

XL Pollution Application Construction Companies

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PLEASE READ THE APPLICANT INSTRUCTIONS BELOW CAREFULLY AND FILL OUT THIS APPLICATION COMPLETELY.

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no blank spaces.
2. If any questions do not apply, or the answer is "No", please indicate.
3. In addition to completing this Application, please attach copies of the following:
 - Past two (2) years financials including balance sheet and income statement (audited preferred).
 - Past three (3) years currently valued loss runs for lines of coverage requested. If no prior coverage, please provide past three (3) years of currently valued General Liability loss runs.
 - Narrative description of any reserve greater than \$25,000.
 - Pertinent marketing or qualification information for the Applicant

Section 1 – Applicant Information			
APPLICANT NAME:			
Street Address:			
City/State/Zip Code:			
Contact Name:		Contact Title:	
Telephone:		Fax:	
E-mail:		Website:	
Year business started operation:			

Section 2 – Coverage Requested			
<input type="checkbox"/> Pollution Liability	<input type="checkbox"/> Occurrence (OCC)	<input type="checkbox"/> Claims Made (CM)	Retro Date:
Proposed Effective Date:		SIR Requested:	\$
Limits Requested (Occ/Agg):		\$ / \$	

Section 3 – Expiring Insurance Program					
Pollution Liability			General Liability		
<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM
Carrier:		Carrier:			
Limits:		Limits:		\$	
SIR:		SIR:		\$	
Premium:		Premium:		\$	
Eff. Dates:		Eff. Dates:			
Policy Term:		Policy Term:			
Retro Dates:		Retro Dates:			

Section 4 – General Information
Describe your Contracting Services:

Section 5 – Geographic Areas of Operations (total 100%)		
Domestic:	%	List key states:
Canada:	%	List provinces:
Foreign:	%	List countries: (Include % revenue and if physical office location)

Section 6 – Company History		
Are your firm's past operations significantly different than your current operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Has your firm operated under a different name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Has your firm experienced any merger, acquisition, consolidation or divestiture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		

Section 7 – Related Entity Information (for which coverage is being requested)

Note: Revenues for entities listed here should be included in totals reported in Sections 8 and 12.

Name of Entity	Services Performed/Relationship	Revenue	Active	Inactive	% Ownership
		\$	<input type="checkbox"/>	<input type="checkbox"/>	%
		\$	<input type="checkbox"/>	<input type="checkbox"/>	%
		\$	<input type="checkbox"/>	<input type="checkbox"/>	%
		\$	<input type="checkbox"/>	<input type="checkbox"/>	%

If additional space is required, please provide additional sheet.

Section 8 – Revenue History

Fiscal Year	Date Range (mm/dd/yr)	Total Gross Revenue for applicable Fiscal Year
Estimated Next 12 months Fiscal Year		\$
Estimated Current Fiscal Year		\$
Last Completed Fiscal Year		\$

Section 9 – Client Information

Federal Government	%	Commercial Entities	%
State/Local Government	%	Residential*	%
Industrial Entities	%	Other (Explain)	%
What percentage of work is attributable to repeat clients?			%

* Residential includes single family homes, apartments, condominiums and timeshares

Section 10 – Contracts / Subcontractors

What percent of projects are performed under verbal agreement?			%
Are subcontractors required to carry Pollution Liability coverage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which type of subcontractors?	If yes, what percentage of the time? %	If yes, what limits? \$	

Section 11 – Risk Management (*Copies may be requested for review)

Does your firm have a dedicated Risk Manager?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have written procedures to control water intrusion?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm use third-party quality inspection firms at critical project stages?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have standard protocol for working in contaminated areas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have a written Quality Assurance / Quality Control program?*		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your firm constructing or involved with "green" buildings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide full details and percentage:			
Does your firm construct wood frame buildings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide full details and percentage:			
Is your firm involved with Exterior Insulation Finishing Systems (EIFS)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide full details and percentage:			
Have you been notified of any complaints/issues regarding your use of drywall products produced outside of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide full details and percentage:			
Does your firm perform cyber risk vulnerability or any other related services?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			If yes, %

If yes, identify which industry types these services are performed for:		
If yes, does your firm require a limitation provision within the contract for those services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you incorporate National Institute of Standards and Technology (NIST) - Operations & Maintenance Guidelines for cyber security risk based standards in your construction related services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 12 – Services Provided	
Contracting Service	Percentage of Revenue
General Construction	
General Contracting	%
Construction Management	%
Percentage of work self-performed	%
List below the type of work self-performed:	
Civil Construction	
Excavation/Grading	%
Heavy Highway/Bridge	%
Street/Road	%
Tunnel	%
Utility	%
Pipeline Construction/Cleaning	%
Mechanical Construction	
HVAC	%
Mechanical	%
Electrical	%
Plumbing	%
Carpentry	%
Trade Contractors	
Drywall	%
Concrete	%
Painting	%
Roofing	%
Steel Erection	%
Specialty Contractors	
Demolition	%
Drilling	%
Dredging	%
Fire Sprinkler	%
Glazer	%
Insulation	%
Janitorial	%
Marine	%
Oil Lease	%
Pile Driving	%
Process Piping	%

Other (Explain):	%
Total All Services	100%
Describe in-house design performed and the types of projects it supports:	

Section 13 – Project Information (Total 100%)					
Airports	%	Mass Transit	%	Retirement Community	%
Bridges	%	Mines	%	Roads/Highways	%
Convention Center	%	Nuclear	%	Schools/Colleges	%
Dams	%	Parking Structures	%	Shopping/Retail	%
Environmental	%	Petro/Chemical	%	Storm Water	%
Food Processing	%	Power Plants	%	Tunnels	%
Hospitals	%	Recreation/Sports	%	Wastewater/Water	%
Landfills	%	Residential – single unit*	%	Other (Explain)	%
Manufacturing/Industrial	%	Residential – multi unit*	%		

* Residential includes single family homes, apartments, assisted living, nursing homes, condominiums and timeshares.

Section 14 – Occupied Location Information			
Note: Information supports evaluation of Named Insured Location coverage. To request coverage for additional occupied locations, attach additional sheets.			
Location:			
Describe Operations / Activities at this Location:			
Do you store any hazardous or bulk materials at this property (other than in tanks schedule below)? If yes, please elaborate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you had any historic environmental issues at this property? If yes, please elaborate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Tank Information							
AST	UST	Size (gallons)	Content	Tank Construction Material	Age (years)	Last Test Date	Containment
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Section 15 – Material / Waste Information			
Note: Information supports evaluation of Non-Owned Disposal Sites (NODS) coverage			
What type of waste (from occupied location or project sites) are you disposing at non-owned disposal site (NODS)?			
Hazardous Waste:	%	Non-Hazardous Waste:	%
What type of materials are you transporting?			
Hazardous Materials:	%	Non-Hazardous Materials:	%

Section 16 – Claims

Has any pollution or professional claim, suit or notice of incident been made against:		
Your firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Predecessor firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Entities your firm wholly or partly owns, manages, or controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Any member of your firm or of the above entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls, aware of any circumstance which may result in any project delay, professional or pollution liability claim, suit, or notice of incident / occurrence against them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		
Has any application for professional liability insurance and/or pollution liability insurance made on behalf of the applicant, predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		

APPLICANT FRAUD WARNINGS

NOTICE TO ARKANSAS 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 Agencies.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares 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 materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

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 an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

NOTICE TO PENNSYLVANIA APPLICANTS: All Commercial Insurance, Except As Provided for Automobile Insurance: 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.

Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

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 by 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. Should aggravating circumstances [be] 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 RHODE ISLAND 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 TENNESSEE APPLICANTS: All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO 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 ALL OTHER STATES: Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

NOTICE TO NEW YORK APPLICANTS: General: All applications for commercial insurance, other than automobile insurance: 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.

All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire: 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 any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____ Title: _____

Print Applicant's Name: _____ Date: _____

Agent/Broker Name: _____