



CONTRACTORS POLLUTION LIABILITY TOOLKIT II APPLICATION

INSTRUCTIONS

This application is for a Policy providing either Claims-Made or Occurrence depending on the specific Coverages offered.

(Please send Submissions to envsubmissions@thehartford.com)

If any questions do not apply or the Insured is not interested in specific Coverage terms, please check the "N/A" box.

1. Please provide any supporting information on a separate sheet using the Insured's letterhead and reference the applicable question number.
2. This form must be completed, dated and signed by a principal of your company.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND THE INSURANCE.

SECTION 1 – GENERAL INFORMATION

1. Applicant (Full Legal): _____

Mailing Address of Applicant: _____

City, State, Zip Code: _____

Telephone: _____ Website: _____

Environmental Contact Name and Title: _____

Date Established: _____

2. Please provide audited financials and/or 10-Ks for the past (2) fiscal years.

3. Company Type: ☐ Corporation ☐ Partnership ☐ Individual ☐ Joint Venture
☐ LLC ☐ Other:

a. If Joint Venture, please describe: _____

4. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured:

5. Please describe the desired Policy Coverage:

Practice or Project Policy:		Each Incident Limit:		Incumbent Carrier:	
Desired Effective Date:		Aggregate Limit:		Current Premium:	
Desired Policy Term:		Deductible/SIR:		Retroactive Date (If applicable):	

SECTION 2 – CONTRACTOR POLLUTION COVERAGE

☐ N/A

Non-Environmental Contracting Operations	% Sub	Projected Revenues
Asbestos/Lead Abatement - Commercial/Industrial		
Asbestos/Lead Abatement - Residential		
Carpentry, Framing		
Commercial Gen'l Contracting & Project Management		
Demolition		
Dredging		
Drilling (Oil/Gas)		
Drilling (Water)		
Electrical		
Excavation/Grading		
Hauling - Hazardous Materials		
HVAC/Mechanical		
Industrial Cleaning (incl Septic/Sewers)		
Labor Subcontractor/Temporary Employment Agencies		
Logging		
Marine Construction (Not Dredging)		
Masonry/Concrete		
Mold Abatement - Commercial/Industrial		
Mold Abatement - Residential		
Oil and Gas Leasing		
Operation & Maintenance of a facility for others		
Painting & Coatings - (Non-Abatement)		
Pesticide/Herbicide/Fungicide Application		
Pipeline Construction & Maintenance (Nat. Gas and Water/Sewer)		
Pipeline Construction & Maintenance (Oil Only)		
Plumbing		
Railroad/Railcar Construction & Maintenance		
Residential Builders/Developers		
Fire & Water Damage Restoration		
Roofing/Insulation - Commercial/Industrial		
Roofing/Insulation - Residential		
Steel Erection		
Street & Road		
Wetlands Construction		
Other		
Non-Environmental Total Revenues		

1. Revenue Breakout by Risk Categories:

The Projected Contracting Revenues should reflect the next 12 months.

2. Describe the operations and services provided:

3. Is applicant a member of any professional organizations or Associations? If yes, please describe:

4. Estimate Gross Revenues (Annual):

- a. Current Year \$ _____
b. Next Year \$ _____

5. Does the applicant hire subcontractors under standard written contracts? ☐ YES ☐ NO

- a. If yes, do they contain standard hold harmless indemnification agreements in favor of the applicant?
☐ YES ☐ NO
- b. Are updated certificates of insurance from subcontractors kept on file?
☐ YES ☐ NO
- c. What are the minimum insurance requirements for subcontractors?
i. General Liability \$ _____
ii. Auto \$ _____
iii. Contractor's Pollution \$ _____

6. Safety Practices and Procedures: (If yes, please provide copy of plans)

- a. Do you have written Employee Health & Safety Plan?
☐ YES ☐ NO
- b. Do you have a written QC/QA program in place?
☐ YES ☐ NO

7. Are there any other Contracting Activities being performed by you or on your behalf other than what is identified in the Table to the left? If yes, please provide details

☐ YES ☐ NO

8. Does the contractor perform or subcontract Asbestos/Lead Based Paint Abatement? If yes, please provide a copy of any Certifications, safety procedures in place, or if subcontracting a copy of contract with sub describing insurance requirements.

☐ YES ☐ NO

SECTION 3 – TRANSPORTATION COVERAGE☐ N/A*If not interested in Transportation Coverage select N/A and skip to Section 4:*Submission Information

- At least 3 yrs of loss history for the Applicants Autos
- List of Vehicles and Drivers

1. Do you transport primarily tools / equipment to job sites? ☐ YES ☐ NO
2. Do you transport regulated or hazardous wastes/materials? ☐ YES ☐ NO

If yes, please complete table below.**Characterization of Cargo**

<u>Material</u>		<u>Projected Qty</u>	<u>General Description of Materials</u>	<u>% Trans by 1st Party</u>	<u>% Trans by 3rd Parties</u>
Hazardous	Solid				
	Liquid				
	Gas				
Non-Hazardous					
Petroleum/Gasoline					

1. Please complete the table below describing the applicant's fleet of vehicles.

Characterization of Fleet

	<u>Private Passenger & Pick-ups</u>	<u>Med Trucks / Vans / Dump Trucks</u>	<u>Hvy Trucks / Power Units</u>	<u>Trailers / Tankers</u>	<u>Railcars</u>	<u>Watercraft / Barges</u>	<u>Other</u>
<u>Qty</u>							
Overall Total Number of Vehicles							

General Transportation Questions: (If yes, please provide copies of plans)

- a. Do you have an Auto Safety & Training Program & check MVRs regularly? ☐ YES ☐ NO
- b. Do you have a Vehicle Maintenance Program in place? ☐ YES ☐ NO
- c. Do you have any Spill Contingency Plans in place? ☐ YES ☐ NO

SECTION 4 – WASTE SITES COVERAGE☐ N/A*If not interested in Waste Site Coverage select N/A and skip to Section 5:*Submission Information

- List of currently or historically utilized Waste Sites
- List of materials and quantities being sent to Waste Sites

1. Do you dispose of regulated or hazardous waste materials? ☐ YES ☐ NO
2. If generating Haz. Materials, what is the applicant's Generator Status (ie., LQG, SQG, Cond. Exempt)? _____
3. Has the applicant ever been in a legal action/suit or PRP status for disposal of waste materials?
If yes, please provide supporting information.

4. Please complete the table below describing the applicant's waste sites and waste materials **only if** they dispose or generate regulated or hazardous materials.

Characterization of Waste Sites and Waste Materials

<u>Waste Site</u>	<u>Address</u>	<u>Waste Materials</u>		
		<u>Haz. / Non-Haz</u>	<u>Material</u>	<u>Qty</u>
1.				
2.				
3.				
4.				
5.				

SECTION 5 – CONTRACTOR MAINTENANCE YARD COVERAGE

☐ N/A

If not interested in Contractor Maintenance Yard Coverage select N/A and skip to Section 6:

1. Please submit a current Statement of Values **OR** complete the table below for properties seeking pollution coverage (attach table if additional space required):

Insured Property Schedule

<u>Insured Property Address</u>	<u>Property Owner</u>	<u>Current Operations</u>	<u>Historical Operations</u>	<u>Year Ops Began</u>	<u>Property Size (acres)</u>
1.					
2.					

2. Have any Environmental Site Assessment reports been conducted at the properties? *(Reports may include Phase I/II, Feasibility Studies, Environmental Inspection Audits, Regulatory Correspondence, etc.)* ☐ YES ☐ NO
If yes, please provide copy of reports.
3. Are there any plans for future development, improvement, demolition, change in operations within the policy term? **If yes, provide details.** ☐ YES ☐ NO
4. Are you aware of any Asbestos Containing Material at any properties seeking coverage? **If yes, please provide copy of Asbestos O&M Plan in place.** ☐ YES ☐ NO

SECTION 6 – STORAGE TANKS COVERAGE

☐ N/A

If not interested in coverage for Storage Tanks select N/A and skip to Section 7:

1. Do you own or operate any underground storage tanks (USTs) or aboveground storage tanks (ASTs)? ☐ YES ☐ NO
- a. Have any UST(s) ever failed tightness testing? ☐ YES ☐ NO
- b. Are any tanks not in compliance with appropriate regulations? ☐ YES ☐ NO

- c. Are you required to demonstrate financial assurance to a state or Federal agency? ☐ YES ☐ NO
- d. Are you aware of any UST(s) that have been removed from the Insured Property? ☐ YES ☐ NO
- e. Have all historical UST(s) received regulatory closure for clean-up? ☐ YES ☐ NO
- f. Have you during the past five years had any reportable releases or spills of regulated substances? ☐ YES ☐ NO
- g. Do any plans exist to remove or replace any tanks within the policy term? ☐ YES ☐ NO

Storage Tank Detail Summary

<u>Tank #</u>	<u>AST/UST</u>	<u>Age</u>	<u>Capacity</u>	<u>Construction</u>	<u>Contents</u>	<u>Overfill/Spill Protection</u>	<u>Still in Use (Yes/No)</u>

SECTION 7 – MICROBIAL MATTER COVERAGE

☐ N/A

If not interested in Microbial Matter Coverage select N/A and skip to Section 8:

Submission Information

- o Please submit copy of GL, Environmental Loss runs for the last 5 yrs.

- a. Does the applicant have an established Standard Operating Procedure (SOP) and/or written protocols to prevent microbial matter growth as well as removal/remediation of growth at a job site. If yes, please provide details: ☐ YES ☐ NO

- b. Has the applicant's employees completed any indoor air quality/mold training or received any certifications? If yes, please provide details: ☐ YES ☐ NO

- c. Are subcontractors required to carry Mold coverage or at a minimum provide evidence of mold training/written procedure to prevent and/or address mold incidents? If yes, please provide details: ☐ YES ☐ NO

- d. Are all building materials inspected upon delivery for pre-existing mold contamination prior to installation? ☐ YES ☐ NO

- e. What percentage of the applicant's services are for the following:

- Habitational _____% Retail/Commercial _____% Industrial _____%
- New Construction _____% Renovation _____%
- Does the insured perform more than 50% of their work in 1 state? ☐ YES ☐ NO
If yes, which state: _____

f. Does the applicant self-perform and/or subcontract the remediation of mold? ☐ YES ☐ NO

h. Over the last 3 yrs is the applicant aware of or know of any incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter in any of their work? If yes, please provide details. ☐ YES ☐ NO

SECTION 8 – WARRANTY STATEMENTS

☐ N/A

1. Has the applicant ever had a claim or loss for a pollution or professional event over \$50,000? If yes, please provide details.

2. Within the past five (5) years, has the applicant had a) any releases or spills of hazardous substances, or other pollutants, or b) been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance? If yes, please provide details.

3. At the time of signing this application, is the applicant aware of or know of any fact, circumstance or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought?

4. Has any environmental coverage been declined, cancelled, or non-renewed? If yes, please provide details.

FRAUD WARNINGS

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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 HEREOF.

NOTICE TO ARKANSAS 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM 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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION 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 OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY 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 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 ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

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 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 SUCH 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

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."

NOTICE TO WASHINGTON 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 A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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 ALL OTHER 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 A DENIAL OF INSURANCE BENEFITS."

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT/BROKER NAME: _____