

Arch Specialty Insurance Company

One Liberty Plaza, 53rd Floor, New York, NY 10006
Administrative Office: 55 Madison Ave, Morristown, NJ 07962



Application for Contractors Pollution Liability Insurance

This insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only claims which are first made against you and reported to the Company during the Policy Period are covered subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by Claim Expenses. Claim Expenses may also be applied against the Deductible. If you have any questions about the coverage, please discuss them with your insurance broker or agent.

Instructions

1. Please complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by an owner, partner or director/officer of your firm.
3. Additional information required for this submission:
 - Resumes of key personnel
 - Firm's brochure describing services and qualifications
 - Audited financial statements for last 2 years
 - Hard copy of Loss runs applicable to coverages requested
 - Sample Client and Subcontractor contract forms
 - SF 254 or 10 largest projects list

1. Applicant Name

2. Address

3. Telephone

4. Address of Headquarters

5. Company Contact and Title

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6. List of proposed Named Insureds to be covered by this Policy.

7. How long has the Named Insured been in business? _____ years

8. During the past five years, has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check)? Yes No
If yes, provide details below.

9. Description of Contractor Operations

10. Total Professional Staff of Applicant

(1) Principals _____
(2) Supervisors / Foreman _____
(3) Total number of Engineers & Architects _____
(4) Total number of Field Personnel _____
(5) Hydrogeologists, Geologists, Chemists _____
(6) All other (describe) _____

11. Are any Joint Ventures proposed under this Policy? (please check) Yes No
If yes, provide details below.

12. Does the firm engage in any foreign operations? (please check) Yes No
If yes, provide details below.

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15. Profile of Operations

- In column A, please provide % of firm's revenues performed by in-house operations and services.
- In column B, please provide % of firm's revenues in subcontracted operations and services.
- Columns A+B should equal 100%.
- Projected sales = 12 months from anticipated date of coverage for operations and services.

Contractor Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
1. Environmental Contracting			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner Contractors			
Emergency Haz Material Clean-Up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling/Recovery			
Dredging			
Asbestos/Lead Abatement			
Other (explain)			
2. Non-Environmental Contracting			
Carpentry			
Demolition/Dismantling			
Drilling			
Electrical			
Excavation (Non Haz)/Grading			
General Contracting			
HVAC/Mechanical			
Industrial Cleaners (incl. Sewer/Septic)			
Insulation			
Logging			
Masonry/Concrete			
Marine			
Oil Lease			
Painting			
Pipeline Construction/Cleaners			
Plumbing			
Roofing			
Steel Erection			
Street and Road Construction			
Other (explain)			

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16. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients? (please check) Yes No
17. Are updated certificates of insurance from subcontractors kept on file? Yes No Are these certificates required to show environmental liability insurance? Yes No
18. What are the minimum limits of liability insurance you require from your subcontractors?

General Liability _____
 Environmental Liability _____
 Professional Liability _____

19. Do you require subcontractor policies to name you as an additional insured? Yes No
20. Do your contracts with subcontractors contain an indemnification provision? Yes No
 If yes, attach copies of all insurance requirements and indemnification clauses.
21. Does your company enter into written contracts where you assume liability? Yes No If yes, what is the percentage of contracts in which you assume liability % ____
 If yes, attach copies of all insurance requirements and indemnification clauses.
22. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Pollution Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

23. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution Liability Policies? Yes No If yes, state a) the date when claim was made; b) the date the incident giving rise to the claim took place; c) name of the claimant; d) nature of the claim; e) amount paid or estimated may be paid; and f) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement.

24. Is 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 will be sought? Yes No
 If yes, provide details below.

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It is agreed that if such knowledge exists, any claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

- 25. If project policy, include copy of fully executed contract with client.

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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 reference into this application and made part hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. The applicant represents that the above statements and facts are true and that no material facts have been omitted or misstated.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)