



GENERAL CONTRACTOR'S POLLUTION LIABILITY APPLICATION

This application is for use in applying for Contractor's Pollution Liability coverage.

The following information is required to complete the application as attachments:

- Three years of currently valued loss information for all lines of coverage requested. *If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.*
- Copies of Standard Subcontractor and Client Contract form.
- Copy of Commercial General Liability Declarations page.

APPLICANT INFORMATION:

Named Insured:					
Mailing Address:					
City:		State:		Zip:	
Contact Person:			Telephone #:		
Email Address:			Website Address:		
Corporate Entity is:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please attach description)				
What Year was the Entity Founded:					

CLAIMS INFORMATION:

Have any claims been made against you or reported under any Contractor's Pollution Liability policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	

Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	

Is the insured aware of any known incidents, claims or other circumstances concerning the existence, growth or presence of mold in any of your previous work or projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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COVERAGE INFORMATION:

Existing Coverage:						
	Carrier	Limits of Insurance	Deductible	Effective Date	Retroactive Date	Premium
Commercial General Liability						
Contractor's Pollution Liability						

Requested Coverage:				
	Limits of Insurance	Deductible/Retention	Effective Date	Retroactive Date
Contractor's Pollution Liability				

OPERATIONS:**Revenues:**

What is your fiscal year period?	
Total Revenue for the most recent 12-month period:	
Total Revenue anticipated for the next 12-month period:	
List all States in which you do business:	

Revenue Breakdown:

Breakdown your anticipated revenue for the next 12-month period into the appropriate category listed below. The totals between contracting and consulting revenue should equal the total 12-month estimate.

Operational Exposures:

Class:	Revenues:	% Subcontracted:	Class:	Revenues:	% Subcontracted:
General Carpentry:			Drywall/Plaster:		
Plumbing:			Concrete/Masonry/Stone:		
Electrical:			HVAC/Mechanical:		
Demolition/Dismantling:			Insulation:		
Excavation/Grading:			Painting (<i>No Lead Abatement</i>):		
Roofing (<i>No Asbestos</i>):			Street & Road:		
Industrial Cleaning:			Metal Erection:		
Utility Construction:			Tunneling:		
Logging/Forestry:			Pesticide/Herbicide Application:		
Landscaping:			Oil/Gas Lease Operation:		
Pipeline Cleaning/Maintenance:			Pipeline Installation:		
Drilling (<i>Non-Environmental</i>):			Other (<i>Please Specify</i>):		

GENERAL INFORMATION:**Contracts:**

Do you require a written contract for all jobs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use a standard indemnity limitation wording in your contracts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all of your contracts reviewed by internal or external counsel?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Subcontractors:

Are all subcontractors hired under a written agreement/contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require all subcontractors to add you as an Additional Insured to their Policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What are the minimum limits of insurance you require from your subcontractors?	

Quality Control/Training:	
Does the insured have an in-house quality control program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured have an in-house training and continuing education program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the firm utilize ASTM1527 Audit/Assessment protocols?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the firm provide specific training for asbestos, lead or mold abatement to its employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants: 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant's acceptance of Century Insurance Group's written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.

SIGNATURE OF OWNER OR OFFICER OF APPLICANT:	
PRINTED NAME & TITLE OF SIGNATORY:	
DATE OF SIGNATURE:	

AGENT/BROKERAGE:	
LICENSE NUMBER:	
ADDRESS OF AGENCY/BROKERAGE:	
CONTACT PERSON & TELEPHONE:	