



Instructions

The following Contractors Pollution Liability questionnaire and supplements will help underwriter rate and quote your account accurately. Please be as complete as possible.

Here are a few areas to keep in mind as you assist your client in completing the information:

Application Information:

- Applicant Name should reflect how they want their name to appear on the policy.
- Web Address – underwriters check these. If their website does not accurately reflect the quality of their operations, best to leave it blank.

Limits of Liability:

- Most underwriters are not going to be willing to quote a bunch of options. Please select limits that reflect the insured's needs

Deductibles or SIR:

- Pollution deductibles don't affect premium as much as other lines of insurance. Only with the highest deductibles will you see relevant pricing adjustments

Coverage Detail:

- If coverage is needed for a specific project, please complete the attached project supplement
- Mold coverage can affect pricing as well as coverage form (still primarily claims made)

Projected Sales:

- Underwriters will review past year's financials to verify this information, so significantly higher or lower sales will have to be explained.
- Sales and limits are two of the most significant rating factors on CPL – be as accurate as possible.
- Due to minimum premiums, an annual policy can often cost the same as one for a specific project. A good rule of thumb is, if this is a big project for your client – an annual policy may be a better fit.

Note: This questionnaire is designed to gather the information that most carriers will need in order to provide a bindable quote. In order to bind coverage, the insured will likely need to complete a carrier-specific application.



CONTRACTOR'S POLLUTION LIABILITY QUESTIONNAIRE

APPLICANT INFORMATION			
Applicant Name:			
Address:			
City:	State:	Zip:	
Web Address:	Year Business Started:		

LIMITS of LIABILITY			
\$500K/\$500K		\$2MM/\$4MM	\$5MM/\$10MM
\$500K/\$1MM		\$3MM/\$3MM	\$7MM/\$7MM
\$1MM/\$1MM		\$3MM/\$6MM	\$10MM/\$10MM
\$1MM/\$2MM		\$4MM/\$4MM	\$10MM/\$20MM
\$2MM/\$2MM		\$5MM/\$5MM	\$20MM/\$20MM

DEDUCTIBLE or SIR			
\$2,500		\$10,000	\$50,000
\$5,000		\$25,000	\$100,000

COVERAGE DETAILS			
Mold	Yes	Policy Form	Occurrence
	No		Claims Made
Proposed Effective Date:			Project or Annual
			All Projects

COMPANY PROFILE			
Is this a start-up Company?	Yes	Total Revenue for Prior 12-month period:	
	No		

ADDITIONAL NAMED INSUREDS	
Named Insured	Relationship

CURRENT INSURANCE INFORMATION					
Coverage	Limits	Premium	Effective Date	Retention	Retro Date
General Liability					
Contractors Pollution Liability					
Professional Liability					

PROJECTED ANNUAL SALES BY CONTRACTING CATEGORY

Class:	Projected Sales	% Sub	Class:	Projected Sales	% Sub
Appliance Installation			Landscapers		
Asbestos or Lead Abatement			Maintenance and Janitorial		
Barrier or Liner Construction			Masonry		
Carpentry or Framing			Mobile Incineration		
Carpet Cleaning			Mold Abatement		
Concrete			Painting (No Abatement)		
Construction Management			Paving - Street and Road		
Demolition			Pesticide, Herbicide and Fertilizer (No Aerial)		
Dredging			Pipeline Construction or Repair		
Drilling (Environmental)			Plastering or Stucco		
Drilling (Non-Environmental)			Plumbing		
Drywall			Recycling (Chemicals or Haz. Materials)		
Electrical			Recycling (Other)		
Excavation or Grading			Restoration (Fire and Water Damage)		
Fire Suppression / Sprinklers			Roofing		
Flooring			Sandblasting		
General Contracting			Sewer and Water Main		
Glazier / Glass & Window			Soil Remediation		
Groundwater Sampling			Soil Sampling		
Groundwater Treatment and Recovery			Tanks – AST Installation		
Hazardous Material Clean-up			Tanks – AST Removal		
Hazardous Waste Treatment			Tanks – UST Installation		
Home Building			Tanks – UST Removal		
HVAC Mechanical Refrigeration			Waste Water Facility Operators		
Insulation			Waterproofing		

SCOPE OF SERVICES: (describe all of the contracting services performed & typical projects):

PERCENTAGE OF SALES BY PROPERTY CLASS

Single Family Housing	Hospitals / Healthcare	Government
Apartments	Schools / Universities	Industrial / Manufacturing
Condos/Townhomes	Hotels / Motels	Retail / Office / Commercial

ADDITIONAL DETAILS: (any additional information you would like the underwriter to consider in reviewing this application):



CPL EXPOSURE SURVEY
(must accompany a completed application)

APPLICANT INFORMATION		
Applicant Name:		
Address:		
City:	State:	Zip:

<i>(please advise if any of the below exposures apply to your operations)</i>			
Transportation: Over-the-road transportation of potential pollutants, i.e. fueling trucks, chemical transport, waste disposal, etc.	Yes	No	# of units _____ Typical Cargo: _____ Class: _____ Average distance travelled: _____
Contingent Transportation: Use of 3 rd party entities to transport/dispose of waste or other materials	Yes	No	Are 3 rd party carriers licensed to haul your waste (circle): Yes / No
Professional: Incidental professional exposure resulting from jobsite design change orders, design/build operations, construction management, value engineering, quality assurance or subcontracted professional work.	Yes	No	Design/Build Y/N: _____ At Risk Billings: _____ Agency Billings: _____ Typical Professional Services: _____ _____
Products Liability: Manufacturing or producing your own products for installation or use.	Yes	No	Please identify products produced: _____ _____ Please Identify the End User: _____
Owned Locations: Potential pollution concerns that might include materials received or stored, work done at your location, mold, asbestos or lead in owned buildings, vehicles or equipment stored on-site or historical pollution issues.	Yes	No	# of buildings: _____ Total sq ft. _____ Age of Buildings: _____ Neighboring Properties: North _____ South _____ East _____ West _____

<p>Storage Tanks: Above or underground storage tanks for fueling your own equipment, heating oil storage, or collection of waste oil or other liquids.</p>	<p>Yes</p>	<p>No</p>	<p># of Tanks: _____ Date Installed: _____</p> <p>Contents: _____ Tank Capacity (gallons): _____</p> <p>Contents: _____ Tank Capacity (gallons): _____</p> <p>Contents: _____ Tank Capacity (gallons): _____</p> <p>Contents: _____ Tank Capacity (gallons): _____</p> <p>Contents: _____ Tank Capacity (gallons): _____</p>
<p>Non-Owned Disposal Sites (NODS): Landfills, transfer stations, recycling or other facilities that receive your waste materials or construction debris.</p>	<p>Yes</p>	<p>No</p>	<p>Typical waste products: _____</p> <p>_____</p> <p>Are sites licensed to receive waste products (circle)? Yes / No</p>
<p>Note: Additional underwriting information may be required to address these exposures.</p>			



CPL PROJECT SPECIFIC SUPPLEMENT
(must accompany a completed application)

PROJECTED SALES FOR THIS PROJECT BY CONTRACTING CATEGORY

Class:	Projected Sales	% Sub	Class:	Projected Sales	% Sub
Appliance Installation			Landscapers		
Asbestos or Lead Abatement			Maintenance and Janitorial		
Barrier or Liner Construction			Masonry		
Carpentry or Framing			Mobile Incineration		
Carpet Cleaning			Mold Abatement		
Concrete			Painting (No Abatement)		
Construction Management			Paving - Street and Road		
Demolition			Pesticide, Herbicide and Fertilizer (No Aerial)		
Dredging			Pipeline Construction or Repair		
Drilling (Environmental)			Plastering or Stucco		
Drilling (Non-Environmental)			Plumbing		
Drywall			Recycling (Chemicals or Haz. Materials)		
Electrical			Recycling (Other)		
Excavation or Grading			Restoration (Fire and Water Damage)		
Fire Suppression / Sprinklers			Roofing		
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Home Building			Tanks – UST Removal		
HVAC Mechanical Refrigeration			Waste Water Facility Operators		
Insulation			Waterproofing		

SCOPE OF SERVICES: (describe the contracting services being performed on this project):

PROJECT INFORMATION

Project Owner:					
Project Number:		Completed Ops (years):			
Project Address:					
Project Start Date:		Estimated Finish Date:			
Policy Form		Occurrence		Claims Made	

Note: Underwriters will require a copy of the contract specifications including receipts to bind coverage.