



Pollution Application Construction Companies

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Section 1 – Applicant Information	
Applicant Name:	
Mailing Address:	
Physical Address:	
Contact Name:	Contact Title:
Telephone:	Fax:
E-mail:	Website:
Year business started operation:	

Section 2 – Coverage Requested			
<input type="checkbox"/> Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retro Date:
Proposed Effective Date:		SIR Requested:	
Limits Requested (Occ/Agg):			

Section 3 – Expiring Insurance Program					
Pollution Liability			General Liability		
<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM
Carrier:			Carrier:		
Limits:			Limits:		
SIR:			SIR:		
Premium:			Premium:		
Eff.Dates:			Eff.Dates:		
Policy Term:			Policy Term:		
Retro Dates:			Retro Dates:		

Please submit the following information in addition to this application: <ol style="list-style-type: none"> 1. Past two years financials including balance sheet and income statement (audited preferred) 2. Past three years currently valued loss runs for lines of coverage requested. If no prior coverage, please provide past three years of currently valued General Liability loss runs. 3. Narrative description of any loss reserve 4. Pertinent marketing or qualification information

Section 4 – General Information
Description of Contracting Services:



Section 5 – Geographic Areas of Operations (total 100%)		
Canada: %	List provinces:	
United States: %	List states:	
Other Foreign: %	List countries:	

Section 6 – Company History		
Are your firm's past operations significantly different than your current operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm operated under a different name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm experienced any merger, acquisition, consolidation or divestiture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details:		

Section 7 – Related Entity Information (for which coverage is being requested)					
Name of Entity	Services Performed/Relationship	Size (\$)	Active	Inactive	% Ownership
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If additional space is required, please provide additional sheet.

Section 8 – Revenue History		
Fiscal Year	Date Range	Total Gross Revenue (\$)
Estimated Current Fiscal Year		
Last Completed Fiscal Year		

Section 9 – Client Information			
Provincial Government	%	Educational/Institutional	%
Federal Government	%	Commercial Entities	%
Municipal/Local Government	%	Residential*	%
Industrial Entities	%	Other (Explain)	%
What percentage of work is attributable to repeat clients?			%

* Residential includes single family homes, apartments, condominiums and timeshares

Section 10 – Contracts / Subcontractors		
What percent of projects are performed under verbal agreement?	%	
Are subcontractors required to carry Pollution Liability coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which type of subcontractors?	If yes, what percentage of the time? %	If yes, what limits?

Section 11 – Risk Management (*Copies may be requested for review)		
Does your firm have a dedicated Risk Manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have written procedures to control water intrusion?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm use third-party quality inspection firms at critical project stages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have standard protocol for working in contaminated areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have a written Legionella program?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the below, please provide full details including percentages where appropriate.		

Section 11 – Risk Management, continued (*Copies may be requested for review)		
Is your firm constructing or involved with “green” buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm construct wood frame buildings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your firm involved with Exterior Insulation Finishing Systems (EIFS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been notified of any complaints/issues regarding your use of drywall products produced outside of the Canada/US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 12 – Services Provided		
Contracting Service	Percentage of Revenue	Percent Work Subcontracted
General Construction		
General Contracting	%	%
Construction Management	%	%
Civil Construction		
Excavation/Grading	%	%
Heavy Highway/Bridge	%	%
Street/Road	%	%
Tunnel	%	%
Utility	%	%
Pipeline Construction/Cleaning	%	%
Mechanical Construction		
HVAC	%	%
Mechanical	%	%
Electrical	%	%
Plumbing	%	%
Carpentry	%	%
Trade Contractors		
Drywall	%	%
Concrete	%	%
Painting	%	%
Roofing	%	%
Steel Erection	%	%
Specialty Contractors		
Demolition	%	%
Drilling	%	%
Dredging	%	%
Fire Sprinkler	%	%
Glazer	%	%
Insulation	%	%
Janitorial	%	%
Marine	%	%
Oil Lease	%	%
Pile Driving	%	%
Process Piping	%	%
Other (Explain):	%	%

Section 13 – Project Information (Total 100%)					
Airports	%	Mass Transit	%	Retirement Community	%
Bridges	%	Mines	%	Roads/Highways	%
Convention Center	%	Nuclear	%	Schools/Colleges	%
Dams	%	Parking Structures	%	Shopping/Retail	%
Environmental	%	Petro/Chemical	%	Storm Water	%
Food Processing	%	Power Plants	%	Tunnels	%
Hospitals	%	Recreation/Sports	%	Wastewater/Water	%
Landfills	%	Residential – single unit	%	Other (Explain)	%
Manufacturing/Industrial	%	Residential – multi unit	%		

Section 14 – Owned Location Information*							
Location:							
Describe Operations / Activities at this Location:							
Do you store any hazardous or bulk materials at this property (other than in tanks schedule below)? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any historic environmental issues at this property? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank Information							
AST	UST	Size	Content	Tank Construction Material	Age	Last Test Date	Containment
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

*To request coverage for additional owned locations, please attach additional sheets as needed

Section 15 – Material/Waste Information			
What type of waste are you disposing at a non-owned disposal site?			
Hazardous:	%	Non-Hazardous:	%
What type of materials are you transporting?			
Hazardous:	%	Non-Hazardous:	%

Section 16 – Claims		
Has any pollution or professional claim, suit or notice of incident been made against:		
Your firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Predecessor firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entities your firm wholly or partly owns, manages, or controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any member of your firm or of the above entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls aware of any circumstance which may result in any professional or pollution liability claim, suit, or notice of incident / occurrence against them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for professional liability insurance and/or pollution liability insurance made on behalf of the applicant, predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details.		

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.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____