Application

GENERAL CONTRACTORS POLLUTION LIABILITY

EIL-GCPL



INSTRUCTIONS

- 1. ALL QUESTIONS MUST BE ANSWERED.
- 2. IF SPACE IS INSUFFICIENT TO COMPLETE ANSWERS ATTACH ADDITIONAL SHEETS OF PAPER.
- 3. HAVE APPLICATION SIGNED AND DATED BY AN OWNER, PARTNER OR DIRECTOR/OFFICER OF YOUR FIRM.
- 4. INCLUDE A COPY OF THE COMPANY'S AUDITED FINANCIAL STATEMENTS FOR THE PAST TWO YEARS.

AFFEICAINI						
1. NAME:			BROKERS NAME:			
ADDRESS:			ADDRESS:			
TELEPHONE NUMBER:			_ TELEPHONE NUMBER:			
2. SALES: CURRENT YEAR (ESTI	MATED) =					
PAST 3 YEARS:	SALES	PAYROLL	AVERAGE	# OF EMPLOYEES		
20	=					
20	=					
20 Attach financial statements for po	=					
·	CANT BEEN IN BUSINESS?					
] CORPORATION []					
	BEING PROPOSED FOR COVERAG					
It Yes, please give details:						
	LICANT DURING THE PAST THREE		0/	OF LEDAL CONTRACTOR	0/	
	HAS APPLICANT PERFORMED?	SUBCONTRACTOR				
(B) SPECIFIC CATEGORIES O	F WORK PERFORMED:		% OF REVENUE:	% SUBCOI	NTRACTED	
CARPENTRY						
CONSULTING						
DEMOLITION						
DRILLING						
ELECTRICAL						
EXCAVATION						
GRADING						
HVAC/MECHANICAL						
INSPECTION						
INSULATION						
LOGGING						
MASONRY						
MARINE CONTRACTING						
OII LEASE CONTRACTING						
PAINTING						
PIPELINE CONTRACTOR						
PLUMBING						
ROOFING						
STEEL ERECTION						
STREET AND ROAD						
OTHER (describe)						

٠,	IS THE APPLICANT OWNED OR CONTROLLED BY ANOTHER COMPANY? DOES THE APPLICANT HAVE ANY SUBSIDIARY OR SISTER COMPANIES? YES [] NO []					
If the	answer to (a) and /or (b) is Yes, please give details:					
8. TC	DTAL PROFESSIONAL STAFF OF APPLICANT:					
Α.	PRINCIPALS:					
В.	SUPERVISORS/FOREMEN:					
C.	ARCHITECTS AND ENGINEERS:					
D.	FIELD PERSONNEL:					
E.	HYDROGEOLOGISTS, GEOLOGISTS, AND CHEMISTS:					
F.	OTHER (describe):					
9. IN	WHAT STATES AND COUNTRIES HAS THE APPLICANT PERFORMED OPERATIONS?					
	ODES ANY ONE CONTRACT OR PROJECT REPRESENT MORE THAN 25% OF THE APPLICANTS' ANNUAL REVENUES? YES [] NO [] answer to (a) and/or (b) is Yes, please give details:					
CLIEN	VHAT IS THE LARGEST PROJECT BASED ON CONTRACT VALUE THAT THE APPLICANT HAS WORKED ON DURING THE PAST THREE YEARS? T: LOCATION: CERC REQUIRED.					
	CES PROVIDED:					
	TRACT VALUE:ONTRACTORS					
12. A 13. A 14. D	RE UPDATED CERTIFICATES OF INSURANCE FROM SUBCONTRACTORS KEPT ON FILE? RE SUBCONTRACTORS' CERTIFICATES OF INSURANCE REQUIRED TO SHOW POLLUTION LIABILITY INSURANCE? YES [] NO [] O YOU REQUIRE SUBCONTRACTORS' POLICIES TO NAME YOU AS AN ADDITIONAL INSURED? YES [] NO [] SIST THE APPLICANT'S ENVIRONMENTAL SUBCONTRACTORS:					
COM	PANY SERVICES PROVIDED CONTACT AND TELEPHONE #					
	VHAT ARE THE MINIMUM LIMITS OF LIABILITY YOU REQUIRE FROM YOUR SUBCONTRACTORS? RAL LIABILITY					
POLLU	JTION LIABILITY					
PROFE	essional liability					
17. A	re all subcontractors hired under written contract? Yes [] No []					
	RINCIDENTS					
	IAVE ANY CLAIMS ARISING FROM THE ACTUAL, ALLEGED OR THREATENED RELEASE OF POLLUTANTS BEEN PREVIOUSLY MADE AGAINST THE APPLICANT OR EPORTED UNDER ANY CONTRACTOR'S POLLUTION POLICY? YES [] NO []					
If Yes,	please give full details:					
	S 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 MAY BE SOUGHT UNDER ANY CONTRACTOR'S POLLUTION POLICY? YES [] NO []					
	please give 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 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 REFEREOCE INTO THIS APPLICATION AND MADE APART HEREOF. IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEPTING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT:	(Signature of Principal)	_ DATE:
APPLICANT:	(Print name)	_ TITLE:

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