



Contractors Pollution Liability (CPL) Application

SECTION I: APPLICANT INFORMATION					
APPLICANT NAME:				DATE:	
MAILING ADDRESS:					
CITY:			STATE:		ZIP CODE:
TELEPHONE:			WEBSITE:		
Applicant is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER _____

SECTION II: COVERAGE REQUESTED			
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made and Reported	Retroactive Date:
<input type="checkbox"/> Professional Liability		Claims-Made and Reported Only	Retroactive Date:
<input type="checkbox"/> Onsite Cleanup		Claims-Made and Reported Only	Retroactive Date:
<input type="checkbox"/> Third-Party Premises Pollution		Claims-Made and Reported Only	Retroactive Date:
List any enhancements/endorsements that the applicant is seeking or currently has:			
Proposed Effective Date:	Limits Requested: (Occurrence / Aggregate) \$ / \$		Deductible Requested: \$
1. Is this coverage being requested for only one specific project? If yes, complete Project Specific Addendum			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Applicant want coverage for mold?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: GENERAL INFORMATION			
1. Year the Applicant was established:			
2. Has the Applicant ever operated under another name? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Applicant acquired, merged, or discontinued any operations in the last five (5) years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the Applicant have:	<input type="checkbox"/> Subsidiaries	<input type="checkbox"/> Parent Company	<input type="checkbox"/> Other Related Entities
If yes, explain:			
Do you share employees? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other Named Insureds:			

SECTION IV: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Describe the minimum insurance requirements for subcontractors and sub-consultants:

General Liability \$ _____
 Contractors Pollution Liability \$ _____
 Professional Liability \$ _____

2. Does Applicant have written in-house quality control or written in-house health and safety procedures? Yes No

SECTION V: FINANCIAL INFORMATION

\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period _____ to _____
\$ _____	1 st prior year's revenue	
\$ _____	2 nd prior year's revenue	
Breakdown of Revenue by Project Classification:		
Residential: _____ % Hospitals/Nursing Homes: _____ % Industrial: _____ %		
(Estimated Percentage for next 12 months) Commercial: _____ % Schools/Education: _____ % Other: _____ %		

SECTION VI: SERVICES

A. Contracting Services	Projected Revenues	% Subcontracted
<i>Appliance Installation</i>	\$	%
<i>Asbestos Abatement</i>	\$	%
<i>Carpentry or Framing</i>	\$	%
<i>Concrete</i>	\$	%
<i>Construction Management</i>	\$	%
<i>Demolition – Interior</i>	\$	%
<i>Demolition – Exterior</i>	\$	%
<i>Drilling – Non-Environmental</i>	\$	%
<i>Drywall</i>	\$	%
<i>EIFS</i>	\$	%
<i>Electrical</i>	\$	%
<i>Excavation/Grading</i>	\$	%
<i>Fire/Water Restoration</i>	\$	%
<i>Fire Suppression/Sprinklers</i>	\$	%
<i>Flooring</i>	\$	%
<i>General Contracting</i>	\$	%
<i>Glazier/Glass and Window</i>	\$	%
<i>Home Building</i>	\$	%
<i>HVAC/Mechanical Refrigeration</i>	\$	%
<i>Insulation (No abatement)</i>	\$	%
<i>Landscaping</i>	\$	%
<i>Lead Abatement</i>	\$	%
<i>Maintenance or Janitorial</i>	\$	%
<i>Masonry</i>	\$	%
<i>Mold Abatement</i>	\$	%
<i>Painting</i>	\$	%
<i>Paving</i>	\$	%
<i>Pesticide, Herbicide and Fertilizer Application (Non-aerial)</i>	\$	%
<i>Pipeline Construction or Repair</i>	\$	%
<i>Plastering or Stucco</i>	\$	%
<i>Plumbing</i>	\$	%
<i>Roofing</i>	\$	%
<i>Sandblasting</i>	\$	%
<i>Scaffold Erection</i>	\$	%
<i>Sewer/Septic / Cleaning</i>	\$	%

Street & Road Construction	\$	%
Transportation (Non-environmental)	\$	%
Waterproofing	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Total Revenue for Contracting Services:	\$	%

B. Professional Services	Design-Build (Yes) or (No)	Projected Revenues (Fees)	% Subcontracted
Civil Engineering		\$	%
Construction Management		\$	%
Electrical Engineering		\$	%
Environmental Engineering		\$	%
Geotechnical Engineering		\$	%
HVAC Engineering		\$	%
Land Surveying		\$	%
Landscape Architecture		\$	%
Mechanical Engineering		\$	%
Project Management		\$	%
Structural Engineering		\$	%
Other (specify)		\$	%
Other (specify)		\$	%
Other(specify)		\$	%
Total Revenue for Professional Services:		\$	%

C. Percentage of Above Revenues from the Following Types of Projects (100%)			
Airports	%	Power Plants	%
Apartments	%	Residential - Town homes	%
Assisted Living	%	Residential - Single Family	%
Churches	%	Roads/Highways	%
Condominiums	%	Schools/Dorms	%
Convention Centers	%	Shopping Center/Retail	%
Food Processing	%	Site Development	%
Hospitals / Medical Offices	%	Storm Water Systems	%
Hotels/Motels	%	Warehouses	%
Industrial	%	Other (specify)	%
Office Buildings	%	Other (specify)	%
Parking Facilities	%	Other (specify)	%
Petrochemical	%	Total	(100%)

SECTION VII: CLAIMS HISTORY	
<p>1. Within the past five (5) years, have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant, its legal predecessor(s) or any other party to the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	
<p>2. Within the past five (5) years, has the Applicant its legal predecessor(s) or any other party to the proposed Insurance been involved in any pollution incidents on or at projects where the Applicant, its legal predecessor(s) or any other party to the proposed insurance performed contracting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	
<p>3. Does the Applicant or any 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 Applicant, its legal predecessor(s) or any other party to the proposed insurance performed contracting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	

4. Is any member of the Applicant or any other party to this insurance, or any entity that the Applicant wholly or partly owns, manages and/or controls, aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? Yes No
If yes, please provide additional Information:

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____		Name of Applicant	
Signature of Authorized Applicant		Signature of Broker/Agent	
Print Name		Print Name	
Title		Agency Name	
Date		Date	

Environmental Risk Managers, Inc.

Chris Bunbury

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PROJECT SPECIFIC COVERAGE ADDENDUM

PROJECT INFORMATION

Project Name and Contract Number:

Project Address:

City:

State:

Zip:

Estimated Start Date:

Estimated Completion Date:

Will the Applicant be acting as a General Contractor or Subcontractor:

Estimated Revenue:

Limits Requested:

Deductible Requested:

Occurrence

Aggregate

Project Scope of Work:

OWNER INFORMATION

Project Owner:

List any other Additional Insured request and their interest in the project or other endorsement requests:

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