

**IMPORTANT NOTICE:**

- Contractors Pollution Liability insurance may be offered on a claims made and reported or occurrence coverage basis.
- The limit of liability under any policy to be issued in response hereto shall include both the indemnity payments and payment legal expenses, as defined in the policy. Please note that the limits of liability may be completely exhausted by the cost of legal defense. Any deductible or retention shall apply to investigation expense and defense costs as well as indemnity.
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All questions in this application must be answered truthfully and completely for all persons or organizations applying for insurance under this application. If a question or section is not applicable, please answer "N/A". If the answer to a question is none, state "none" or "0". If more space is required to answer a question completely, please provide a separate attachment and identify the question to which it responds.

*This application is a document that allows applicant to enter information in the empty sections. This document is configured so that each data entry section will expand to accommodate the information. A box for detailed commentary has been provided below each major section of the application.*

**INSTRUCTIONS**

- The completed application must be signed and dated by an owner, partner or director/officer of the applicant.
- Attach the following additional information:
  - Current Annual Report (public company) or Current Audited Financial Statement (private organization) for past three (3) years. If private, most recent financial statement.
  - Brochures, Statement of Applicant Qualifications, Resumes of Key Personnel (including all Project Managers)
  - Latest 3 years General Liability and Pollution Liability loss history

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1. Applicant Name \_\_\_\_\_

2. Is Named Insured status requested for any other entities? Yes          No  
 (If yes, attach name and operation of each)

3. Do any requested Named Insured's have subsidiary, related or affiliated companies which are not stated in Yes          No  
 1. or 2. above? (If yes, attach name and operation of each)

4. Address \_\_\_\_\_

5. Telephone \_\_\_\_\_ 6. Email Address: \_\_\_\_\_

7. Contact Name/Job Title \_\_\_\_\_

8. How long has the applicant been in business? \_\_\_\_\_

9. During the last 5 years, has the applicant purchased any other businesses? Yes          No  
 Have any mergers or consolidations taken place? Yes          No  
 (If yes, attach details)

10. Describe current operations and note any operations that have been discontinued over the past three (3) years.

11. Describe 3 largest projects or contracts in the past year. Include: client name, project revenue and current status.

Project	Client Name	Project Revenue	Status of Project

12.

	Next 12 months (est.)	Current 12 months	Prior 12 months
Revenue			
Payroll			

13. PROFILE OF OPERATIONS

A. Provide projected values for the 12 months following the requested coverage inception.  
 B. For each projected operation moderate % works by subcontractors.

Contracting Activities	A Projected Revenue	B % work by subcontractors
Carpentry		%
Construction Management		%
Demolition/Dismantling		%
Drilling		%
Electrical		%
Excavation (Non Haz)/Grading		%
General Contracting		%
HVAC/Mechanical		%
Industrial Cleaners (incl. Sewer/Septic)		%
Insulation		%
Logging		%
Masonry/Concrete		%
Marine		%
Oil Lease		%
Painting		%
Pipeline Construction/Cleaners		%
Plumbing		%
Roofing		%
Steel Erection		%
Street and Road Construction		%
Other (explain)		%
<b>Total General Contracting</b>		n/a

14. Do you conduct any transit operations such as hauling construction debris, fuel or other hazardous materials?    Yes    No  
 (if yes please complete table below)

Type of Material Hauled	Type of Vehicles Used	Number of Vehicles Used	Distance Hauled (one way)

15. Describe any operations outside Canada and the U.S.A., including countries where such operations occur. Indicate percentage of work outside Canada and the U.S.A.

16. Indicate the raw or process materials used in your operations, including all fuels, solvents, chemical, etc.

Description of Material	Max Quantity Stored per Job Site	Drum [3]	Tank [3]

17. Do you have personnel responsible for job-site safety and environmental compliance?  
 (If yes, give name/s and any qualifications, certifications, etc.)

Yes (sole function)  
 Yes (has other duties)  
 No

18. Are your personnel trained in the use of personal protective equipment? Yes                  No

19. Describe training given to employees who work with hazardous materials, e.g. in-house seminars, outside seminars, on-the-job training, etc. Give training intervals for regular employee training programs.

20. Do you have a written Health and Safety Program that addresses environmental exposures? Yes                  No

21. Indicate which of the following you require of your subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on subcontractor's insurance policies
- Waiver of Subrogation provision on subcontractor's insurance policies

22. What minimum limits of insurance do you require of your subcontractors?

General Liability                      \_\_\_\_\_

Pollution Liability                    \_\_\_\_\_

Professional Liability                 \_\_\_\_\_

23. Do you require a written contract with your subcontractors—containing hold harmless and indemnification provisions in your favor—before any subcontractors begin work for you? (If "No" or if contracts are not used in all circumstances, explain your company policy on hold harmless and indemnification requirements for work done by subcontractors.) Yes No
24. Have any claims (whether insured or not) for pollution incidents been made against the applicant or reported under any insurance policy in the last 5 years? (If "Yes", describe all such claims including: date of claim, date of incident, act or omission giving rise to the claim, name of claimant, description of incident, amount paid or estimated to be paid, final disposition or current status.) Yes No
25. Does the applicant have knowledge of any fact, circumstance or situation which could result in a claim arising out of a pollution incident being made against it or any entity for whom coverage is sought? (If "Yes", give full details below.) Yes No
26. Indicate the coverage terms for which you are applying. (List multiple Limits and Deductible requests if applicable.)
- Limit of Liability: \_\_\_\_\_
- Deductible: \_\_\_\_\_
- Inception Date: \_\_\_\_\_
- Claims Made                      Occurrence
- \*If Project-Specific is requested, describe the project below:

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INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF CHUBB GROUP OF INSURANCE COMPANIES ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

COMPLETION OF THIS APPLICATION DOES NOT BIND INSURANCE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING INSURANCE AND POLICY ISSUANCE.

**CERTIFICATION**

For the purposes of this application, the undersigned declares and acknowledges by clicking where indicated below that, he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents, and that to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

Chubb is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim and defense expenses, as defined in the policy.

The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds CHUBB to sell nor the Applicant to purchase the insurance.

**PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF CHUBB AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND INSURANCE. NO INSURANCE SHALL BE PROVIDED UNLESS CHUBB ACCEPTS THE APPLICATION AND BINDS THE INSURANCE.**

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

<u>Authorized Signature of Applicant</u>		<u>Date</u>	
<u>Print Name</u>		<u>Title</u>	
Applicant		Authorized Agent (Please Print Name)	
Authorized Agent (Signature)		Title	Date
Submitted By (Insurance Agent)		Insurance Agency	
Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required)			
Address (No., Street, City, State, and ZIP Code)			

THIS DOCUMENT IS THE PROPERTY OF CHUBB GROUP OF INSURANCE COMPANIES WHICH CONTAINS INFORMATION THAT IS PROPRIETARY, CONFIDENTIAL AND SUBJECT TO COPYRIGHT PROTECTION.

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY.**

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN:**

**ARKANSAS**

ANY PERSON WHO KNOWINGLY PRESENTS 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.

