



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%)		
Domestic:	%	List key states:
Canada:	%	List provinces:
Foreign:	%	List countries: (Include % revenue and if physical office location)

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 Next 12 Months		
Estimated Current Fiscal Year		
Last Completed Fiscal Year		

Section 9 – Client Information			
Federal Government	%	Commercial Entities	%
State/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 Quality Assurance / Quality Control 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 US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 12 – Services Provided	
Contracting Service	Percentage of Revenue
General Construction	
General Contracting	%
Construction Management	%
Percentage of work self-performed	%
Type of work self-performed (list)	
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*	%		

* Residential includes single family homes, apartments, assisted living, nursing homes, condominiums and timeshares.

Section 14 – Occupied Location Information							
Note: Information supports evaluation of Named Insured location coverage. To request coverage for additional occupied locations, attach additional sheets.							
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"/>						

Section 15 – Material/Waste Information	
Note: Information supports evaluation of non-owned disposal sites (NODs) coverage	
What type of waste (from occupied location or project sites) are you disposing at 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 project delay, 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.		

After reasonable inquiry, I warrant that the information and statements contained in this application for insurance are true and correct, and that no material facts have been withheld or misstated. I understand that this application, and all other materials and information submitted to the Company in connection with this application for insurance, are incorporated and made a part hereof. I also understand that the Company will rely upon the application, materials and information submitted in the underwriting process in the formation of any subsequent contract of insurance entered into.

I understand that the completion of this application does not bind coverage. Acceptance of a quotation from the Company is required prior to binding coverage with the Company.

Applicant's Signature: _____

Title: _____

Print Applicant's Name: _____

Date: _____

FRAUD WARNINGS

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 D.C. 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 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 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 COMMERCIAL INSURANCE APPLICANTS, EXCEPT AUTOMOBILE INSURANCE 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 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 NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

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.

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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: Any person who knowingly and with intent to injure or defraud any insurer 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 the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor 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 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 TENNESSEE APPLICANTS: Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(Fraud Language Revised 04/01/10)