



IMPORTANT NOTICE

- **Contractors Pollution Liability coverage may be offered on a Claims Made or Occurrence coverage basis. Applicants may request quotes on either or both coverage bases.**
- **The insurer may, at its sole discretion, deny any or all coverage to any applicant.**
- **The words “you” and “your” refer to all entities applying to be insureds under the requested coverage.**

INSTRUCTIONS

- A. Answer all questions completely. If space is insufficient to complete answers, attach supplementary pages.
- B. The completed application must be signed and dated by an owner, partner or director/officer of the applicant.
- C. Attach the following additional information:
- Current Annual Report (public company) or Current Audited Financial Statement (private organization)
 - Brochures, Statement of Applicant Qualifications, Resumes of Key Personnel (including all Project Managers)
 - Latest 3 years General Liability and Pollution Liability loss history

- Applicant Name: _____
- Is Named Insured status requested for any other entities? Yes No. (If yes, attach name and operation of each)
- Do any requested Named Insureds have subsidiary, related or affiliated companies which are not stated in 1. or 2. above? Yes No. (If yes, attach name and operation of each)
- Address: _____
- Telephone: _____
- Email address and/or website: _____
- Contact and Job Title: _____
- How long has the applicant been in business? _____
- During the last 5 years, has the name of the applicant changed? Yes No
 Has the applicant purchased any other businesses? Yes No
 Have any mergers or consolidations taken place? Yes No
 (If yes, attach details)
- Describe 3 largest projects or contracts in the past year. Include: client name, project revenue and current status.

| | | | | |
|-----|---------|-----------------------|-------------------|-----------------|
| 11. | | Next 12 months (est.) | Current 12 months | Prior 12 months |
| | Revenue | _____ | _____ | _____ |
| | Payroll | _____ | _____ | _____ |

12. Profile of Operations

A. Provide projected values for the 12 months following the requested coverage inception.

B. For each projected operation:

$$\begin{array}{ccccc}
 & \text{Col. A} & & \text{Col B.} & \\
 & 100\% & + & & = \\
 & (\% \text{ work by applicant}) & & (\% \text{ work by subcontractors}) &
 \end{array}$$

| Remedial Action Contracting | A | B | C | D | E |
|--|---------------------|--------------------------|-------------------|-------------------|-----------|
| | % work by applicant | % work by subcontractors | Projected Revenue | Projected Payroll | # of Jobs |
| Groundwater Sampling | | | | | |
| Soil Sampling | | | | | |
| Haz material clean-up, soil excavation | | | | | |
| Groundwater Treatment & Recovery | | | | | |
| Waste Storage | | | | | |
| On-site haz waste treatment | | | | | |
| Mobile Incinerators | | | | | |
| Barrier Contractors, Liners | | | | | |
| Emergency Haz Material Clean up | | | | | |
| Tank Removal/Installation | | | | | |
| PCB Oil/Equipment Retrofill & removal | | | | | |
| Hydrocarbon or Chemical Recycling/Recovery | | | | | |
| Dredging | | | | | |
| Other (explain) | | | | | |
| Total Remedial Action Contracting | n/a | n/a | | | |

| Remedial Action Contracting | A | B | C | D | E |
|--|---------------------|--------------------------|-------------------|-------------------|-----------|
| | % work by applicant | % work by subcontractors | Projected Revenue | Projected Payroll | # of Jobs |
| Carpentry | | | | | |
| Construction Management | | | | | |
| Demolition/Dismantling | | | | | |
| Drilling | | | | | |
| Electrical | | | | | |
| Excavation (Non Haz)/Grading | | | | | |
| General Contracting | | | | | |
| HVAC/Mechanical | | | | | |
| Industrial Cleaners (incl. Sewer/Septic) | | | | | |
| Insulation | | | | | |
| Logging | | | | | |
| Masonry/Concrete | | | | | |
| Marine | | | | | |
| Oil Lease | | | | | |
| Painting | | | | | |
| Pipeline Construction/Cleaners | | | | | |
| Plumbing | | | | | |
| Roofing | | | | | |
| Steel Erection | | | | | |
| Street and Road Construction | | | | | |
| Other (explain) | | | | | |
| Total General Contracting | n/a | n/a | | | |
| Total Remedial Action & General | n/a | n/a | | | |

13. Describe any operations outside Canada and the U.S.A., including countries where such operations occur. Indicate percentage of work outside Canada and the U.S.A. relative to projected revenue stated in 11. above.

14. Do you a) select disposal sites for hazardous or non-hazardous waste, or b) arrange for the disposal of hazardous or non-hazardous waste, on behalf of clients? Yes No

15. Do you own, operate or lease licensed waste treatment, storage or disposal facilities? Yes No

16. Indicate the raw or process materials used in your operations, including all fuels such as gasoline, kerosene, diesel, etc.

| Description of Material | Max Quantity Stored per job Site | Drum [✓] | Tank [✓] |
|-------------------------|----------------------------------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

17. Do you have personnel responsible for job-site safety? (If yes, give name/s and any qualifications, certifications, etc.) Yes (sole function)
 Yes (has other duties)
 No

18. Do you have personnel responsible for environmental compliance? (If yes, give name/s and any qualifications, certifications, etc.) Yes (sole function)
 Yes (has other duties)
 No

19. Are your personnel trained in the use of personal protective equipment? Yes No

20. Describe training given to employees who work with hazardous materials, e.g. in-house seminars, outside seminars, on-the-job training, etc. Distinguish new hire training as needed. Give training intervals for regular employees training programs.

21. Do you have a written confined space entry protocol? Yes No

22. Do you have a written Disaster, Emergency Response or Evacuation Plan? Yes No

23. Do you have a written Spill Prevention, Control and Countermeasure (SPCC) Plan? Yes No

24. Indicate which of the following you require of your subcontractors:
- Certificates of Insurance
 - Additional Insured status for yourself on subcontractor's insurance policies
 - Waiver of Subrogation provision on subcontractor's insurance policies

25. What minimum limits of insurance do you require of your subcontractors?

General Liability _____

Pollution Liability _____

Professional Liability _____

26. Do you require a written contract with your subcontractors—containing hold harmless and indemnification provisions in your favor—before any subcontractors begin work for you? Yes No. (If no or if contracts are not used in all circumstances, explain your company policy on hold harmless and indemnification requirements for work done by subcontractors.)

27. Do you ever make use of casual labor? Yes No. (If yes explain circumstances, frequency, etc.)

28. Have any claims (whether insured or not) for Pollution incidents been made against the applicant or reported under any insurance policy in the last 5 years? Yes No. If yes, describe all such claims including: date of claim, date of incident, act or omission giving rise to the claim, name of claimant, description of incident, amount paid or estimated to be paid, final disposition or current status.)

29. Does the applicant have knowledge of any fact, circumstance or situation which could result in a claim arising out of a pollution incident being made against it or any entity for whom coverage is sought? Yes No. (If yes, give full details below.)

30. Indicate the coverage terms for which are you applying. (List multiple Limits and Deductible requests if applicable.)

Limit of Liability _____

Deductible _____

Inception Date _____

Claims Made Occurrence

*If Project-Specific Coverage is requested, describe the project below:

CERTIFICATION

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments or supplements to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION. The undersigned agree that if any significant change in the condition of the Applicant is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Applicant to purchase the insurance.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

False Information:

Any person who, knowingly and with intent to defraud an insurance company or other person, files an Application or insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

False Information (California Only):

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents 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.

False Information (Colorado Only):

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 agencies.

False Information (Florida Only):

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.

False Information (Louisiana Only):

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.

False Information (Maine Only):

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.

False Information (Nebraska Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

False Information (New Mexico Only):

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 civil fines and criminal penalties.

False Information (New York Only):

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 information concerning any material fact thereto, for the purpose of misleading, 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.

False Information (Ohio Only):

Any person who, with the 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.

False Information (Oklahoma Only):

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.

False Information (Oregon Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading information containing any material fact thereto, may be guilty of a insurance fraud.

False Information (Pennsylvania Only):

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 material fact thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

False Information (Vermont Only):

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, and the policy may be voided.

False Information (Virginia Only):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines, and denial of insurance benefits.

| | |
|--|---|
| Authorized Signature of Applicant | Date |
| Print Name | Title |
| Applicant | Authorized Agent <i>(Please Print Name)</i> |
| Authorized Agent <i>(Signature)</i> | Title |
| Submitted By <i>(Insurance Agent)</i> | Date |
| Insurance Agency Taxpayer ID or Social Security Number | Insurance Agency |
| Insurance Agency Taxpayer ID or Social Security Number | Agent License No. <i>(For non-admitted placements a copy of valid surplus license will be required)</i> |
| Address <i>(No., Street, City, State and ZIP Code)</i> | |