



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

COMBINED CONTRACTOR'S POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS AND SIGN APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE.

If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	
Brokerage/Broker:	
Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	
Website:	

2) Current Carrier Information:

Coverage	Carrier	Limit of Insurance	Deductible	Premium	Retroactive Date
General Liability					
Contractors Pollution Liability					
Pollution Legal Liability					
Non-Owned Disposal Sites					
Transportation Pollution					
Professional Liability (E&O)					
Mold Liability					

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's product brochures or catalog if a website is not available

3) Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

OPERATIONAL INFORMATION

20) Indicate which environmental services apply and the total gross receipts for the next 12 months. (Including subcontracted work)

	Expected Revenue		Expected Revenue
Drilling Services (not oil/gas)		Analytical Laboratories	
Asbestos Remediation		Mold investigation/consultant	
Lead Remediation		Civil Engineering	
Mold Remediation		Environmental Compliance	
Bio Remediation		Environmental Sampling	
Underground Tank Installation		Environmental Impact Studies	
Underground Tank Removal		Environmental Permitting	
Above Ground Tank Installation		Expert Witness Services	
Above Ground Tank Removal		Hydrogeology Consulting	
Emergency Response		Geotechnical (foundation, soils etc.)	
Hazardous Materials Cleanup		Remedial Investigation	
Liquid Waste Remediation		Remedial Design	
Dredging		Remediation Oversight	
PCB Handling		Field Sampling & Testing	
Soil Excavation & Treatment		Project Management	
Mobile Incineration		Asbestos Analysis	
Wastewater Treatment		Lab Packing	
Water extraction/drying residential		Phase I & II Assessments	
Water extraction/drying commercial		Other:	
Other:			

21) Indicate which non-environmental services apply and the total gross receipts for the next 12 months. (Including subcontracted work)

	Expected Revenue		Expected Revenue
Airport Runways		Electrical	
Blasting		Excavating	
Bridge Building		Gas Mains	
Carpentry		Insulation	
Concrete		Landscaping	
Demolition		Maintenance	
Drilling		Masonry	
Dry Wall		Mechanical	
Painting		Steel (Structural)	
Plastering		Street/road construction	
Plumbing		Supervision only	
Roofing		Traffic signals/traffic control	

Sewer/water mains		Tunneling	
Sheet metal		Other	
Steel (ornamental)		Project Management	

- 22) Does your firm have an in-house continuing education/training program? Yes No
 If yes, please describe. If no, please describe how your professionals receive continuing education/training: _____
- 23) Does your firm have written health and safety procedures? Yes No
 If yes, please provide a copy of the table of contents.
- 24) Do you provide a watchman or security at job sites? Yes No
- 25) Does your firm perform work on residential properties? Yes No
 If yes, what percentage? _____%
- 26) Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired. _____
- 27) Does the applicant own, operate, or lease a treatment, storage, or disposal facility? Yes No
 If yes, please provide details: _____
- 28) Is the applicant providing any new services not provided last year? Yes No
 If yes, please provide details: _____
- 29) Does the applicant or any person or organization for whom the applicant is or may be liable engage in now or in the past in design/build activities? Yes No
- 30) If applicable, please submit a copy of company's lead and asbestos handling licenses.
- 31) Disposal of Hazardous Materials:
- | | |
|--|--|
| <input type="checkbox"/> Transported by applicant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Transportation by independent hauler? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Manifested? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Disposal Forms? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Drummed/over pack? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Bagged and labeled? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Wastes liquid or solid? | <input type="checkbox"/> Liquid <input type="checkbox"/> Solid |
| <input type="checkbox"/> Treatment on site or off site? | <input type="checkbox"/> On site <input type="checkbox"/> Off site |

MOLD OR HAZARDOUS MATERIAL ABATEMENT WORK

- 32) Do you require certificates of insurance from subcontractors as evidence of mold coverage? Yes No
- 33) What limits do you require of your subcontractors for mold coverage? _____
- 34) Do you have and utilize a written protocol for handling mold reports and complaints? Yes No
- 35) Do you advise the client that mold problems will reoccur if moisture problems are not corrected? Please describe how this is documented: _____
- 36) Do you diagnose, correct, or warrant against moisture problems creating mold problems? Yes No
 Please provide a copy of the documentation given to the client.

- 37) Does the firm use a disclaimer or limitation of liability in contracts for work related to mold investigation or removal? Yes No
- 38) What percentage of revenues can be attributed to mold/hazardous material abatement at commercial structures? _____
- 39) What percentage of revenues can be attributed to mold/hazardous material abatement at residential structures? _____
- 40) Is surface sampling/testing done before and after remediation? Yes No
Who conducts this and what are their qualifications? _____
- 41) Is air quality testing done before and after remediation? Yes No
Who conducts this and what are their qualifications? _____
- 42) Are remediation alternatives offered and carefully explained to the client prior to remediation being performed? How is this documented? Yes No

SITE POLLUTION

- 43) If pollution legal liability is being applied for, please provide location, address, state and zip code for all locations needing coverage.

Facility Address	Brief Description of Operations	Historical Operations

- 44) Are all of the locations listed above currently in compliance with federal, state, and local environmental regulations? If not, please describe. Yes No

- 45) Are any of these locations currently undergoing corrective action or active remediation, or have any locations had corrective action or active remediation performed in the past? If yes, please explain: Yes No

- 46) Have any of these locations received an environmental violation? Yes No
If yes, please provide details. _____

- 47) Are there structures on these properties? Yes No
If so, please describe. _____

- 48) Have these structures been tested for and found to be free of asbestos, radon, and lead Yes No

paint? If "no", please explain. _____

HAZARDOUS WASTE TRANSPORT/TRANSPORTATION POLLUTION LIABILITY

- 49) Please describe types of hazardous waste or materials transported: _____
- 50) Of the total amount hauled, what percentage of materials are liquid? _____%
- 51) Average radius of trip? _____ Miles
- 52) Vehicle maintenance program in effect? Yes No
- 53) Does insured own or have insurable interest in hazmat disposal facility? Yes No

CLAIMS HISTORY

- 54) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 55) Has any lawsuit ever been filed, or any claim otherwise been made against you or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability **If yes, please attach a description of details.** Yes No
- 56) Is your company aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from an attorney which may result in a claim or suit? **If yes, please attach a description of details.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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 a 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: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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 of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

