

CONTRACTORS POLLUTION LIABILITY APPLICATION

THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE OR OCCURRENCE FORM POLICY

All questions must be answered completely. If space is insufficient to complete answers attach additional sheets of paper. Have application signed and dated by an owner, partner or director/officer of the firm requesting coverage.

1. Named Insured: _____

Address: _____

Phone #: _____

Contact & Title: _____

2. Is Applicant: ___ corporation ___ partnership ___ individual

3. If this is a joint venture, please give details: _____

4. How long has Applicant been in business? _____

5. Describe your operations, the services provided and
 work performed: _____

6. Is Applicant a member of any professional organizations or
 Associations? If so, please name: _____

7. Estimated Gross Receipts (Annual):

Current Year \$ _____

Next Year \$ _____

8. Is the Applicant owned or controlled by another company?
 ___ Yes ___ No, If "Yes", describe: _____

9. Does the Applicant own or have any subsidiaries?
 ___ Yes ___ No, If "Yes", describe _____

10. Please provide the number of operated Autos by type:

Private Passenger _____

Light Truck _____

Medium Truck _____

Hvy./Extra Hvy. Truck _____

Trailers _____

TOTAL _____

11. Specific categories of work performed by revenue for
 the current year:

<u>Category</u>	<u>\$ Performed</u> (Gross receipts)	<u>Percentage</u> <u>subcontracted</u>
Carpentry/Framing	\$ _____	_____ %
Constr. Mgmt/ Project mgmt	\$ _____	_____ %
Dredging	\$ _____	_____ %
Demolition	\$ _____	_____ %
Drilling	\$ _____	_____ %
Electrical	\$ _____	_____ %
Excavation/ Grading	\$ _____	_____ %
HVAC/Mechanical	\$ _____	_____ %
Industrial cleaning/sewer/wa ter	\$ _____	_____ %
Logging	\$ _____	_____ %
Masonry/Concrete	\$ _____	_____ %
Marine Construction	\$ _____	_____ %
Oil & Gas Lease	\$ _____	_____ %
Painting (non abatement)	\$ _____	_____ %
Pesticide/herbicide /fertilizer	\$ _____	_____ %
Pipeline/Railroad construction	\$ _____	_____ %
Plumbing	\$ _____	_____ %
Residential developer/Home bldr	\$ _____	_____ %
Restoration Contractor (fire/water)	\$ _____	_____ %
Roofing/ Insulation	\$ _____	_____ %
Sewer/Water	\$ _____	_____ %
Steel Erection	\$ _____	_____ %
Street & Road	\$ _____	_____ %
Other _____	\$ _____	_____ %
Total of all Revenue	\$ _____	

What Cargo or material is hauled on above autos?

12. Are all subcontractors hired under a written Contract? ____ Yes ____%, ____ No ____%
13. Are updated certificates of insurance from subcontractors kept on file? ____ Yes ____ No
14. List the Applicant's Environmental Subcontractors:

15. What are the minimum limits of liability you require of your subcontractors?
General liability _____, Professional Liability _____, Pollution Liability _____

CLAIMS HISTORY

16. Have any pollution claims been previously made against the applicant or reported under any other Policies?
____ Yes ____ No, If Yes", describe _____

17. 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 is being sought? ____ Yes ____ No,
If Yes", describe _____

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES ON PAGE 2 and 3 OF THIS APPLICATION.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)