

**PROJECT-SPECIFIC  
CONTRACTOR'S POLLUTION LIABILITY  
INSURANCE APPLICATION**



**Leo**  
Risk Services

**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:

- Outline of project costs, including hard and soft costs and owner-supplied materials.
- Project-specific contract detailing scope of work and specimen subcontractor contract.
- Copies of all environmental assessments and environmental job hazard analysis for the project.
- 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: \_\_\_\_\_

Title: \_\_\_\_\_ Website: \_\_\_\_\_

Company is a:  Corporation  Partnership  Joint Venture  Other (specify): \_\_\_\_\_

Insured is a/n:  Owner  Construction Manager – At Risk  Subcontractor

Contractor  Construction Manager – Agent  Public-Private Partnership

Other (describe): \_\_\_\_\_

Year established: \_\_\_\_\_

Has your company ever operated under a different name?  Yes  No If yes, please specify: \_\_\_\_\_

**PART II – COVERAGE**

**Requested coverage:**  Project Specific  CCIP  OCIP  Other: \_\_\_\_\_

Claims Made  Occurrence Effective date: \_\_\_\_\_

Limits requested: Per incident: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_

Completed Ops Extension:  No  Yes: \_\_\_\_\_ Yrs Extended Reporting Period (ERP):  No  Yes: \_\_\_\_\_ Yrs

Is this a continuation of an ongoing project?  Yes  No

If yes, please describe prior coverage:

	Coverage	Carrier	Limits	Ded/SIR	Eff. Dates	Retro Date	Premium
CPL	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence						

**PART III – PROJECT & OPERATIONS**

1. Project name: \_\_\_\_\_
2. Location: \_\_\_\_\_ 3. Term: \_\_\_\_\_
4. Project description:
5. Will you be working with any hazardous materials?  Yes  No  
If yes, please describe: \_\_\_\_\_
6. Total project gross revenue/cost: \$ \_\_\_\_\_ Insured's contract gross revenue/cost: \$ \_\_\_\_\_
7. Indicate operations to be performed and percent subcontracted (note Project Revenue must total gross revenue/cost):

Service	Est. Gross Revenue (\$)	% Subcontracted
Asbestos/Lead Remediation		
Habitational/Residential		
Commercial/Public		
Other:		
Mold Remediation		
Habitational/Residential		
Commercial/Public		
Other:		
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		
Remedial Action Contracting Services		
Street and Road Services		
Underground Storage Tank Services		
Other (please specify):		
Other (please specify):		
<b>TOTAL</b>		

**PART IV – CONTRACTS**

8. Have you ever entered into any joint venture agreements to which this insurance should apply?  Yes  No  
If yes, please describe and attach agreement: \_\_\_\_\_
9. Do you use written contracts with your subcontractors?  Yes  No
10. Do you require your subcontractors to carry  General Liability  Auto **with**  Contractor's  
any of the following coverages? **Pollution** **Pollution (CPL)**
11. If yes, are you listed as an Additional Insured?  Yes  No On which policies? \_\_\_\_\_
12. What minimum limits of liability do you require of subcontractors? GL: \$ \_\_\_\_\_ Auto: \$ \_\_\_\_\_ CPL: \$ \_\_\_\_\_  
For which subcontractors? \_\_\_\_\_

**PART V – RISK MANAGEMENT**

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

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

14. Has any pollution or environmental claim been made or legal action (including regulatory proceedings) been brought against your firm, 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.

15. Has any pollution or environmental claim been made or legal action brought on the project site?  Yes  No

If yes, please explain: \_\_\_\_\_

16. 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: \_\_\_\_\_

**PART VI – COVERAGE EXTENSIONS**

Indicate if coverage is requested and answer corresponding questions.

1. **Transportation Pollution Coverage:**  Yes  No **If yes, please attach fleet list and auto loss runs.**

- a. Percentage of cargo transported by:  You (1<sup>st</sup> party) \_\_\_\_\_%  Subcontractor (3<sup>rd</sup> 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: \_\_\_\_\_
- h. Number of full-time drivers: \_\_\_\_\_ Part-time drivers: \_\_\_\_\_ Owner-operators: \_\_\_\_\_
- i. Have you had any pollution claims from transported cargo in the last five years?  Yes  No  
If yes, please describe: \_\_\_\_\_

**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)       TSD facility  
 Small quantity generator (100-1,000 kg/month)       Used oil program  
 Conditionally exempt (<100 kg/mo)       Secondary containment provided  
 Other (describe): \_\_\_\_\_

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

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

If Third Party, please provide name. \_\_\_\_\_

f. Has your company ever been named as a Potentially Responsible Party (PRP) in association with a non-owned disposal site?  Yes  No

If yes, please describe: \_\_\_\_\_

**3. 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

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. Does the project involve 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:	_____