



Environmental

PROJECT SPECIFIC APPLICATION FOR CONTRACTORS POLLUTION LIABILITY INSURANCE

NOTICE: THE CONTRACTORS POLLUTION LIABILITY POLICIES PROVIDE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSTRUCTIONS:

1. ALL questions must be answered. If "none" or "not applicable" so indicate. If an order to bind is received, the application is attached to the policy so it is necessary that all questions be answered in detail.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. This form must be signed and dated by an owner, partner, or director/officer of the applicant.
4. The term "you," as used in this application, refers to any entity seeking insurance coverage.

SUBMISSION REQUIREMENTS:

1. Complete copy of project contracts (including insurance requirements, hold harmless agreements, waivers of subrogation and work order changes)
2. Provide Request for Proposal (RFP) if applicable.
3. Copies of contracts between lead contractors and/or owner and all subcontractors doing work under this contract.
4. At least 2 years audited financials for Applicant.
5. Attach loss information for any pollution contamination incidents at other projects/owned properties in past 5 years.

Part I: APPLICANT

1. NAMED INSURED: _____
Mailing Address: _____
City: _____ State/Province: _____ Zip: _____
Web-site: _____

2. APPLICANT is Project: Owner Lead Contractor P3 (Public Private Partnership)
Applicant is: Corporation Joint Venture LLC Partnership
Please list participants of JV, LLC or Partnership:

Is this insurance being requested as: OCIP CCIP Owners Protective
Project Specific Insurance for a specific trade/scope? Yes No (If yes, describe in Part II, 4. below)

Part II: PROJECT INFORMATION

1. Name/Designation: _____
2. Project Location: _____
3. Contract Number: _____

4. Project Description/Nature of Operations/Any type of specialty equipment to be used

5. Is this a Superfund National Priorities List /DOD/DOE Site? Yes No

6. Site Description (include acreage, significant site features, body of water and immediate surrounding areas)

7. Project Duration:

Will the project be constructed in stages? Yes No If yes,

Phase I:	Construction Start-Up Date _____	Completion Date _____
Phase II:	Construction Start-Up Date _____	Completion Date _____
Phase III:	Construction Start-Up Date _____	Completion Date _____
Phase IV:	Construction Start-Up Date _____	Completion Date _____

8. Total Estimated Project: Construction Value _____ Project payroll _____

9. Bid Type: Cost Plus Fixed Cost Other

If Other, Please explain: _____

10. Will the project be bonded? Yes No

If yes, with what company? _____

11. Does the applicant currently carry Contractor's Pollution Legal Liability insurance on a blanket basis?

Yes No

If yes, with what company? _____

What are the limits of liability maintained on the above policy? _____

Part III. CONTRACTING OPERATIONS TO BE PERFORMED UNDER CONTRACT:

Indicate estimated Construction Value (CV) or Percentage Of Billings for each of the following operations:

ENVIRONMENTAL CONTRACTING OPERATIONS	Est. Gross Revenue or %CV
Asbestos/Lead Abatement	
Mold Abatement	
Barrier/Liner Construction	
Construction or Project Management (Supervision of Environmental Construction Activities)	
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	

NON-ENVIRONMENTAL CONTRACTING OPERATIONS	Est. Gross Revenue or %CV
Carpentry/Framing	
Construction or Project Management (Supervision of Construction Activities)	
Demolition/Dismantling	
Dredging (Expanding the width & depth of waterways)	
Drilling (Oil/Gas/Water)	
Electrical	
Excavation or Grading	
General Contracting	
Home 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)	
Waste Hauling - Other than that listed above in the Environmental Section	
Wetlands Contracting	
Other Non-Environmental Contracting Describe: _____	
Total Non-Environmental Contracting Revenue	

Part IV. CLAIM HISTORY

- Are any Pollution Liability claims paid or pending at the proposed Project Location? Yes No
 If yes, state 1) the date when claim was made; 2) the date the incident, act or omission giving rise to the claim tookplace; 3) name of the claimant; 4) nature of the claim; 5) amount paid or estimated may be paid; and 6) final disposition or current status.

- Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought as respects this project?
 Yes No If, yes, give full details:

Part V. CONTRACT/COVERAGE REQUIREMENTS

- A. Contractors Pollution Liability - Claims Made Occurrence
- B. Limits of Liability _____ each claim _____ aggregate
- C. Deductible/SIR _____
- D. Policy Term _____
- E. Years Completed Operations/ERP _____
- F. Microbial Matter Coverage* Yes No
- G. Non-Owned Disposal Site Coverage* Yes No

*If items F or G are required, please complete the following section(s):

MICROBIAL MATTER COVERAGE:

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 or at the project location? Yes No If yes, please describe:

- b. Is there a written reporting procedure for water leaks or mold issues at a job site? Yes No
- 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. Are all building materials inspected upon delivery for pre-existing mold contamination? Yes No
- e. When using subcontractors, does the applicant obtain written verification that the sub is certified in Mold Remediation or Mold Awareness? Yes No
- f. Are certificates of insurance requested verifying insurance coverage for microbial matter/fungus/mold from subcontractors? Yes No If yes, please describe: _____
- g. Does applicant assume liability for mold not otherwise imposed by law? Yes No

DISPOSAL SITE COVERAGE:

1. Does the applicant or any other project participant require disposal of any hazardous materials as part of its operations? Yes No If Yes, please describe (attached additional sheets if necessary).

Material	Volume	Disposal Facility

2. Does the applicant or any other project participant have a standard due diligence procedure when sending waste to disposal sites? Yes No If yes, please attached a summary of those procedures.

NOTICE TO 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.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

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 ANY INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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, 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 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. **THE UNDERSIGNED APPLICANT DECLARES, WARRANTS AND REPRESENTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. THE APPLICANT FURTHER DECLARES, WARRANTS AND REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

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.

FURTHER, THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THE CONTRACTORS POLLUTION LIABILITY POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT OR CLEANUP COSTS TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

APPLICANT: _____ **DATE:** _____
(Signature)

APPLICANT: _____
(Print Name)

BROKER: _____
(Firm)

(Address)

Signature: _____

License # & State: _____

(Tax ID#): _____