

Application

GENERAL CONTRACTORS POLLUTION LIABILITY

EIL-GCPL



INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED.
2. IF SPACE IS INSUFFICIENT TO COMPLETE ANSWERS ATTACH ADDITIONAL SHEETS OF PAPER.
3. HAVE APPLICATION SIGNED AND DATED BY AN OWNER, PARTNER OR DIRECTOR/OFFICER OF YOUR FIRM.
4. INCLUDE A COPY OF THE COMPANY'S AUDITED FINANCIAL STATEMENTS FOR THE PAST TWO YEARS.

APPLICANT

1. NAME: _____ BROKERS NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

2. SALES: CURRENT YEAR (ESTIMATED) = _____

PAST 3 YEARS:	SALES	PAYROLL	AVERAGE # OF EMPLOYEES
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20 _____	= _____	_____	_____
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20 _____	= _____	_____	_____
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20 _____	= _____	_____	_____
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Attach financial statements for past two years.

3. HOWLONG HAS THE APPLICANT BEEN IN BUSINESS? _____

4. APPLICANT IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL

5. ARE ANY JOINT VENTURES BEING PROPOSED FOR COVERAGE UNDER THIS POLICY? YES ☐ NO ☐

If Yes, please give details: _____

6. SERVICES PROVIDED BY APPLICANT DURING THE PAST THREE YEARS:

(A) WHAT TYPES OF WORK HAS APPLICANT PERFORMED? SUBCONTRACTOR _____ % GENERAL CONTRACTOR _____ %

(B) SPECIFIC CATEGORIES OF WORK PERFORMED:	% OF REVENUE:	% SUBCONTRACTED
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CARPENTRY	_____	_____
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CONSULTING	_____	_____
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DEMOLITION	_____	_____
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DRILLING	_____	_____
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ELECTRICAL	_____	_____
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EXCAVATION	_____	_____
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GRADING	_____	_____
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HVAC/MECHANICAL	_____	_____
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INSPECTION	_____	_____
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INSULATION	_____	_____
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LOGGING	_____	_____
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MASONRY	_____	_____
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MARINE CONTRACTING	_____	_____
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OIL LEASE CONTRACTING	_____	_____
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PAINTING	_____	_____
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PIPELINE CONTRACTOR	_____	_____
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PLUMBING	_____	_____
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ROOFING	_____	_____
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STEEL ERECTION	_____	_____
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STREET AND ROAD	_____	_____
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OTHER (describe) _____	_____	_____
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7. (A) IS THE APPLICANT OWNED OR CONTROLLED BY ANOTHER COMPANY? YES [] NO []
 (B) DOES THE APPLICANT HAVE ANY SUBSIDIARY OR SISTER COMPANIES? YES [] NO []

If the answer to (a) and /or (b) is Yes, please give details: _____

8. TOTAL PROFESSIONAL STAFF OF APPLICANT:

- A. PRINCIPALS: _____
 B. SUPERVISORS/FOREMEN: _____
 C. ARCHITECTS AND ENGINEERS: _____
 D. FIELD PERSONNEL: _____
 E. HYDROGEOLOGISTS, GEOLOGISTS, AND CHEMISTS: _____
 F. OTHER (describe): _____

9. IN WHAT STATES AND COUNTRIES HAS THE APPLICANT PERFORMED OPERATIONS? _____

10. DOES ANY ONE CONTRACT OR PROJECT REPRESENT MORE THAN 25% OF THE APPLICANTS' ANNUAL REVENUES? YES [] NO []

If the answer to (a) and/or (b) is Yes, please give details: _____

11. WHAT IS THE LARGEST PROJECT BASED ON CONTRACT VALUE THAT THE APPLICANT HAS WORKED ON DURING THE PAST THREE YEARS?

CLIENT: _____ LOCATION: _____

SERVICES PROVIDED: _____

CONTRACT VALUE: _____

SUBCONTRACTORS

12. ARE UPDATED CERTIFICATES OF INSURANCE FROM SUBCONTRACTORS KEPT ON FILE? YES [] NO []
 13. ARE SUBCONTRACTORS' CERTIFICATES OF INSURANCE REQUIRED TO SHOW POLLUTION LIABILITY INSURANCE? YES [] NO []
 14. DO YOU REQUIRE SUBCONTRACTORS' POLICIES TO NAME YOU AS AN ADDITIONAL INSURED? YES [] NO []
 15. LIST THE APPLICANT'S ENVIRONMENTAL SUBCONTRACTORS:

COMPANY	SERVICES PROVIDED	CONTACT AND TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. WHAT ARE THE MINIMUM LIMITS OF LIABILITY YOU REQUIRE FROM YOUR SUBCONTRACTORS?

GENERAL LIABILITY _____

POLLUTION LIABILITY _____

PROFESSIONAL LIABILITY _____

17. ARE ALL SUBCONTRACTORS HIRED UNDER WRITTEN CONTRACT? YES [] NO []

PRIOR INCIDENTS

18. HAVE ANY CLAIMS ARISING FROM THE ACTUAL, ALLEGED OR THREATENED RELEASE OF POLLUTANTS BEEN PREVIOUSLY MADE AGAINST THE APPLICANT OR REPORTED UNDER ANY CONTRACTOR'S POLLUTION POLICY? YES [] NO []

If Yes, please give full details: _____

19. 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 MAY BE SOUGHT UNDER ANY CONTRACTOR'S POLLUTION POLICY? YES [] NO []

If Yes, please give full details: _____

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION AND COMPANY'S WRITTEN AGREEMENT TO BE BOUND IS REQUIRED TO BIND COVERAGE AND TO ISSUE POLICY. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO THE POLICY.

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.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT: _____ DATE: _____
(Signature of Principal)

APPLICANT: _____ TITLE: _____
(Print name)

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