
Name of Insurance Company(ies) to which application is made

COPS, CPO, CPL APPLICATION

NOTICE: CERTAIN POLICIES PROVIDE CLAIMS MADE COVERAGE. PLEASE READ CAREFULLY.

NOTICE: THE E&O, CPL AND COPS POLICIES PROVIDE THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Instructions

1. Please complete this application. All questions applicable to each coverage applied for must be answered.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner or director/officer of your firm.
4. See page 7 for list(s) of required submission information.

Applicant

Broker

1. Name _____ Name _____
Post Office Address _____ Address _____

Phone Number _____
2. Address of Headquarters _____
Telephone Number of Headquarters _____
Contact and Title _____
3. Attach a list of proposed Named Insureds to be covered by this policy (only those entities performing the services and/or operations as proposed will be designated as Named Insureds).
4. Check coverage(s) you are applying for: [note: either A. ((1) and/or (2)), or B. may be checked, but not both A. and B.]
A (1) ☐ Errors & Omissions Liability (E&O)
Limit of Liability _____
SIR/Deductible _____
Proposed Effective Date _____
(2) ☐ Contractor's Pollution Liability (CPL)/Contractor's Pollution Occurrence (CPO)
Limit of Liability _____
SIR/Deductible _____
Proposed Effective Date _____
B. ☐ Contractor's Operations and Professional Services (COPS)
Limit of Liability _____
SIR/Deductible _____
Proposed Effective Date _____
5. How long has the Named Insured been in business? _____

6. During the past five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check):
Yes () No ()
If yes, give full details. _____
7. Total Professional Staff Personnel of Applicant
(1) Principals _____
(2) Supervisors/Foremen _____
(3) Total Number of engineers & architects _____
(4) Total number of field personnel _____
(5) Hydrogeologists, Geologists, Chemists _____
(6) All other (describe) _____
8. Are any Joint Ventures being proposed for coverage under this policy? Yes___ No___
If yes, please describe. _____
9. Are your projects bonded? Yes___ No___
If yes with what company? _____
10. Does any one project or contract represent more than 25% of annual fees? Please check: Yes() No ()
If yes, give full details _____
11. Please provide prior year's total gross revenue

12. Profile of Operations
(1) In column A, please provide % of firm's sales performed by in house operations and services.
(2) In column B, please provide % of firm's sales in subcontracted operations and services.
(3) Columns A+B should equal 100%.
(4) Projected sales = 12 months from anticipated date of coverage for operations and services.

CATEGORY A. E&O	A +	B=100%	C
1. Environmental	% In House	% Sub-Contracted Out	Projected \$\$ Sales
Remedial Investigations			
Work on feasibility studies, reports, surveys where applicant is not involved in design			
Remedial Design plans and specifications			
Observation/Inspection of construction on behalf of client			
Construction management/Project Management; include supervision/oversight activities			
Real Estate Audits			
Soil Testing/Analysis			
Surveying			
Lab Testing/analysis			

Asbestos/Lead abatement design/sampling verification			
Environmental Risk Assessments/audits			
Regulatory Consulting/Permitting			
Tank Testing & maintenance			
Tank system design			
Decommissioning and Demolition			
Waste brokering/recommendations/arrangements/management of disposal (Do not include transportation/disposal fees in this category)			
Health & Safety Training			
Other (explain)			
2. Non Environmental			
Work on feasibility studies, reports surveys where applicant is not involved in design			
Construction/Project Management/Observation/Inspection			
Surveying			
Design other than listed in Section 1, above or Section 3. below			
Design of waste water/sewer systems (process)			
Design of potable water systems (process)			
Other Process/Engineering			
Geotechnical/Foundations/Soils Engineering			
HVAC/Electrical/Mechanical Engineering			
Civil/Structural Engineering			
Lab Testing			
Other (explain)			
3. Combined Environmental and Non Environmental			
Product Design (Products for sale)			
Computer Software Design/Programming			
Financial management/Consulting			
Other (explain)			

Total Projected Sales for Category A_____

Do not include revenue generated from Project Management/Construction Management in any CPL category below. All Project management revenues are to be included ONLY within the E&O categories in A 1 & 2 above.			
CATEGORY B. CPL	A + % In House	B=100% % Sub-Contracted Out	C Projected \$\$ Sales
1. Remedial Action Contracting			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner Contractors			
Emergency Haz Material Clean-Up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling/Recovery			
Dredging			
Asbestos/Lead Abatement			
Other (explain)			
2. Non-Environmental Contracting			
Carpentry			
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)			

Total Projected Sales for Category B _____

Total Categories A & B Projected Sales _____

13. Detail foreign operations (i.e. Country(ies)) where operations normally occur. Indicate percentage relative to total projected sales under question 12.

14. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients? Yes___
No___

15. Does your company own, operate or lease licensed waste treatment, storage or disposal facilities?
Yes___ No___

16. Are updated certificates of insurance from subcontractors kept on file? Yes___ No___

17. Are these certificates required to show environment liability insurance? Yes___ No___ Indicate % Yes___

18. What are the minimum limits of liability you require for your subcontractors?

General Liability_____

Environmental Liability_____

Professional Liability_____

19. Do you require subcontractors policies to name you as an additional insured? Yes___ No___ %Yes___

20. Do your contracts with subcontractors contain an indemnification provision? Yes___ No___ %Yes___
If yes, attach copies of all insurance requirements and indemnification clauses.

21. Does your company enter into written contracts where you assume liability? Yes___ No___ %Yes___
If yes, attach copies of all insurance requirements and indemnification clauses.

22. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Poll, Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

The following two questions must be answered for all coverages.

23. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution or Professional Liability Policies? Yes___ No___

If yes, state 1) the date when claim was made; 2) the date the incident, act or omission giving rise to the claim took place; 3) name of the claimant; 4) nature of the claim; 5) amount paid or estimated may be paid; and 6) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement. (Please initial) _____ Yes

24. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought?
Yes ___ No ___
If, yes, give full details _____

It is agreed that if such knowledge exists, any claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement. (Please initial) _____ Yes

25. **SUBMISSION REQUIREMENTS**

- A. The following information is required for all policies: CPL, E&O, COPS
- ☐ Brochure/statement of qualification
 - ☐ Resumes of Key Personnel including all Project Managers
 - ☐ Hard copy of loss runs applicable to these coverages including pollution loss information.
 - ☐ Audited financial statements (last 2 Years) and current interim financial (may be unaudited)
- B. The following information is required for E&O coverage and COPS coverage (in addition to the information required in A.)
- ☐ Sample client and Subcontractor contract forms
 - ☐ Quality Assurance/Quality Control (QA/QC) plans
 - ☐ SF 254 or 10 largest projects list.

If project policy, also include copy of fully executed contract with client.

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 Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made apart 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 AUTHORITIES."

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 IN THE THIRD DEGREE."

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 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 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 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 PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in the E&O, CPL or COPS policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Signed: _____
(signature of partner or officer)

(print name and title)

Date: _____

CONTRACTORS POLLUTION LIABILITY QUESTIONNAIRE

GENERAL CONTRACTORS, STREET AND ROAD CONTRACTORS, HVAC, PLUMBING, ELECTRICAL, HEAVY HIGHWAY, RIGGING, MISCELLANEOUS TRADE, BRIDGE, STEEL ERECTION, PAINTING, EXCAVATION, DRILLING, ETC.

Insured Name: _____

Insured Address: _____

General Description of Operations (include % break down of total)

	Policy Yr. 1997	Policy Yr. 1996	Policy Yr. 1998 (est.)
Sales	\$	\$	\$
Payroll	\$	\$	\$

- Percent of Sales that are Subcontracted _____ %, types of operations that are subcontracted _____

- Percentage of Sales that would be considered Environmentally Related or Asbestos or Lead Abatement _____ % Is this work subcontracted out (Yes or No) _____ .
- Has the Insured ever had a pollution related incident or claim (Y/N) _____. If yes please attach detail of the incident or claim.
- Attach information on the Insured's Current GL program (carrier, exp. premium, exp. date, loss sensitive, fronted, deductible etc ...)

If the Insured is interested in Supplemental Environmental Auto Liability (SEAL) Coverage extension please enclose a vehicle list with information on material hauled in each vehicle by the Insured.

*******NOTE** this form does not represent a formal application for coverage. A completed signed original **American International Companies General Contractors pollution Liability** Application will be required to be completed along with other appropriate underwriting information in order to Bind coverage with a member company of AIG****

PLEASE FAX THIS COMPLETED FORM TO AIG ENVIRONMENTAL DEPARTMENT ATTENTION:

MANAGERS NAME _____ FAX NO. _____

IF YOU HAVE ANY QUESTIONS PLEASE CALL _____ AT _____

Eidya Microbial and EPL Disclosure Form

Policyholder/Applicant Microbial Insurance Disclosure/Options

Dear Valued Policyholder/Applicant,

This letter is to inform you of the potential microbial risk associated with your business. As a Consultant and/or Contractor performing services that could result in a Microbial claim, we must inform you that this coverage is available to you for an additional premium. This form is also to serve as due notice thereof. It is at your discretion as to whether or not you wish purchase said microbial coverage, however we do advise that you do so. If you choose not to pursue coverage for any potential microbial exposure you may have, then please be advised that we have formally notified you of the availability and offered to quote this exposure for you and/or your company. Also in the event of a microbial claim is filed against you or your company and you elected **not** to pursue a quote/coverage for your microbial exposure, the claim will **not** be paid by us or the carrier. It will become your sole responsibility to defend and pay said claim.

Please check the appropriate box below and return this form with your application for insurance.

<input type="checkbox"/>	Accept	I hereby elect to pursue coverage for my microbial exposure
<input type="checkbox"/>	Decline	I hereby do not elect to pursue coverage for my microbial exposure

Policy Holder/Applicant Employer Practices Liability Insurance Disclosure/Options

Dear Valued Policyholder/Applicant,

This section of the form is to inform you of your potential risk associated with your Employment Practices Liability (EPL). If you have employees we must inform you that your General Liability will not cover you in the event of a claim being filed by an employee regarding wrongful termination, sexual harassment, discrimination, defamation and unfair hiring/firing practices. If you have employees you will need to have an EPL policy in place for these exposures. This letter is to notify you that this coverage is available to you and or your company for an additional premium. If you choose **not** to receive a quote/coverage on this exposure, please be advised that you will have **no coverage** in the event an EPL related claim being filed against you or your company.

Please check the appropriate box below and return this form with your application for insurance. If you elect to receive an EPL quote, an application for this exposure will be sent to you.

<input type="checkbox"/>	Accept	I hereby elect to pursue coverage for my EPL exposure
<input type="checkbox"/>	Decline	I hereby do not elect to pursue coverage for my EPL exposure

Please sign, date and return this form with your submission. Quotes and/or coverage cannot be bound without receiving this form signed and dated by you the Policyholder/Applicant.

Policyholder/Applicants Signature

Print Your Name

Date

Title

Company Name

Company Address