

Contractors Pollution Liability

Application Form (Claims Made Coverage)



Introduction:

- Please type or print clearly.
- Please answer ALL questions. If any questions or part thereof do not apply, please indicate “N/A” in the space.
- Please provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of your Company.

Required Attachments:

- Please provide a copy of your Statement of Qualifications (should include, at a minimum, key personnel resumes, representative project listing, etc.).
- Please provide copies of your past two (2) years of audited financial statements and annual reports.

Notice to Applicant:

The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a Claims-Made Basis for any claims made and reported to the Insurer, in writing, during the policy period, arising from pollution conditions resulting from covered operations.

Application

A. Company Detail		
Name of Applicant:		
Principle Contact:		
Email Address:		
Mailing Address:		
Contact no.:	(Tel)	(Fax)
URL:		
Date Established:		
Company is:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> LLC / LLP
	<input type="checkbox"/> Others (please specify):	

Contractors Pollution Liability Application Form, Hong Kong SAR. Published 12/2025. The policy is underwritten by Chubb Insurance Hong Kong Limited. Please refer to the policy provisions for full details of terms, conditions, limits and exclusions.

B. Coverage Detail

1. Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

Name of Firm:	Date of Formation or Transaction:	# of Professional Staff that joined the Insured:	% of Firm Annual Billings Assigned to the Insured:

2. Breakdown of professional staff:

Position	Name of Personnel:	Turnover % Rate in Last Year
Principals		
Professional Geologists		
Certified Industrial Hygienists		
Project Managers		
Total Overall Staff		

3. Insured's total gross revenues in the last filed tax return, excluding recovered expenses:

\$	
(for the period ending) Month:	Year:

4. Insured's estimated gross revenues for the current fiscal year:

\$	
----	--

5. Please provide the estimated sales associated with the following activities for the current fiscal year:

Activity	Sales	% Sub-contracted
Soil excavation		
Soil /Groundwater treatment		
Bioremediation		
Underground/ Subsurface Remediation		
Dredging		
PCB handling		
Emergency spill response		
Landfill construction		
Liner installation		
Monitoring well drilling		
Potable well drilling		
Soil/ Groundwater boring		
Lab packing		
UST installation		

UST removal		
Tank cleaning		
Pipeline installation		
Pipeline /Sewer/ Septic maintenance		
Industrial cleaning		
Hydroblasting		
Demolition		
Asbestos/Lead Abatement		
Mold remediation services		
Electrical		
HVAC		
Plumbing		
Water /Sewer		
Road Construction / Maintenance		
Excavation		
Site Development / Grading		
Concrete work		
General Construction		
Other: (please explain)		
Total:		

6. (a) Does your Company have a standard contract to use with its subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If Yes, do they contain hold harmless or indemnification agreements in favor of your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If applicable, what are your minimum insurance requirements for subcontractors?

General Liability:	\$	
Auto:	\$	
Contractor's Pollution Liability	\$	

8. (a) Within the past five (5) years, has any of the professional staff provided services to a client who represented greater than 10% of the company's revenue?

☐ Yes ☐ No

(b) If Yes, please complete the information below for each client:

Client	Revenue	Fees Earned \$	Type of Project	Current Client
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Desired effective date of coverage:

10. Limits of Liability and Self Insured Retention requested:

Limits of Liability:	Per Loss \$	Aggregate \$
Self Insured Retention:	Per Loss \$	

Contractors Pollution Liability Application Form, Hong Kong SAR. Published 12/2025. The policy is underwritten by Chubb Insurance Hong Kong Limited. Please refer to the policy provisions for full details of terms, conditions, limits and exclusions.

©2025 Chubb. Coverages underwritten by one or more subsidiary companies. Not all coverages available in all jurisdictions. Chubb® and its respective logos, and Chubb.Insured.™ are protected trademarks of Chubb.

11. (a) Within the past five (5) years has the applicant purchased this type of insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If Yes, please provide information regarding any such coverage and all available loss information.	
12. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party to the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Within the past five (5) years has the applicant or other party to the proposed insurance been involved in any pollution incidents on or at projects where the applicant performed contracting operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the applicant or other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the applicant performed contracting operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to the above question 13, 14, 15, and/or 16, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

C. Personal Information Collection Statement

Chubb Insurance Hong Kong Limited (“**We/Us/Our**”) want to ensure any customer (“**You/Your**”) who provides personal identifiable information (“**Personal Data**”) to **Us** are confident that **Your Personal Data** is treated with the appropriate degree of confidentiality and security.

This Personal Information Collection Statement sets out the types of **Personal Data** **We** may collect, the purposes for collecting **Personal Data**, how and when **We** may use and disclose the **Personal Data**, and how **You** may access and correct **Your Personal Data**.

The types of **Personal Data** **We** collect from **You** depends on **Your** relationship with **Us**. The **Personal Data** may include but not limited to **Your** name, date of birth, identification document number, contact details (e.g. phone number, address, email address), financial information and account details, medical information, claims history, photographs and location information. Sometimes **You** may provide **Personal Data** about another person to **Us**, in doing so **You** confirm **You** have obtained that person’s consent and have the authority to provide such **Personal Data** for use and transfer by **Us**.

a. Purposes of Collection of Personal Data

We will collect and use **Your Personal Data** for the purposes of creating, distributing and providing competitive insurance products and services, including **Our** processing of **Your** applications for insurance products, administering and managing **Your** and **Our** rights and obligations in relation to such insurance cover. **We** also collect **Personal Data** to identify products and services for **You**, to conduct research, surveys and analytics, and to market **Our** products and services. **We** may require **You** to provide certain **Personal Data** on mandatory basis for enabling **Us** to provide **You** with **Our** products and/or services.

b. Direct marketing

Only with **Your** consent, **We** may use **Your** name, phone number, address, email address to contact **You** on marketing **Our** insurance products and services via mail, email, phone or messaging. **You** may notify **Us** to cease direct marketing by writing to **Our** Data Privacy Officer at the address stated below.

c. Transfer of Personal Data

All **Personal Data** **We** collect will be kept confidential and will not be disclosed nor transferred to any other parties without **Your** prior consent, but subject to any applicable law, **Your Personal Data** may be disclosed or transferred to the following parties (whether within or outside Hong Kong Special Administrative Region):

- i. third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **Our** relevant staff, contractors, agents, service providers and others such as data analysts, professional advisers, loss adjudicators and claims investigators, doctors and medical service providers, expert consultants, emergency assistance providers, credit reference bureaus, government agencies, reinsurers and reinsurance brokers;
- ii. **Our** parent and affiliated companies;
- iii. the relevant insurance intermediary; and
- iv. others for the purposes of public safety and law enforcement.

d. Access and correction of Personal Data

You may access and correct **Your Personal Data** held by **Us** and **We** will do so unless there is any legal reason why **We** may refuse to do so. Please email **Our** Data Privacy Officer at Privacy.HK@chubb.com or mail to **Us** at 39/F, One Taikoo Place, 979 King’s Road, Quarry Bay, Hong Kong. If **We** levy any charges for providing information on your request, such charges will not be excessive. **We** will not charge **You** for updating **Your Personal Data**.

D. Declaration

It is understood and agreed that if any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and another other claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.

By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required before the applicant may be bound and a policy issued.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Disclosure Statement:

The following disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

以下公開聲明僅適用於透過保險經紀購買／遞交保單的情況下使用。

申請人明白、確知及同意，安達保險香港有限公司(安達)會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向安達確認他／她已獲該法人團體授權。

申請人亦明白安達必須取得申請人以上的同意，才可以處理其保險申請。

E. Signature

Signature of Authorised Applicant:	Signature of Broker/Agent:	Signature of Licensed Resident Agent (where required by Law):
Print Name:	Print Name:	Print Name:
Title:	Title:	Title:
Date:	Date:	Date: