



## **CONTRACTORS POLLUTION LIABILITY FOR NON – ENVIRONMENTAL CONTRACTORS**

### **APPLICATION REQUIREMENTS**

#### **For Annual Policies:**

1. Contractors Pollution Liability Application – complete all questions in full.
2. Special attention should be paid to question 9. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under “Other” (be specific). If you do not fully complete this section we will be unable to evaluation your account.
3. Environmental contractors should NOT use this application.
4. Include a copy of your most current annual financial statement including income statement.

***WE ONLY ACCEPT APPLICATIONS SUBMITTED BY  
INSURANCE AGENTS***

***Incomplete submissions will be declined***

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**Patriot National  
Underwriters, Inc.**

## **CONTRACTORS POLLUTION LIABILITY FOR NON – ENVIRONMENTAL CONTRACTORS APPLICATION REQUIREMENTS**

### **For Project Specific Policies:**

1. Contractors Pollution Liability Application – complete all questions in full.
2. In question 9 list the estimated gross receipts for the project only ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under “Other” (be specific). Do not include receipts or operations for work that is not part of the project for which coverage is sought.
3. Environmental contractors should NOT use this application.
4. Provide a description of the project, owners, duration, location, gross receipts, contract number and a FULL copy of the contract for the project that coverage is desired for.

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***Incomplete submissions will be decline***

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**PLEASE ANSWER ALL QUESTIONS IN FULL**

**NOTICE:** If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

|   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
|---|----------|---------------------|---|------------|-----------------------------|--|---------------------|--|-------------|--|---|--|--|-------------------|--|-----------------------|--|-----------------------------|--|
| APPLICANT   |          |                     |   | DATE       |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| ADDRESS   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| CITY  |          | STATE               | ZIP CODE                                  |            | TELEPHONE#                  |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe)   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 1. COVERAGE REQUESTED<br><input type="checkbox"/> New Business <input type="checkbox"/> Renewal   |          |                     | 2. Proposed Effective Date:               |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 3. CURRENT CGL COVERAGE INFORMATION   |          |                     | 4. CPL – LIMITS OF LIABILITY / DEDUCTIBLE |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Carrier:</td><td></td></tr> <tr><td>Inception/Expiration Dates:</td><td></td></tr> <tr><td>Limit of Insurance:</td><td></td></tr> <tr><td>Deductible:</td><td></td></tr> </table> |          |                     | Carrier:                                  |            | Inception/Expiration Dates: |  | Limit of Insurance: |  | Deductible: |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Limits Requested:</td><td></td></tr> <tr><td>Deductible Requested:</td><td></td></tr> <tr><td>Retroactive Date Requested:</td><td></td></tr> </table> |  |  | Limits Requested: |  | Deductible Requested: |  | Retroactive Date Requested: |  |
| Carrier:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Inception/Expiration Dates:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Limit of Insurance:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Deductible:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Limits Requested:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Deductible Requested:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Retroactive Date Requested:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 5. HISTORY OF COMPANY   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Date Established:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Have there been any acquisitions, consolidations, dissolutions, and mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| If yes, explain:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| If yes, explain:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| If yes, explain:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 6. PRIOR CONTRACTORS POLLUTION LIABILITY CARRIER INFORMATION  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| CARRIER   | RECEIPTS | LIMITS OF LIABILITY |   | DEDUCTIBLE | PREMIUM                     |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
|   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
|   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| <b>ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:</b>   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 1) Resumes of Key Personnel, brochures and a listing of previous projects.  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 2) Most recent annual income statement showing applicable gross sales.  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 3) Five years of currently valued CGL loss runs including pollution and professional, if applicable.  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 4) Copy of expiring policy, if any, showing retroactive dates/  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 8. Total Employees (List each person only once by primary function):  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| a. Principals:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| b. Administrators and Clerical:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| c. Project Supervisors / Foreman:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| d. Equipment Operators:   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| e. Laborers:  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| f. Other (specify):   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| Please attach all key persons resumes, certifications and licenses.   |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |
| 9. Gross Receipts for the past 3 fiscal years: _____ / _____ / _____ /  |          |                     |   |            |                             |  |                     |  |             |  |   |  |  |                   |  |                       |  |                             |  |

Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Notes: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list your estimated gross receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

| <b>Contracting:</b>                            | <b>Est. Gross Receipts:</b> | <b>Contracting:</b>                  | <b>Est. Gross Receipts:</b> |
|--|-----------------------------|--------------------------------------|-----------------------------|
| Above Ground Storage Tank                      | \$                          | Landscaping                          | \$                          |
| Build Back/Restoration                         | \$                          | Masonry                              | \$                          |
| Carpentry/Framing                              | \$                          | Mechanical Construction              | \$                          |
| Carpet/Upholstery Cleaning                     | \$                          | Metal Erection                       | \$                          |
| Concrete (Foundation)                          | \$                          | Mold Abatement                       | \$                          |
| Concrete (Other)                               | \$                          | Painting (Interior)                  | \$                          |
| Construction (Residential)                     | \$                          | Painting (Exterior)                  | \$                          |
| Construction (Comm./Ind)                       | \$                          | Pile Driving                         | \$                          |
| Debris Removal                                 | \$                          | Plumbing                             | \$                          |
| Demolition (Interior)                          | \$                          | Refrigeration                        | \$                          |
| Demolition (Exterior)                          | \$                          | Roofing (Hot Tar)                    | \$                          |
| Dredging                                       | \$                          | Roofing (all other)                  | \$                          |
| Drywall/Wallboard                              | \$                          | Salvage Operations                   | \$                          |
| Drillers (not oil & gas)                       | \$                          | Sewer Main Construction              | \$                          |
| Electrical                                     | \$                          | Street Road Contracting              | \$                          |
| Emergency Response – Fire                      | \$                          | Tank & Pipe Cleaning                 | \$                          |
| Emergency Response – Sewage                    | \$                          | UST (Installation, etc.)             | \$                          |
| Emergency Response – Water                     | \$                          | UST (Removal)                        | \$                          |
| Excavation                                     | \$                          | Waste Water                          | \$                          |
| Flooring                                       | \$                          | Water Extraction                     | \$                          |
| Furniture Moving                               | \$                          | Water Main Construction              | \$                          |
| Grading of Land                                | \$                          | Welding                              | \$                          |
| HVAC   | \$                          | Other Contracting / Please describe: |                             |
| Industrial Maintenance                         | \$                          |                                      | \$                          |
| Insulation/Fire Proofing                       | \$                          |                                      | \$                          |
| <b>Total Contracting Estimated Gross Sales</b> |                             | <b>\$</b>                            | <b>\$</b>                   |

10. **Subcontractors / Sub consultants / Independent Contractors**

Please identify the services that you subcontract:

Applicable Cost

|       |    |       |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |
|       | \$ |       |

Does your firm collect certificates of insurance from all subcontractors?  Yes  No

11. Do you use a standard indemnity contract with your clients and subs?  Yes  No

If no, please detail your contract procedures: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

12. Do you install any type of liner, i.e. landfill, lagoons, etc.  Yes  No

If yes, please advise full details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

13. Do you perform any Build Back/Restoration Work that is NOT associated with mold, fire or water damage/remediation?  Yes  No  
 If yes, please advise applicable % of your total operations: \_\_\_\_\_ %

14. Do you perform any installation, maintenance or repair operations related to Artificial Stucco, EIFS or Exterior Installation and Finish Systems?  Yes  No

15. Are you involved in any way in the construction of any building(s), structure(s) or additions(s)?  Yes  No  
If yes, please advise full details:

16. Please list all projects in which your final invoice is now more than 60 days past due.  
a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_

17. Do you conduct underground storage tank installation work?  Yes  No  
If yes, please answer the following:  
What percentage of your overall sales are associated with this operation: \_\_\_\_\_ %  
Are the installed tanks precision tightness tested before being released to owner?  Yes  No  
Do you apply any type of corrosion protection?  Yes  No  
Are tanks tested and certified by a registered professional before use?  Yes  No

18. Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No

If yes, please advise or attach full details on each incident. \_\_\_\_\_  
\_\_\_\_\_

19. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member?  Yes  No  
If yes, please advise or attach full details on each incident. \_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING: APPLICATION OT 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 SATEMENT**  
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:**  
a) 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.  
b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)