

Contractor's Pollution Liability Application



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

PLEASE ANSWER ALL QUESTIONS COMPLETELY

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- Current and prior 3 years currently valued loss history
- Expiring pollution and professional policies

Full Legal Name Of Applicant: _____ Date: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Physical Address: _____
 City: _____ State: _____ Zip Code: _____
 Company Website: _____ Phone.: _____
 D&B No.: _____ NAICS _____ Email address: _____
 Company is a/an: Individual Partnership LLC Joint Venture Corporation
 Other Organization (describe): _____

GENERAL INFORMATION

1. Is this application for a project specific submission? Yes No
If yes, please attach a copy of Project Contract and complete **PROJECT SPECIFIC INFORMATION** section of this application.

2. Please indicate below the coverage requested.

Coverage	Policy Term	Requested Effective Date	Each Pollution Condition Limit	Aggregate Limit	SIR	Retroactive Date (if applicable)
Contractors Pollution <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years		\$	\$	\$	

3. List any entities to be included as Named Insureds on the policy. Please list any ownership or relationship information and date of acquisition or formation:

Named Insured	Ownership/Relationship	Date Of Acquisition/Formation

4. Provide details on prior liability coverage:

Type of Coverage	Carrier	Premium	Retroactive Date	Limits of Liability	Deductible/ SIR
Contractors Pollution					
Non-Owned Disposal Site		\$		\$	\$
Mold And Legionella		\$		\$	\$
Transportation Pollution		\$		\$	\$

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5. Does the applicant currently carry professional liability coverage? Yes [] No []

FINANCIAL AND OPERATIONS INFORMATION

Gross annual revenue includes the total of all receipts, invoices, and billing without deductions of any kind for all named insureds included in this insurance.

1. Provide the applicant's total gross annual revenues for the 2 preceding years and the projected revenues for the upcoming year:

Projected For Upcoming Year \$ _____
 1st Prior Year \$ _____
 2nd Prior Year \$ _____

Percentage of your operations for oil and gas industry: _____ %

2. Does the applicant have a peer review process? Yes [] No []

a. Does the applicant have written in-house quality control procedures?..... Yes [] No []

b. Does the applicant have written in-house health and safety procedures?

If yes, please attach Table of Contents..... Yes [] No []

c. Does the applicant have a written hazardous communication program?..... Yes [] No []

d. Does the applicant have an in-house continuing education program? Yes [] No []

If yes, provide details. **If no**, describe how your professionals receive continuing education and training.

3. List the applicant's estimated gross annual revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross annual revenue includes the total of all receipts, invoices, and billing without deductions of any kind.

Contracting Service	Gross Revenue	Contracting Service	Gross Revenue
Environmental Contracting			
Asbestos abatement	\$	Recycling collection centers	\$
Lead-based paint abatement	\$	Septic tank services	\$
Environmental drilling (not oil/gas)	\$	Soil remediation	\$
Fuel system equipment (excluding tanks) installation and maintenance	\$	Service station contracting (building, construction, concrete, electric)	\$
Groundwater remediation	\$	Storage tank (above ground) installation and removal	\$
Hazardous and emergency response, including spill cleanup	\$	Storage tank (underground) installation and removal	\$
Landfill construction	\$	Transportation – medical waste/ biohazard	\$
Medical waste, crime scene, drug lab remediation	\$	Waste incineration	\$
Mold, fire, water, or storm damage build back & restoration	\$	Wastewater treatment installation & maintenance	\$
Mold prevention and remediation	\$	Wetlands contracting	\$
Radon mitigation	\$		

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Contracting Service	Gross Revenue	Contracting Service	Gross Revenue
Environmental Consulting			
Air monitoring	\$	Hazardous materials consulting	\$
Environmental compliance	\$	Health and safety consulting	\$
Environmental expert witness	\$	Indoor air quality consulting	\$
Environmental feasibility studies	\$	Mold inspection, remediation, testing, and consulting	\$
Environmental impact studies	\$	Non-environmental consulting	\$
Environmental laboratories	\$	Phase I environmental site assessments	\$
Environmental litigation support	\$	Phase II environmental site assessments	\$
Environmental manual preparation	\$	Phase III environmental site assessments	\$
Environmental permitting	\$	Radon testing	\$
Environmental remedial investigation and studies	\$	Safety training	\$
Environmental sampling	\$	Underground storage tank testing	\$
Geophysical consulting	\$	Wetlands consulting	\$
Geotechnical consulting	\$	Wildlife studies	\$
Construction And Trade Contracting			
Aircraft refueling	\$	Insulation	\$
Carpentry	\$	Masonry	\$
Carpet and floor covering	\$	Modular construction	\$
Concrete	\$	Painting	\$
Demolition	\$	Plant repair and maintenance	\$
Drywall and gypsum wallboard	\$	Plumbing	\$
Electrical	\$	Roofing	\$
Excavation – other than contaminated soils	\$	Sewer and utility lines	\$
Fire suppression systems	\$	Steel erection	\$
Foundation	\$	Street and road	\$
General contracting	\$	Tank and pipe cleaning	\$
Glazing windows	\$	Transportation – dry freight	\$
Grading of land and landscaping	\$	Transportation – refuse, trash, and liquid products	\$
HVAC	\$	Weatherization and waterproofing	\$
Industrial cleaning (including janitorial)	\$	Welding	\$
Energy Contracting			
Geothermal contractors	\$	Solar contractors	\$
Oil or gas site preparation	\$	Wind turbine contractors	\$
Other (please be specific):	\$		

PROJECT SPECIFIC INFORMATION

If this application is for a specific project, provide the following information with respect to the project:

Project Name: _____ Project Location: _____

Estimated Project Duration: _____ Start Date: _____

Project is an OCIP:..... Yes [] No [] Project is a CCIP:..... Yes [] No []

Sponsor: _____

Owner or Developer: _____ Years in business: _____

Owner or Developer Contact Name: _____ Phone Number: _____

Address: _____ Email: _____

General Contractor: _____ Years in business: _____

1. Describe wrap-up project and surrounding exposures.

2. Provide the following information for the project:
Construction type: (i.e. frame, concrete, JM, etc.) _____
[] Single family homes [] Townhomes [] Condos [] Apartments [] Other _____
Number of buildings: _____ Number of stories: _____
Number of units per building: _____ Total number of units per project: _____
Cost: \$ _____
Estimated value for all units or completed value: \$ _____
Estimated total field payroll for the project term: \$ _____
3. Does the applicant execute written contracts with all of your contractors or subcontractors? Yes [] No []
If yes:
 - a. Do all contracts include hold harmless and indemnification clauses? Yes [] No []
 - b. Do all contracts limit liability for non-project related injuries? Yes [] No []

INSURANCE AND CLAIMS INFORMATION

1. Is the applicant aware of any circumstances which may result in any claim, suit, or notice of incident against him or her, the firm, his or her predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit, or notice of incident been made against the firm or any staff member? Yes [] No []
If yes, please provide full details of each incident:

2. Has any policy or coverage been declined, cancelled, or non-renewed during the prior 3 years? Yes [] No []
If yes, please provide a detailed explanation:

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of Applicant

Title

Signature of Applicant

Date

(Florida only) Agent license number: _____