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CONTRACTORS POLLUTION LIABILITY APPLICATION REQUIREMENTS

For Annual Policies:

1. Contractors Pollution Liability Application - complete all questions in full.
2. In SECTION V – GROSS RECEIPTS INFORMATION, please list your estimated gross receipts *including subcontracted work* for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this section we will be unable to evaluate your account.
3. Environmental contractors should NOT use this application.
4. Include a copy of your most current annual financial statement including income statement.

For Project Specific Policies:

1. Contractors Pollution Liability Application - complete all questions in full.
2. In SECTION V, please list the estimated gross receipts for the project only *including subcontracted work* for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). Do not include receipts or operations for work that is not part of the project for which coverage is sought.
3. Environmental contractors should NOT use this application.
4. Provide a description of the project, owner, duration, location, gross receipts, contract number and a FULL copy of the contract for the project that coverage is desired for.

CONTRACTORS POLLUTION LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS IN FULL NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

SECTION I - GENERAL INFORMATION	
Applicant:	
Address:	
City:	State & Zip Code:
Phone Number:	Fax Number:
Date:	E-Mail Address:

SECTION II – COVERAGE INFORMATION	
1. COVERAGE REQUESTED	2. PROPOSED EFFECTIVE DATE:
a. New Business:	
b. Renewal:	
3. CURRENT CGL COVERAGE INFORMATION	4. CPL - LIMITS OF LIABILITY/DEDUCTIBLE
a. Carrier:	a. Limits Requested:
b. Inception/Expiration Dates:	b. Deductible Requested:
c. Limits Of Insurance & Deductible:	c. Retroactive Date Requested:

SECTION III – PRIOR LIABILITY CARRIER INFORMATION

1. Carrier:

2. Limits Of Liability & Deductible:

3. Receipts:

4. Premium:

5. Any policy or coverage declined, cancelled or non-renewed during the prior three years?

Yes No

If Yes, please explain:

SECTION IV –COMPANY INFORMATION

1. Date Established:

2. How many years has applicant performed environmental services?

3. Have there been any changes in the Board of Directors or senior management of the Applicant within the last year?

Yes No

If Yes, please explain:

4. Does the firm have subsidiaries?

Yes No

If Yes, please explain:

5. Does the firm have a parent company?

Yes No

If Yes, please explain:

6. Does the firm have other related entities?

Yes No

If Yes, please explain:

7. Do you share employees?

Yes No

If Yes, please explain:

8. Total Employees (List each person only once by primary function):

a. Principals:

b. Administrators and Clerical:

c. Project Supervisors / Foreman:

d. Equipment Operators:

e. Laborers:

f. Other (specify):

NOTE: PLEASE ATTACH ALL KEY PERSON(S), RESUMES, CERTIFICATIONS AND LICENSES

9. Subcontractors/Sub-Consultants/Independent Contractors

Does your firm collect certificates of insurance from all subcontractors? Yes No

If Yes, please explain:

10. Please identify the services that you subcontract:

11. Applicable Cost:

12. Do you use a standard indemnity contract with your clients and subs?

Yes No

If No, please detail your contract procedures:

<p>13. Do you install any type of liner (i.e. landfill, lagoons, etc)?</p> <p>If Yes, please provide full details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>14. Do you perform any Build Black/Restoration Work that is NOT associated with mold, fire or water damage/remediation?</p> <p>If Yes, please provide applicable % of your total operations:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Do you perform any installation, maintenance or repair operations related to Artificial Stucco or EIFS (Exterior Insulation and Finish Systems)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>16. Are you involved in any way in the construction of any building(s), structure(s) or addition(s)?</p> <p>If Yes, please provide full details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Please list all project in which your final invoice is now more than 60 days past due:</p> <p>a.</p> <p>b.</p> <p>c.</p>	
<p>18. Do you conduct underground storage tank installation work?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please answer the following?</p>	
<p>a. What percentage of your overall sales are associated with this operation?</p>	
<p>b. Are the installed tanks precision tightness tested before being released to owner?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>c. Do you apply any type of corrosion protection?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>d. Are tanks tested and certified by a registered professional before use?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>19. Has any claim, suit or notice of incident been made against the firm or any staff member?</p> <p>If Yes, please provide full details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

20. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member?

Yes No

If Yes, please provide full details:

SECTION V – GROSS RECEIPTS INFORMATION

Gross Receipts (GR) for the past 3 fiscal years:

Prior Year 1 GR: \$

Prior Year 2 GR: \$

Prior Year 3 GR: \$

IMPORTANT NOTE:

Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other", (specific):

CONTRACTING:	Est. Gross Receipts:	CONTRACTING	Est. Gross Receipts:
Above Ground Storage Tank	\$	Landscaping	\$
Build Back / Restoration	\$	Masonry	\$
Carpentry / Framing	\$	Mechanical Construction	\$
Carpet/Upholstery Cleaning	\$	Metal Erection	\$
Concrete (Foundation)	\$	Mold Abatement	\$
Concrete (Other)	\$	Painting (Interior)	\$
Construction (Residential)	\$	Painting (Exterior)	\$
Construction (Commerical)	\$	Pile Driving	\$
Debris Removal	\$	Plumbing	\$
Demolition (Interior)	\$	Refrigeration	\$
Demolition (Exterior)	\$	Roofing (Hot Tar)	\$
Dredging	\$	Roofing (all other)	\$
Drywall/Wallboard	\$	Salvage Operations	\$
Drillers (not oil & gas)	\$	Sewer Main Construction	\$
Electrical	\$	Street Road Contracting	\$
Emergency Response - Fire	\$	Tank & Pipe Cleaning	\$
Emergency Response - Sewage	\$	UST (Installation, etc)	\$
Emergency Response - Water	\$	UST (Removal)	\$
Excavation	\$	Waste Water	\$
Flooring	\$	Water Extraction	\$
Furniture Moving	\$	Water Main Construction	\$
Grading of Land	\$	Welding	\$
HVAC	\$	Industrial Maintenance	\$
Industrial Maintenance	\$	Insulation/Fire Proofing	\$

Other Contracting: (Please describe)		
Total Contracting Estimated Gross Sales:		

SECTION VI – ADDITIONAL REQUIRED APPLICATION MATERIALS

- Resumes of key personnel, brochures and a list of previous projects.
- Most recent annual income statement showing applicable gross sales.
- Copy of standard contract (if applicable) referred to under Section IV, number 9.
- Five years of currently valued CGL loss runs including pollution and professional, if applicable.
- Copy of expiring policy, if any, showing retroactive dates.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. 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 or the insurer to complete the insurance.

NOTICE TO APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act which is a crime.

You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Title:

Date:

FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL 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 shall also be subject to a civil penalty not to exceed five thousand dollar and the stated value of the claim for such violation.