

Contractors and Consultants Pollution Liability Application



Zurich Insurance Company

Administrative Offices: 400 University Avenue, Toronto, Ontario, M5G 1S7

Instructions

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper, or utilize blank sheet at the end of the application.
3. Have this application signed and dated by an authorized owner, partner, director or risk manager of the proposed first Named Insured. For purposes of this application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
 - a. This application.
 - b. Most recent two years of audited financial statements.
 - c. Currently valued general liability, contractor's pollution liability and professional liability loss runs for the past five years.
 - d. Resumes/Licenses/Certifications of key personnel
 - e. Brochures/Statements of qualifications.
 - f. Project list - including the ten largest jobs initiated in the last three years.
 - g. Sample contract for use with clients, subcontractors and subconsultants.
 - h. If project specific, standard operating procedures (SOP)

Please indicate which coverage you are seeking:

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contractors Pollution Liability (CPL) only | <input type="checkbox"/> Professional Liability (E&O) only |
| <input type="checkbox"/> Combined CPL and Professional Liability (PEC) | <input type="checkbox"/> Environmental Services Policy (ESP-Combined GL, CPL, E&O) |

A. General Information

Named Insured: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip code: _____

Contact name and title: _____

Telephone: _____ Fax: _____

E-mail: _____ Web address: _____

Requested effective date of coverage: _____

How many years has the Applicant been in business? _____

How many years has the Applicant performed environmental services? _____

Named Insured is Partnership Corporation Joint venture Other, please describe below: _____

1. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other person or entity? Yes No
2. Does the Applicant directly or indirectly own, control or have liability for any other person or entity? Yes No
3. Has the Applicant's name or form of business entity changed, or has any other person or entity been purchased by, merged with, or consolidated into the Applicant? Yes No
If "yes," please detail changes in chronological order.

B. Coverage Information

1. Requested limits of liability:

_____ Each claim _____ Aggregate _____ Deductible

2. Please list your current liability coverage information.

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR	Retroactive Date or Occurrence
Contractors Pollution						
General Liability						
Professional Errors and Omissions						
Contractor Pollution and Professional						

C. Exposure History

	Year	Revenues (\$)	Payroll (\$)	Employees (#)
Current/Projected				
Expiring				
First Prior Year				
Second Prior Year				
Third Prior Year				

D. Operations

1. What is the geographical extent of the Applicant's operations? Please provide the province/state/country, where services are performed and associated percentage of revenue.

Province/State/Country	Services Performed	Percent of Revenue (%)

2. Please describe below any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired.

3. Does the Applicant own, operate or lease a water treatment, storage or disposal facility? Yes No
4. Does the Applicant recommend, select or arrange for the treatment, storage or disposal of materials? Yes No
5. Does the Applicant or any other person or organization for whom the Applicant is or may be liable engage now or in the past in:
- a. Design/build activities? Yes No
- b. Manufacture, sale, leasing or distribution of any product? Yes No
- c. Real estate development? Yes No
- d. Development, design, redesign, or leasing computer software or equipment or provide computer consulting activities? Yes No
- e. Waste management or waste brokering activities? Yes No
6. Have there been any significant changes in business strategy over the past year? Yes No
7. Have there been any significant changes in management over the past year? Yes No
8. Is the Applicant providing any services not provided last year? Yes No
9. Has the Applicant filed for bankruptcy in the last five years? Yes No

If "yes" was answered for any of the above questions, please describe.

E. Breakout of Operations

1. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients.

Category	Percent (%)	Category	Percent (%)
Commercial		Real Estate Development	
Contractors, Architects, Engineers or Environmental Consultants		Lending Institutions	
Industrial		Owners who act as their own contractors	
Federal Government		Educational/Institutional	
Provincial Government		Other (Please explain below)	
Local Government			

2. What percentage of your work is with repeat customers? _____

3. Column A is the dollar value of Gross Receipts.
 Column B is the percent of Gross Receipts subcontracted.
 Column C is the dollar value of Payroll

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
Environmental Contracting			
<i>Remediation</i>			
Bio Remediation			
Dredging			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
PCB Handling			
Soil Excavation			
Soil/Groundwater Treatment			
Other Remediation (explain below)			
Subsurface Activities			
Pipeline construction			
Sewer/septic services			
UST Installation, removal and cleaning			
Other subsurface (explain below)			
Industrial Maintenance			
Above-ground tank cleaning			
Hydroblasting			
Other Industrial Maintenance (explain below)			
Mobile Operations			
Incineration			
Wastewater Treatment			
Other Mobile Operations (explain below)			
Asbestos and Lead			
Asbestos abatement			
Lead abatement - commercial			
Lead abatement - residential			
Mold Abatement (complete supplemental mold application)			
Mold abatement - commercial			
Mold abatement - residential			
Fire, Smoke, Water Damage Restoration (complete supplemental mold application)			
Water extraction/drying - commercial			
Water extraction/drying - residential			
Miscellaneous			
Electrical/HVAC/Plumbing			
Emergency response			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
General construction			
Lab packing			
Soil/Well/Ground water boring			
Storage and disposal			
Supervision and oversight			
Non-environmental contracting			
<i>Miscellaneous</i>			
Carpentry NOC			
Dry wall or wallboard installation			
Electrical			
General contractor - CM - commercial			
General contractor - CM - residential			
Heating and/or heating and air conditioning			
Insulation work - mineral			
Insulation work - organic or plastic			
Insulation work - plastic - NOC			
Paving, grading, landscaping, street & road			
Painting interior - buildings or structures			
Plumbing - commercial and industrial			
Roofing			
Siding and window installation			
Wrecking (three stories or less)			
Other (explain below)			
Total (all above categories)			
Professional Services			
Environmental assessments			
Environmental consulting			
Environmental engineering			
Geotechnical (CA & FL)			
Geotechnical (all other states)			
Lab packing			
Mold assessment (complete supplemental mold application)			
Mold investigation (complete supplemental mold application)			
Mold remediation design (complete supplemental mold application)			
Phase I Site assessments (document and site evaluation)/real estate/financial			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
Project Management			
Process engineering and treatment plant design			
Remedial design			
Waste brokering			
Other (explain below)			

F. Subcontractors

1. What percentage of the time are current certificates of insurance received from subcontractors/subconsultants prior to the performance of work? _____
2. What percentage of the time does the Applicant require subcontractors' policies to name you as an additional insured? _____
3. What percentage of the time are total defense and indemnity agreements obtained from your subcontractors/subconsultants? _____
4. Are subcontractors/subconsultants required to have pollution liability insurance? Yes No
If required by trade only, please identify trades

5. What are the minimum limits of liability required for your subcontractors/subconsultants?
_____ General liability _____ Pollution liability _____ Professional liability
6. What percentage of the time are subcontractors/subconsultants hired under written contract? _____

G. Contracting Procedures

1. What percentage of your projects have a signed contract prior to the commencement of services? _____
2. How do you evaluate clients before entering into a contract?

3. How do you evaluate your contracts?

4. Who has the authority to sign contracts?

H. Claims and Circumstances

1. Has the Applicant ever been subject to any claim by any client or other third party? Yes No
If "yes," please explain.

2. Has the Applicant, or project subsequent to the Applicant's performance of professional services or contracting operations, ever been subject to:

a. Any formal or informal disciplinary or enforcement action arising from any professional services or any contracting operations?

Yes No

b. Any action by any regulatory agency or any private party for any violation of any legal or any professional standard?

Yes No

If "yes" please explain.

3. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from:

a. Any professional services or any contracting operations ever provided by the Applicant?

Yes No

b. Any releases of any substance into the environment subsequent to the Applicant's involvement in the Project, from or at any project where the Applicant ever provided professional services or contracting Operations?

Yes No

If "yes," please explain.

I. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE PROFESSIONAL SERVICES OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

J. Applicant Information

Applicant's signature: _____

Applicant's name (please print): _____

Title: _____ Date: _____

Insurance representative: _____

Name of firm: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Additional Space for Answers

Please indicate Section letter and Question number when completing answer.