm's capacity and bonding company.

8. Have any pollution claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your company, its predecessor(s) or any past or present principal, officer, director, shareholder or employee? Y N

- If Yes, provide the following information on a separate sheet and attach to this application:
- a) Date of claim/incident/legal action
 - b) Claimant or plaintiff
 - c) Allegations
 - d) Demand or amount of claim
 - e) Insurance company reserve, if any
 - f) Defense attorney's or insurance company's evaluation of exposure/potential liability
 - g) if closed, total amount paid for indemnity and defense costs
 - h) Deductible applicable

9. Do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the Contractor's Pollution Incident Liability Policy? Y N

If Yes, please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages, on a separate sheet and attach to this application.

10. Describe any environmental incidents (spills or releases) which have occurred within the last 10 years.
 None _____

11. Has the company during the last ten years been cited or prosecuted for any violation of any standard or law relating the release of a substance into the environment? If yes, please give details. Y N

NATURE OF OPERATIONS — CONTRACT REVENUES

12. Please attach a current brochure describing your company's activities. If you do not have a current brochure, describe the nature of your company's activities.

13. **Most Recent Reporting Period:** From _____ 19 ____ To _____ 19 ____

CONTRACTING REVENUES

Contracting Services Provided	% Gross Revenue	% Subcontracted Revenue
Total	100%	
Total Contracting Revenues (Current Year)		
Estimated Contracting Revenues (Next Year)		
Total Construction Values (Current Year)		

14. Please provide total gross contracting revenues for each of the past 5 years.

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 (Most recent year) (Previous year)

15. Provide the following information regarding your company's **three** largest **current** projects:

Name	City/State	Owner/Client	Project Type	Services Provided	Estimated Contract Revenue

16. Please indicate the approximate percentage of your total contracting revenues derived from each project type. (Section should equal 100%)

Airport (Runway, Aprons, Fuel Farm)	%	Parks/Play Amusement	%
Bridges	%	Petro/Chemical	%
Buildings	%	Sewage/Water Treatment Plant	%
Dams, Flood Control	%	Solid Waste	%
Environmental Remediation	%	Storage Tank	%
Harbors, Piers, Ports	%	Tunnels	%
Highways	%	Utilities (gas, electric, steam)	%
Land/Site Development	%	Water/Sewer Pipe Line	%
Mass Transit	%	Other _____	%
Parking Structures	%	Other _____	%

17. Indicate the number of joint ventures your company has participated in during the last accounting year: ____

Do you require Contractor's Pollution Incident Liability Insurance of your partners?
Please describe your joint ventures.

RISK MANAGEMENT & LOSS PREVENTION

1. Does your company use written contracts on every project? Y N
If no, please provide us with the percentage of your past 12 months' billings where oral agreements were used: _____.

Describe, on a separate sheet, the circumstances when oral agreements are used.

2. Does your company have a written safety plan? Y N

3. Does your company have a written spill containment plan? Y N

4. What insurance coverage and limits of liability do you require from your subcontractors?

<input type="checkbox"/> General Liability	<u>Limits of Liability</u> _____	<input type="checkbox"/> Automobile Liability	<u>Limits of Liability</u> _____
<input type="checkbox"/> Pollution Liability	_____	<input type="checkbox"/> Professional Liability	_____

5. Does your company have written policies and procedures for following EPA, ASTM or other standardized procedures and protocols? Y N

6. Describe how your company remains current on regulatory changes impacting its services. (Please use a separate sheet and attach it.)

HEALTH & SAFETY

1. Does your company have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements? Y N
2. Are personnel trained in the use of personal protective equipment? Y N
3. Does your company have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent? To whom do they report? _____ Y N
4. If your company has personnel in branch offices exposed to toxic substances, do they have health and safety coordinators who report to the health and safety officer? Y N
5. Does your company have a written health and safety manual that is dated, and procedures for updating? Y N
6. Are site-specific health & safety plans prepared for all projects involving known or possible toxic substances? Y N
7. Is there a health and safety audit program for both office and field practice? Y N

ENVIRONMENTAL SERVICE INFORMATION

1. How long has your company conducted environmental operations?: _____
2. Does your company have a written business plan covering its participation in the environmental market and the types of clients it will serve? Y N
3. Provide a list, including experience and qualifications (or attach resumes) of each of your Project Managers and other key personnel involved in these operations:
4. Does your company or any related company own or lease any licensed waste treatment, storage, or disposal facility? Y N
If yes, please describe: _____

5. Are you ever responsible for removing waste from the job site(s)? Y N
6. Are you ever responsible for transporting waste? Y N
7. Does your company ever select the waste disposal site(s)? Y N
8. What provisions do you utilize for the handling, temporary storage and protection from weather of waste materials at job site(s)? _____

9. Does your company subcontract with transporters to haul products or waste? Y N
If yes, do you require to be named as an additional insured on the transporter's primary pollution coverage? Y N

Warning — Kentucky, Minnesota, Pennsylvania, New York and Ohio Residents

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.

For New York Residents Only: And shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Name of Principal, Partner or Officer _____
(Type or Print)

Title _____

Signature _____ Date _____
(Principal, Partner or Officer)

NOTE: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant company.



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