

**POLLUTION LIABILITY APPLICATION FOR  
GENERAL CONTRACTORS**

1. NAME OF APPLICANT: \_\_\_\_\_
2. MAILING ADDRESS: \_\_\_\_\_ Phone No. \_\_\_\_\_  
CITY, STATE & ZIP CODE: \_\_\_\_\_
3. DATE ESTABLISHED \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details \_\_\_\_\_  
\_\_\_\_\_
6. Gross Revenues (Past three years): \_\_\_\_\_  
Estimated for the next twelve (12) months: \_\_\_\_\_  
Prior twelve (12) months: \_\_\_\_\_  
Twelve (12) months prior: \_\_\_\_\_
7. TOTAL PERSONNEL: \_\_\_\_\_
- a. Number of Principals \_\_\_\_\_  
b. Number of Engineers \_\_\_\_\_  
c. Number of Field Personnel \_\_\_\_\_
- d. Number of Supervisors \_\_\_\_\_  
e. Number of Architects \_\_\_\_\_  
f. Other (Describe) \_\_\_\_\_
8. Have any of those listed in item 7 ever been the subject of disciplinary action by authorities as a result of their contracting activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
9. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify what is sublet or subcontracted.  
\_\_\_\_\_  
\_\_\_\_\_
- a. Subletting of work/subcontracting to others \_\_\_\_\_ %  
b. Is evidence of Insurance from subcontractors/consultants required? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Foreign Work? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_

11. Services Provided:

Contracting Services	% Gross Revenues	Contracting Services	% Gross Revenues
Plumbing - Residential		Demolition	
Plumbing - Commercial		Street & Road	
Electrical		Paving	
Carpentry		Drilling	
Concrete		Steel erection	
Masonry		Rigging	
Maintenance/Janitorial		Roofing - Residential	
Fencing		Roofing - Commercial	
Soil excavation/grading		Dredging	
Painting		Pesticide application	
Mechanical/HVAC		Other (Describe Below)	

12. Has the Applicant ever provided any service other that noted under Question 11? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", please explain: \_\_\_\_\_

13. Please indicate the approximate percentage of work under each heading:

- Residential: \_\_\_\_\_
- Commercial: \_\_\_\_\_
- Industrial: \_\_\_\_\_
- Governmental: \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

14. Does any one contract or client represent more than 50% of annual work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does the Applicant work with other firms in Joint Ventures? Yes \_\_\_\_\_ No \_\_\_\_\_ Provide complete details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Give Insurance coverage details for last five years for the firm:

Commercial General Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

Pollution Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

17. Please provide the following additional information as an attachment to this application:
  - a. Past five years pollution liability loss runs (if applicable) or past five years CGL loss summary
  - b. Resumes of key personnel
  - c. Most recent annual income statement and balance sheet
  
18. Has any application for Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes\_\_\_ No\_\_\_ If yes, please give details: \_\_\_\_\_
  
19. Has any claim ever been made against the firm or any persons named in item 1. or in item 6.b.(ii)? Yes No\_\_\_ If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.
  
20. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes\_\_\_ No\_\_\_ If yes, please give full details on the same basis as item 20.
  
21. Has any insurer cancelled or refused to renew any similar insurance during the past five years? \_\_\_\_\_
  
22. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producer