

CONTRACTOR'S POLLUTION LIABILITY INSURANCE APPLICATION

LIU Environmental
www.liu-usa.com/environmental



INSTRUCTIONS

- Please complete all sections. If any section does not apply, indicate with N/A. Attach additional pages if needed.
- This application must be signed and dated by an owner, principal or other duly authorized person.

ATTACHMENTS

Please submit the following with your application as applicable:

- Literature describing operations and qualifications, such as a Statement of Qualifications or Standard Form 254
- Most recent two years audited financials, including income statement and balance sheet
- Past five years currently valued loss runs for Contractor's Pollution and General Liability
- Standard client and subcontractor contract documents
- Resumes, licenses and certifications of key personnel
- List of representative projects with descriptions
- List of proposed Named Insureds to be covered by this policy, including ownership information, operations and relationship to First Named Insured.

PART I – APPLICANT

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Contact Name: _____ Email: _____

Contact Title: _____ Website: _____

Company is a: Corporation Partnership Joint Venture Other
(specify): _____

Year Established: _____

Has your company ever operated under a different name? Yes No If yes, please specify: _____

PART II – COVERAGE

Existing Coverage:

	Coverage	Carrier	Limits	Ded/SIR	Eff. Dates	Retro Date	Premium
CPL	Claims Made Occurrence						

Requested Coverage:

Effective date: _____ Retroactive date: _____

Limits requested \$1MM/\$1MM Deductible/SIR \$10,000
(Each Incident/
Aggregate): \$1MM/\$2MM requested: \$15,000
 \$2MM/\$2MM \$25,000

Liberty International Underwriters is the marketing name for the broker-distributed specialty lines business operations of Liberty Mutual Group. Certain coverage may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds. Surplus lines products are only available through a licensed surplus lines broker.

Other (specify): _____

Other (specify): _____

PART III – OPERATIONS

1. Please describe your operations:

2. Operations performed in: US: _____ % Other: _____ % Where? _____

3. Locations of branch offices: _____

4. Are your current operations significantly different from past operations? Yes No
If yes, please describe: _____

5. Client types: Government _____ % Private _____ % Other _____ % Specify: _____

6. Project types: Industrial _____ % Commercial _____ % Residential _____ % Municipal: _____ %
Infrastructure _____ % Other _____ Specify: _____
%

7. Has your company ever experienced any merger, acquisition, consolidation or divestiture? Yes No
If yes, please describe:

8. Total gross revenue for the most recent 12-month period: \$ _____

Total estimated gross revenue for the next 12-month period: \$ _____

9. Indicate operations to be performed and percent subcontracted (Gross Revenue must total estimate for next 12 months):

Service	Est. Gross Revenue (\$)	% Subcontracted
Asbestos/Lead Remediation		
Habitational/Residential		
Commercial/Public		
Other:		
Mold Remediation		
Habitational/Residential		
Commercial/Public		
Other:		
Drilling Services		
Electrical Contracting		
Energy Service Contractors (Oil/Gas)		
Excavation and Grading Services		
Field Sampling Services (Soil, Water, etc.)		
General Contracting - Nonresidential		

General Contracting – Residential		
General Construction (Electrical, Plumbing, Masonry, Steel)		
HVAC Contracting		
Industrial Process Facility Services (Maintenance and Repair)		
Marine and Dredging Services		
Remedial Action Contracting Services		
Street and Road Services		
Underground Storage Tank Services		
Other (please specify):		
Other (please specify):		
TOTAL		

PART IV – CONTRACTS

10. Have you ever entered into any joint venture agreements to which this insurance should apply? Yes No
If yes, please describe and attach agreement: _____
11. Do you use written contracts with your subcontractors? Yes No
12. Do you require your subcontractors to carry any of the following coverages? General Liability Auto **with Pollution** Contractor's Pollution (CPL)
13. If yes, are you listed as an Additional Insured? Yes No On which policies? _____
14. What minimum limits of liability do you require of subcontractors? GL: \$ Auto: \$ CPL: \$
For which subcontractors? _____

PART V – RISK MANAGEMENT

15. How does your firm address loss prevention? Check all that apply and provide all applicable documentation.
Dedicated Health & Safety Officer (provide resume) Written health & safety plan
Written SPCC plan Written work procedures
Written water intrusion prevention plan Staff training
Written QA/QC plan None
Other (please describe): _____
16. Has your Contractor's Pollution Liability coverage ever been canceled or non-renewed? Yes No
If yes, please explain: _____
17. Has any pollution or environmental claim been made or legal action (including regulatory proceedings) been brought against your firm, its subsidiaries, or its principals? Yes No
If yes, please explain, including:
 - Date of incident
 - Date the claim, suit, or action was made
 - Nature of claim, suit, or action
 - Name of claimant
 - Amount of demand
 - Amount paid or estimation of payment
 - Outcome or current status of claim.
18. Are you aware of any bodily injury, property damage, or other circumstance which may result in a claim, suit, or demand for damages or services? Yes No
If yes, please explain: _____
Please note that the policy shall not apply to such reported claims or circumstances unless scheduled onto the policy by endorsement.
19. What else would help us in underwriting your firm? _____

PART VI – COVERAGE EXTENSIONS

Indicate if coverage is requested and answer corresponding questions.

1. Transportation Pollution Coverage: Yes No If yes, please attach fleet list and auto loss runs.

- a. Percentage of cargo transported by: You (1st party) _% Subcontractor (3rd party) _%
- b. Number of vehicles transporting hazardous materials by type, including owner-operators:

Tractors	Tank Trailers >3,500 gal
Tank/Vacuum Trucks	Tank Trailers ≤ 3,500 gal
Flat Bed Trucks	Flat Bed/Box Trailers
Dump Trucks	Passenger Vehicles:
Pickup Trucks/Vans	Other (describe):
- c. Containment Type: Bulk: _% Container: _%
- d. What percentage of your cargo consists of hazardous materials? _%
- e. Hazardous materials transported: _____
- f. Other commodities transported: _____
- g. Average length of trip: _____ Maximum length of trip: _____
- h. Number of full-time drivers: _____ Part-time drivers: _____ Owner-operators: _____
- i. Have you had any pollution claims from transported cargo in the last five years? Yes No
If yes, please describe: _____

2. Non-Owned Disposal Site (NODS) Coverage: Yes No

- a. Name and address of disposal site(s): _____
- b. Please check all that apply to your solid and hazardous waste disposal:

Large quantity generator (> 1,000 kg/month)	TSD facility
Small quantity generator (100-1,000 kg/month)	Used oil program
Conditionally exempt (<100 kg/mo)	Secondary containment provided

 Other (describe): _____
- c. Please describe the waste generated, including type, volume, storage and disposal. Attach additional sheets if needed.

Disposal Facility	How Long Used?	Type of Waste	Monthly Volume	Storage Method	Disposal Method

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d. Do you perform audits of these disposal facilities? Yes No

e. Who is responsible for transporting waste from a job site? You Third Party

If Third Party, please provide name. _____

f. Has your company ever been named a Potentially Responsible Party (PRP) in association with a non-owned disposal site? Yes No

If yes, please describe: _____

- 3. Biological Contamination (Mold) Coverage:** **Yes** **No**
- a. Have you had any biological contaminant claims or incidents (including mold, water damage or indoor air quality issues) in the last five years? Yes No
- If yes, please describe: _____
- b. How do you manage your mold risk? Check all that apply. For affirmative answers, please describe or attach copies.
- Written water intrusion and mold mitigation plan Written QA/QC plan
- Written employee and subcontractor training plan Training of facility owner or manager prior to turnover
- Written mold inspection program Standard process to respond to mold complaints
- c. Are materials inspected for water damage and mold prior to installation? Yes No
- d. Are materials protected to prevent exposure to vapor and moisture? Yes No
- e. Do standard contracts contain limits to liability with regards to mold? Yes No
- f. Do your subcontractors carry insurance coverage for biological contaminants (including mold)? Yes No
- If yes, are you named as an Additional Insured on this coverage? Yes No
- If yes, what are the limits of insurance with respect to this coverage? \$ _____
- g. Are you involved with Exterior Insulation Finishing Systems (EIFS)? Yes No

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

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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, or 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 ALL OTHER 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 act, which is a crime and may subject such person to criminal and civil penalties.

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.

Applicant signature: _____ Date: _____

Name and title (print): _____

Broker name and firm: _____ Contact: _____

Broker address: _____ Telephone: _____

Email: _____
