COMBINED PROFESSIONAL LIABILITY & CONTRACTOR'S POLLUTION LIABILITY INSURANCE APPLICATION

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, Professional Liability and General Liability
- Standard client and subcontractor contract documents
- Resumes, licenses and certifications of key personnel
- 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, specify:

PART II - COVERAGE

Existing Coverage:

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

Requested Coverage:

	Each Incident/Aggregate Limits	Deductible/SIR	Retroactive Date
Professional Liability			
Contractor's Liability (CPL)			

Effective date: _____

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. Number of personnel in each category:

Principals/Owners	_____	Architects	_____	Chemists	_____
Civil/Structural Engineers	_____	Field Personnel	_____	Certified Industrial Hygienists	_____
Supervisors/Foremen	_____	Geologists	_____	Microbiologists/Mycologists	_____
Risk Manager/Loss Control	_____	Laborers	_____	Admin/Clerical/Other (describe):	_____

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

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

10. Indicate operations performed and percent contracted (please note the sum of Total Contracting and Consulting should equal total revenue estimation for the next 12 months):

ENVIRONMENTAL CONSULTING OPERATIONS	Est. Gross Revenue	% Subcontracted
Air Quality Testing		
Asbestos/Lead Assessment, Remedial Design & Monitoring		
Habitational/Residential		
Commercial/Public		
Other (specify):		
Mold Assessment, Remedial Design & Monitoring		
Habitational/Residential		
Commercial/Public		
Other (specify):		
Construction or Project Management ("At-Risk" only)		
Decommissioning Design for Radioactive & Nuclear Facilities		
Health & Safety Training, OSHA Compliance		
Lab Analysis (Environmental)		
Phase I - Environmental Risk Assessments		
Phase II - Environmental Site Assessments		
Phase III - Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting - Permitting & Compliance Audits		
Tank System Design & Testing		
Waste Arranging & Brokering (not including hauling/disposal fees)		
Wetlands Restoration (planning, designing or permitting)		
Other (please specify):		
Other (please specify):		
Total Environmental Consulting Revenue		

NON-ENVIRONMENTAL CONSULTING OPERATIONS	Est. Gross Revenue	% Subcontracted
Building Conditions Inspector/Real Estate Audits		
Civil Engineering (please describe):		
Construction or Project Management ("At-Risk")		
Geotechnical Engineering (Foundation, Slope, Soil, Seismic)		
Lab Analysis, Materials Testing (Non-Environmental)		
Land Surveying		
Mechanical Engineering (incl. HVAC, Plumbing, Electrical)		
Process Engineering (Potable & Wastewater Facilities)		
Process Engineering (Other)		
Software Design/Programming		
Structural Engineering (please describe):		
Other Design/Consulting/Engineering Operations		
Other (please specify):		
Other (please specify):		
Total Non-Environmental Consulting Revenue		

ENVIRONMENTAL CONTRACTING OPERATIONS	Est. Gross Revenue	% Subcontracted
Asbestos/Lead Abatement		
Habitational/Residential		
Commercial/Public		
Other		
Mold Abatement		
Habitational/Residential		
Commercial/Public		
Other		
Barrier/Liner Construction		
Construction/Project Management ("At-Risk," i.e. supervising subs)		
Dredging (Associated with Environmental Remediation)		
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		
Other (please specify):		
Other (please specify):		
Total Environmental Contracting Revenue		

NON-ENVIRONMENTAL CONTRACTING OPERATIONS	Est. Gross Revenue	% Subcontracted
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		
Street and Road Services		
Underground Storage Tank Services		
Other (please specify):		
Other (please specify):		
Total Non-Environmental Contracting Revenue		

Product Design & Manufacturing With & Without Installation	Est. Gross Revenue	% Subcontracted
Product Design and/or Manufactured with Installation (describe):		
Product Design and/or Manufactured without Installation (describe):		
Total Product Design/Sale Revenue		

11. List of 5 largest projects in the last three years (or attach SF 254):

	Project 1	Project 2	Project 3	Project 4	Project 5
Project name/client					
Projected/actual gross revenue					
Start date					
Completion date					
Services provided					

PART IV - CONTRACTS

12. Have you ever entered into any joint venture agreements to which this insurance should apply? ☐ Yes ☐ No

    If yes, please describe and attach agreement: _____

13. Identify the percentage of jobs performed under the following types of agreements: Written Contract: _____% Oral Agreement: _____% Letter Agreement: _____%

14. How are non-standard client and/or subcontract agreements reviewed? ☐ Attorney – Outside ☐ Agent Reviews ☐ Attorney - In-House ☐ Staff - describe: _____

15. Do you use a standard Indemnity Limitation wording in your contracts? ☐ Yes ☐ No

16. Do you use a Limitation of Liability of a specified dollar amount? ☐ Yes ☐ No

    If yes, indicate dollar limit: $ _____

17. Does your contract include a disclaimer regarding 3rd party use of your report products? ☐ Yes ☐ No

PART V – SUBCONTRACTORS

18. Do you use written contracts with your subcontractors? ☐ Yes ☐ No

19. Do you require your subcontractors to carry any of the following coverages? ☐ General Liability ☐ Auto **with Pollution** ☐ Contractor's Pollution (CPL) ☐ Professional Liability (PL)

20. If yes, are you listed as an Additional Insured? ☐ Yes ☐ No On which policies? _____

21. What minimum limits of liability do you require of subcontractors? GL $_____ Auto $ _____ CPL $_____ PL $_____

    For which subcontractors? _____

PART VI – RISK MANAGEMENT

22. How does your firm address loss prevention? Check all that apply and provide all applicable documentation.

- ☐ Dedicated Health & Safety Officer (provide resume)
- ☐ Written SPCC plan
- ☐ Written water intrusion prevention plan
- ☐ Written QA/QC plan
- ☐ Written health & safety plan
- ☐ Written work procedures
- ☐ Staff training
- ☐ None
- ☐ Other (please describe): _____

23. Has your Professional or Pollution Liability coverage ever been canceled or non-renewed? ☐ Yes ☐ No

    If yes, please explain: _____

24. Has any staff member or employee been the subject of disciplinary action by authorities as a result of professional or contracting activities? ☐ Yes ☐ No

    If yes, please explain: _____

25. Have any projects been terminated by a client prior to completion? ☐ Yes ☐ No

    If yes, please explain: _____

26. Has any pollution or environmental claim been made or legal action (including regulatory proceedings) been brought against the applicant, 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.

27. 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: _____

28. What else would help us in underwriting your firm? _____

PART VI – COVERAGE EXTENSIONS

Indicate if coverage is requested and answer corresponding questions.

1. Waste Brokering/Waste Arranging: ☐ **Yes** ☐ **No**

a. Is the waste transported by 3rd party transportation company? ☐ Yes ☐ No

   If yes, do you verify that the transporter's insurance includes:

   1. A pollution endorsement? ☐ Yes ☐ No
   2. An MCS-90 endorsement? ☐ Yes ☐ No

b. Do you take title to any waste or cargo at any time? ☐ Yes ☐ No

c. Do you select or recommend the landfill/location on behalf of client? ☐ Yes ☐ No

   If yes, do you verify that:

   1. The landfill/location is classified to accept the waste? ☐ Yes ☐ No
   2. The landfill/location is insured? ☐ Yes ☐ No

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

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

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

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

If Third Party, please provide name. _____

e. 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. **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: _____

c. Number of full-time drivers: _____ Part-time drivers: _____ Owner-operators: _____

d. Have you had any pollution claims from transported cargo in the last five years? ☐ Yes ☐ No

If yes, please describe: _____

4. 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
☐ Other (describe): _____

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: _____