

CONTRACTORS POLLUTION LIABILITY

APPLICATION

| SECTION I: APPLICANT | | | | | |
|---|---------|-------------------|--|-----------------------|--|
| NAME OF APPLICANT | | | | | DATE |
| ADDRESS | | | | | |
| CITY | | | STATE | ZIP | |
| TELEPHONE | | | WEB ADDRESS | | |
| Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER | | | | | |
| PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION: | | | | | |
| 1. Statement of Qualifications (SOQ) including resumes. | | | | | |
| 2. Two most recent years' income statement and balance sheet. | | | | | |
| 3. Three years of currently valued loss runs. | | | | | |
| 4. Recent Project Description – (See page six of this application) | | | | | |
| SECTION II: COVERAGE REQUESTED (Contractors Pollution Liability) | | | | | |
| PROPOSED EFFECTIVE DATE: | | LIMITS REQUESTED: | | 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? If yes, complete Fungi/Mold Addendum | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION III: GENERAL INFORMATION | | | | | |
| 1. Date applicant was established: | | | | | |
| 2. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities If yes, explain: | | | | | |
| 4. Do you share employees? If yes, explain: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is coverage intended for a Joint Venture? If yes, explain: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Detail geographical extent of operations: % Domestic _____ % Foreign _____ (Provide geographical locations of all foreign projects) | | | | | |
| 7. List the State(s) in which your work is performed: | | | | | |
| SECTION IV: CURRENT INSURANCE INFORMATION | | | | | |
| Coverage | Carrier | Limits | Premium | Effective Date | Retention |
| General Liability | | | | | |
| Contractors Pollution | | | | | |
| Professional Liability | | | | | |
| Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? (If yes, provide details below) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SECTION V: GROSS REVENUE | | | | | |
| \$ _____ Estimated gross revenue for the next 12 months | | | Fiscal Year Period _____ to _____ _____ to _____ | | |
| \$ _____ 1st prior year's revenue | | | | | |
| \$ _____ 2nd prior year's revenue | | | | | |

SECTION VI: CONTRACTING OPERATIONS

| Services | Estimated Revenue For the Next 12 Months | Percent that will be Subcontracted |
|---|---|---------------------------------------|
| Appliance Installation | \$ | % |
| Asbestos or Lead Abatement | \$ | % |
| Barrier or Liner Construction | \$ | % |
| Carpentry or Framing | \$ | % |
| Carpet Cleaning | \$ | % |
| Concrete | \$ | % |
| Construction Management | \$ | % |
| Demolition | \$ | % |
| Dredging | \$ | % |
| Drilling (environmental) | \$ | % |
| Drilling (non-environmental) | \$ | % |
| Drywall | \$ | % |
| Electrical | \$ | % |
| Excavation or Grading | \$ | % |
| Fire Suppression/Sprinklers | \$ | % |
| Flooring | \$ | % |
| General Contracting | \$ | % |
| Glazier / Glass and Window | \$ | % |
| Groundwater Sampling | \$ | % |
| Groundwater Treatment and Recovery | \$ | % |
| Hazardous Material Clean-up | \$ | % |
| Hazardous Waste Treatment | \$ | % |
| Home Building | \$ | % |
| HVAC and Mechanical Refrigeration | \$ | % |
| Insulation (no abatement) | \$ | % |
| Landscaping | \$ | % |
| Logging | \$ | % |
| Maintenance or Janitorial | \$ | % |
| Masonry | \$ | % |
| Mobile Incineration | \$ | % |
| Mold Abatement | \$ | % |
| Painting (no abatement) | \$ | % |
| Paving - Street and Road | \$ | % |
| Pesticide, Herbicide and Fertilizer (no aerial) | \$ | % |
| Pile Driving | \$ | % |
| Pipeline Construction or Repair | \$ | % |
| Plastering or Stucco | \$ | % |
| Plumbing | \$ | % |
| Recycling (chemicals or hazardous materials) | \$ | % |
| Recycling (other) | \$ | % |
| Restoration (fire and water damage) | \$ | % |
| Roofing | \$ | % |
| Sandblasting | \$ | % |
| Sewer and Water Main | \$ | % |
| Soil Remediation | \$ | % |
| Soil Sampling | \$ | % |
| Tanks – Aboveground Tank Installation | \$ | % |
| Tanks – Aboveground Tank Removal | \$ | % |
| Tanks – Underground Tank Installation | \$ | % |
| Tanks – Underground Tank Removal | \$ | % |
| Waste Water Facility Operators | \$ | % |
| Waterproofing | \$ | % |
| OTHER (specify) | \$ | % |
| Total Revenue for Contracting Services: | \$ | |

| | |
|---|-----------------------|
| Breakdown of Revenue by Project Classification: (Estimated Percentage for next 12 months) | Commercial: % |
| | Residential: % |
| SECTION VII: BUSINESS PRACTICES & SAFETY PROTOCOL | |
| 1. Concerning the operations the Applicant performs themselves, what percentage is performed: _____ % As the General Contractor _____ % As a Subcontractor to another _____ % As the Construction Manager | |
| 2. Does the Applicant use a standard written contract with its clients? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please answer the following & include a copy of your standard contract) | |
| 3. What percentage of your projects are contracted using: _____ % The applicants standard contract _____ % A letter of agreement _____ % A client's contract form _____ % Verbal agreement _____ % Other _____ | |
| 4. Does the Applicant's Standard Contract contain a limitation of liability clause? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to what extent is liability limited? | |
| 5. What percentage of your subcontractors and subconsultants are hired under a written, standard subcontract? _____ % (Attach a copy of the standard subcontract) | |
| 6. Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ _____ Contractors Pollution Liability \$ _____ | |
| 7. Do you require your subcontractors to name you as an additional insured on their policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. How are non-standard client and/or subcontract agreements reviewed? <input type="checkbox"/> Attorney: Outside <input type="checkbox"/> Attorney: In-house <input type="checkbox"/> Agent Reviews <input type="checkbox"/> Staff (please describe) | |
| 9. Does Applicant have written in-house quality control procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Does Applicant have written in-house health and safety procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please forward Table of Contents | |
| 11. Does the Applicant have a written Hazardous Communication Program? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12. Does the Applicant have an in-house continuing education program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. If no, please describe how your professional receives continuing education and training: | |
| SECTION VIII: CLAIMS HISTORY | |
| 1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary) | |
| 2. Has any member of the applicant, or predecessor firm 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on additional paper. | |
| 3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on additional paper. | |
| 4. Summary of Claims History: | |

| | Number of Claims | Valuation Date | Total Incurred (Includes Paid Loss, Expense Paid, and Reserves) |
|----------------------------|------------------|----------------|---|
| Current Year | | | |
| 1 st Prior Year | | | |
| 2 nd Prior Year | | | |
| 3 rd Prior Year | | | |
| 4 th Prior Year | | | |

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.

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. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

Recent Project Description

| | | | | |
|---|------------------------|-------------|------------------|--|
| 1 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 2 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 3 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 4 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 5 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 6 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 7 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |
| 8 | Project Name/Client: | | | |
| | Services Provided: | | | |
| | Project Gross Revenue: | Start Date: | Completion Date: | |

Fungi/Mold Coverage Addendum

For Contractors Pollution Liability

| | | | | | | |
|---|-----------------------------------|----------------------------|----------------|---------------------------------|---------------|--------------|
| <p>1. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the details of each incident or claim:</p> | | | | | | |
| <p>2. What percentage of your revenues are attributed to the following operations:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Residential / Multi-Family _____%</td> <td style="width: 33%;">Commercial / Office _____%</td> <td style="width: 33%;">Schools _____%</td> </tr> <tr> <td>Hospitals/ Nursing Homes _____%</td> <td>Hotels _____%</td> <td>Other _____%</td> </tr> </table> | Residential / Multi-Family _____% | Commercial / Office _____% | Schools _____% | Hospitals/ Nursing Homes _____% | Hotels _____% | Other _____% |
| Residential / Multi-Family _____% | Commercial / Office _____% | Schools _____% | | | | |
| Hospitals/ Nursing Homes _____% | Hotels _____% | Other _____% | | | | |
| <p>3. Percent of Residential work performed in the following states:</p> <table style="width: 100%; border: none;"> <tr><td>_____ % California</td></tr> <tr><td>_____ % Florida</td></tr> <tr><td>_____ % Texas</td></tr> <tr><td>_____ % Hawaii</td></tr> </table> | _____ % California | _____ % Florida | _____ % Texas | _____ % Hawaii | | |
| _____ % California | | | | | | |
| _____ % Florida | | | | | | |
| _____ % Texas | | | | | | |
| _____ % Hawaii | | | | | | |
| <p>4. Does your firm have written Standard Operating Procedures for Mold Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of Table of Contents</p> | | | | | | |
| <p>5. Ace Westchester Environmental may provide Mold Awareness Training to the Insured as part of this coverage. Please provide the following:</p> <p>a. Insured Contact (Name, Title & Phone No.) to coordinate mold training services:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Personnel (account for each person only once, by primary function):</p> <p>Number of Principals: _____</p> <p>Number of Supervisors/ Forman: _____</p> <p>Number of Field Supervisors: _____</p> <p>Number of Office Personnel: _____</p> | | | | | | |
| <p>6. Does your contractual language hold you responsible for diagnosing or correcting moisture problems that contribute to potential mold problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of wording.</p> | | | | | | |
| <p>7. Do you warrant against moisture problems that contribute to potential mold problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of wording.)</p> | | | | | | |
| <p>8. How do you handle and document existing moisture problems or mold encountered during the performance of your work?</p> | | | | | | |
| <p>9. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved?</p> | | | | | | |
| <p>10. If a complaint is received regarding moisture problems due to your work, what steps do you take to correct the problem? What time frame does it take to complete the corrective action?</p> | | | | | | |
| <p>11. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?</p> | | | | | | |
| <p>12. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of each incident or claim.</p> | | | | | | |

Project Specific Coverage Addendum

For Contractors Pollution Liability

| PROJECT INFORMATION | | |
|--|--------|----------------------------|
| Project / Contract Number: | | |
| Project Address: | | |
| City: | State: | Zip: |
| Estimated Start Date: | | Estimated Completion Date: |
| Will the Applicant be acting as a General Contractor or Subcontractor: | | |
| Limits Requested: | | Retention Requested: |
| Project Scope of Work: | | |
| OWNER INFORMATION | | |
| Project Owner: | | |
| Address: | | |
| City: | State: | Zip: |
| List any other Additional Insured Request and their interest in the project or Other Endorsement Requests: | | |