

AMERICAN INTERNATIONAL COMPANIES®
CONTRACTORS POLLUTION LIABILITY APPLICATION

SUBMISSION REQUIREMENTS:

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers)
- Sample Copy of Contract with clients
- Brochures or website address: _____
- Current Financial Statement
- Five years of currently valued loss information with details of any losses over \$10,000

LEAD, ASBESTOS & MOLD ABATEMENT CONTRACTORS:

- Certificates of Training
- Licenses

Part I: APPLICANT

1. Name Insured

Mailing Address (No P.O. Box)

City _____ **State** _____ **Zip code** _____

Contact Person _____ **Telephone #** _____ **Fax #** _____

Company is: Individual; Partnership; Corporation;

Joint Venture (Describe)

Other (Describe)

2. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insureds
(include a general description of key operations of each entity):

3. Personnel Breakdown:

Principals: _____ Engineers & Architects: _____ Geologist & Chemists: _____

Certified Industrial Hygienists/Toxicologists: _____ Supervisors/Foremen: _____

Field Personnel: _____ All Other (Describe): _____

4. Year Established: _____

Part II: COVERAGE

1. Proposed Coverage Effective Date: _____

2. Existing Coverage

	General Liability	Contractor's Pollution Liability	Professional Liability
Limits			
SIR/Deductible			
Eff. Date			
Retro Date			
Premium			

3. Requested Coverage

	Contractor's Pollution Liability Claims Made (CPL)	Contractors Pollution Liability Occurrence (CPO)
Limits		
SIR/Deductible		
Retro Date		

Part III: OPERATIONS

1. REVENUES: Fiscal Year Period _____ to _____

a. Total Revenue for the most recent 12-month period: Domestic \$ _____ Foreign \$ _____

b. Total Revenue estimated for the next 12-month period: Domestic \$ _____ Foreign \$ _____

States/Foreign Countries in which you conduct your business:

2. REVENUE BREAKDOWN by Operation Classifications:

Breakdown your revenue estimated in question 1.b above by the appropriate category listed below. The sum of Total Contracting and Consulting should equal the Revenue estimation for the next 12 months.

ENVIRONMENTAL CONTRACTING OPERATIONS	Est. Gross Revenue	% Subcontracted
Asbestos/Lead Abatement		
Residential		
Commercial/Public		
Other		
Mold Abatement		
Residential		
Commercial/Public		
Other		
Barrier/Liner Construction		
Construction or Project Management (Supervision of Environmental Construction Activities i.e. General Contractor)		
Dredging (Remedial)		
Emergency Response Cleanup of Haz Mat & Other Materials		
Groundwater/Soil Sampling (At Job Site)		
Haz Mat Soil/Groundwater Cleanup (At Job Site)		
Landfill Construction/Expansion/Capping		
PCB Removal		
UST Installation/Removal & Maintenance		
AST Installation/Removal & Maintenance		

Hauling (including packing & storage) associated with environmental contracting operations indicated above		
Other Environmental Contracting Operations Describe:		
Total Environmental Contracting Revenue		
<u>NON-ENVIRONMENTAL CONTRACTING OPERATIONS</u>	<u>Est. Gross Revenue</u>	<u>% Subcontracted</u>
Carpentry/Framing		
Construction or Project Management (Supervision of Construction Activities i.e. General Contractor)		
Demolition/Dismantling		
Dredging (Expanding the width & depth of waterways)		
Drilling (Oil/Gas/Water)		
Electrical		
Excavation or Grading		
Residential Builders/Developers		
HVAC/Mechanical (including Duct Cleaning)		
Industrial Cleaning (Including Septic/Sewer)		
Labor Sub Contractor/Temporary Employment Agencies		
Logging		
Masonry/Concrete		
Marine Construction & Other Marine Activities		
Oil and Gas Leasing		
Operation & Maintenance of a facility for others		
Painting/Coatings Application (Non Abatement)		
Pesticide/Herbicide/Fertilizer Application & Landscapers		
Pipeline/Railroad Construction or Maintenance		
Plumbing		
Restoration Contractors (Fire/Water Damage)		
Roofing/Insulation		
Steel Erection		
Street & Road (including light commuter rail)		
Hauling – Other than that listed above in the Environmental Section		
Wetlands Contracting		
Other Non-Environmental Contracting Describe:		
Total Non-Environmental Contracting Revenue		

3. % REVENUE BREAKDOWN BY CLIENT TYPE:

INDUSTRIAL:

Manufacturing/Chemical Plants _____ %
 Petrochemical/Refineries _____ %
 Pipelines: Natural Gas _____ %
 Petrochemical _____ %
 Other _____ %
 Wastewater Sewage Plants _____ %
 Potable Water Systems _____ %
 Other Processing Plants _____ %
 Power Plants (non-nuclear) _____ %

RESIDENTIAL/HABITATIONAL:

Apartment _____ %
 Single Family Home _____ %
 Condos/Townhouses _____ %
 Nursing Homes _____ %
 Prisons/Correctional Facilities _____ %
 Dormitories _____ %

MUNICIPAL/GOVERNMENTAL:

Homeland Security _____ %
 DOD/DOE (Federal) _____ %
 State/Local _____ %

INFRASTRUCTURE:

Airport Runways _____ %
 Street/Roads _____ %
 Bridges/Tunnels _____ %
 Harbors/Piers/Ports/Dams _____ %
 Offshore Marine _____ %
 Landfills/Disposal Facilities _____ %
 Mass Transit/Railroad _____ %
 Transformers _____ %
 Nuclear Facilities _____ %
COMMERCIAL/PUBLIC:
 Shopping Centers _____ %
 Offices/Warehouses _____ %
 Parking Structures _____ %
 Churches _____ %
 Sports/Convention _____ %
 Schools/Colleges _____ %
 Hospitals _____ %
 Airport Terminals _____ %
 Hotels/Motels _____ %

Part IV: GENERAL INFORMATION

1. LIST OF 5 LARGEST PROJECTS IN LAST THREE (3) YEARS (or attach SF 254):

Project Name/Client: _____ Projected/Actual Gross Revenue: _____

Start Date: _____ Completion Date: _____

Services Provided: _____

Project Name/Client: _____ Projected/Actual Gross Revenue: _____

Start Date: _____ Completion Date: _____

Services Provided: _____

Project Name/Client: _____ Projected/Actual Gross Revenue: _____

Start Date: _____ Completion Date: _____

Services Provided: _____

Project Name/Client: _____ Projected/Actual Gross Revenue: _____

Start Date: _____ Completion Date: _____

Services Provided: _____

Project Name/Client: _____ Projected/Actual Gross Revenue:

Start Date: _____ Completion Date:

Services Provided: _____

2. DISCONTINUED OPERATIONS:

Have you acquired, merged, or discontinued any operations in the last five (5) years?

YES NO

If yes, please describe and include revenue from operation: _____

3. OWNED or OPERATED FACILITIES:

Do any of your owned or operated locations include the following: Landfill, storage, transfer site, fixed base operations (FBO), operation & maintenance of a facility for others? YES NO

If yes, please describe and include revenue from operation: _____

4. SAFETY PRACTICES:

- a. Do you have a written procedure for avoiding underground hazards? YES NO
- b. Do you have a written Employee Health & Safety Plan? YES NO
- c. Do you have a written QC/QA Program in place? YES NO

5. SUB-CONTRACTORS:

- a. Do you obtain certificates of insurance from your subs? YES NO
- b. Do you require a sub's Insurance policy to add you as an additional insured? YES NO
- c. What are the minimum limits of liability you require of your subs?

General Liability \$ _____

Contractors Pollution Liability \$ _____

Professional Liability \$ _____

6. CONTRACTS:

- a. Percentage of jobs performed under the following types of agreements?
Written Contract _____% Letter Agreement _____% Oral Agreement _____%
- b. How are non-standard client and/or subcontract agreements reviewed?
 Attorney: Outside; Attorney: In-House; Agent Reviews; Staff (describe) _____
- c. Do you use a Standard Indemnity limitation wording in your contracts? YES NO
- d. Do you use a Limitation of Liability of a specified dollar amount? YES NO
Indicate amount \$ _____

7. Do you use temporary, casual or labor pool workers or share employees? YES NO

If yes, describe:

8. Has any staff member or employee been the subject of disciplinary action by authorities as a result of contracting activities? YES NO

If yes, describe:

9. Have any projects been terminated by a client prior to completion? YES NO

If yes, describe:

10. TRANSPORTATION EXPOSURE

- a. Auto Information:
Total vehicles hauling hazardous materials: _____
What is the maximum radius of Auto operations: _____ miles

Number of vehicles by types hauling hazardous materials:
 Light Truck ____; Medium Truck ____; Heavy Truck ____; Extra Heavy Truck/Tractor _____

b. Pollution Claims from transported Cargo in the past five years? YES NO

If yes,
 describe: _____

c. Please identify the hazardous material being hauled and the manner in which it is hauled (Bulk, Container, Etc.): _____

d. Transportation of waste by 3rd party transportation company? YES ___% NO

If yes, do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement? YES NO

Part V: COVERAGE EXTENSIONS (Indicate if coverage is requested and answer corresponding questions)

1. NON-OWNED DISPOSAL SITES: YES NO

Site name & address	Type (landfill, recycling, incinerator etc.)	Does site owner carry Pollution Insurance (Y/N)	Types of wastes sent

2. MICROBIAL MATTER (MOLD): YES NO

a. For the immediate past 3 year period, have there been any known incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter in any of your previous work? YES NO

If yes, please describe or reference other applicable parts of this application:

b. Is there a written reporting procedure for water leaks or mold issues at a job site? YES NO

If yes, please describe or attach details:

c. Do you have an established Standard Operating Procedure (SOP) and/or written Quality Assurance Plan/Protocols designed to prevent microbial matter growth and detailing microbial matter inspections or removal/remediation of any microbial matter contamination? YES NO

If yes, please attach.

d. Is there a written procedure for handling mold or mold-related complaints? YES NO

If yes, please describe:

e. Are all building materials inspected upon delivery for pre-existing mold contamination? YES NO

f. Do you perform training for laborers and/or subs on microbial matter prevention? YES NO

g. When using subcontractors, do you obtain written verification that the sub is certified in Mold Remediation or Mold Awareness? YES NO

h. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors? YES NO

i. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold? YES NO

If yes, please describe:

j. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law? YES NO

k. Do you subcontract the analysis of mold to an outside laboratory? YES NO

If yes, please describe:

Part VI: CLAIMS HISTORY

1. Have any claims been previously made against you or reported under any Contractor's Pollution policy?

YES NO

If yes, describe or reference other applicable parts of this application:

2. Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for whom coverage is being sought? YES NO

If yes, describe:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICE TO ARKANSAS & NEW MEXICO 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: "WARNING: 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 IN THE THIRD DEGREE."

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 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 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, 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" (365:15-1-10, 36 §3613.1).

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 TENNESSEE & VIRGINIA 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."

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

APPLICANT	_____	DATE	_____
	(signature of owner or officer of corporation)		
APPLICANT	_____		
	(print name & title)		
AGENT	_____	DATE	_____
	(print name of firm & license #)		

	(address of firm)		

	(contact person and telephone #)		