

# **Contractors Pollution Liability** Proposal Form

	lew Proposal	Renewal	
Propos	er's Company Name: _	 	
Key Co	ontact:	 	
City: _		 _County:	
Postco	de:	 _Tel:	
Email:		 Website:	
Descrij	ption of Business:	 	
Compa	·	p 🗌 Joint Venture 🗌 LLC/LLP	

Insured Firms (Please list subsidiary, predecessor, acquired, parent, affiliated or merged entities for which coverage is requested):

Name of Firm	Date of Formation or <u>Transaction</u>	No. Professional Staff	Percentage of Annual Gross Revenues <u>Assigned to the Insured</u>

### **Professional Staff** (Please provide breakdown of professional staff as follows):

Position	No. of Personnel	Staff Turnover Rate in Last Year (%)
Principals		
Professional Engineers and Geologists		
Certified Industrial Hygienists		
Project Managers		
Field Staff		
Total Overall Staff		



#### Gross Revenues

	Accounting Year	(delete currencies as applicable)
Total Gross Revenues for Last Three (3) Accounting Years		£/\$/€
		£/\$/€
		£/\$/€
Estimated Gross Revenues for Current Accounting Year		£/\$/€

Residential Activities (Please indicate the percentage of your anticipated gross revenues derived from work performed at residential properties): \_

Activity Revenues (Please provide estimated sales revenues by activity for the current accounting year on the attached "Activity Schedule.")

#### **Subcontractors**

Does your	Company	have a standard	contract to	use with its	s subcontractors?	
YES	□ NO					

If yes, do they contain hold harmless or indemnification agreements in favour of your Company?

YES NO

If applicable, what are your minimum insurance requirements for subcontractors? Conorol Lighility r/¢/c

General Liability	£/\$/€
Motor	£/\$/€
Contractor's Pollution Liability	£/\$/€

#### **Projects**

Within the past five (5) years, has any project generated greater than 10% of the company's gross revenue? NO

YES	N

If "Yes," please provide details

Please provide details of your three largest projects during the previous accounting year:

<u>Client</u>	<u>% Gross Revenue</u>	<u>Project Cost (£/\$/€)</u>	Type of Project	Current Client

*Inception Date* (Please state desired date for policy inception):



### Limits of Liability and Self-Insured Retentions (Please indicate requested limits

and retention levels):

Limits of Liability	Per Loss	$\pounds/$ (delete currencies as applicable)
	Aggregate	£/\$/€
Excess / Self-Insured		£/\$/€
Retention	Per Loss	

#### **Previous/Other Insurance**

Within the past five (5) years has the proposer purchased this type of insurance coverage? YES NO

If "Yes", please provide information regarding any such coverage and all available loss information.

Please provide details of current liability programme:

		Retroactive				
Coverage	Carrier	Limit	Expiration	date	Premium	
Public Liability						
Contractors						
Pollution Liability						

#### Claims

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance for water damage, construction defect or mold?  $\square$  YES  $\square$  NO

Within the past five (5) years has the proposer or other party to the proposed insurance been involved in any pollution incidents on or at projects where the proposer performed contracting operations?  $\square$  YES  $\square$  NO

Does the proposer or other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the proposer performed contracting operations?

YES NO

At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against the proposer or other party to the proposed insurance? 🗌 YES 🗌 NO

If "Yes" to the four Claims questions above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.



#### Declaration

I certify that the information given above is, to the best of my knowledge, accurate and complete. I understand that the Underwriter is relying on such information in the issue of an insurance policy. I confirm my understanding that the fact that specific questions have been asked and answered in this Questionnaire does not remove our Company's continuing obligation to inform the Underwriter of all other matters, which are material to the risk for which we are seeking insurance, prior to the inception date of the insurance policy.

I have obtained the express consent to the disclosure and use of sensitive personal data from every data subject whose sensitive personal data is supplied in connection with this proposal for the purposes of (a) underwriting the risks and (b) performing any resulting insurance contract.

Authorised signatory:	
Signed:	
Position:	
Date:	



## Activity Schedule

Activity	Sales (Please indicate currency)	Percentage Sub-contracted
COVERED OPERATIONS		
Environmental Services:		
Soil excavation		
Soil/ groundwater treatment		
Bioremediation		
Underground/ subsurface remediation		
Dredging		
PCB handling		
Emergency spill response		
Landfill construction		
Liner installation		
Monitoring well drilling		
Potable well drilling		
Soil/ groundwater boring		
Lab packing		
UST installation		
UST removal		
Tank cleaning		
Pipeline installation		
Pipeline/ sewer/ septic maintenance		
Industrial cleaning		
Hydroblasting		
Demolition		
Asbestos/Lead Abatement		
Mold remediation services		
Non-Environmental Services:		
Electric		
HVAC		
Plumbing		
Water/Sewer		
Road Construction/Maintenance		



Excavation	 
Site Development/Grading	 
Concrete Work	 
General Construction	 
Acoustical	 
Communications	 
Painting	 
Civil Construction	 
Construction Management	 
Drilling	 
Drywall	 
Industrial Construction	 
Mechanical Construction	 
Process Piping	 
Roofing	 
Bridge Work	 
Carpentry	 
Flooring	 
Pipeline Construction	 
Utilities	 
Masonry	 
TOTAL:	 

#### **PROFESSIONAL SERVICES**

<b>Environmental Professional:</b>			
Environmental Engineering			

Environmental Engineering	 
Remedial Investigation/Feasibility Study	 
Environmental Audits/Assessments	 
Phase I/ Real Estate Audits	 
Soil/Water Testing	 
Lab Testing/Analysis	 
Asbestos/Lead Consulting	 
Tank System Design/Testing	 
Regulatory Compliance/Permitting	 
Waste Brokering	 



Health & Safety Training Industrial Hygiene/Mould Testing Other

#### Non-Environmental Professional:

Construction Management (at Risk)	 
Construction Management (Agency)	 
Architectural Services	 
Interior Design	 
Electrical Engineering	 
Structural Engineering	 
Process Design	 
Industrial Engineering	 
Geotechnical Engineering	 
Mechanical Engineering	 
Civil Engineering	 
Other	 
TOTAL:	 