



a program of McNeil and Company, Inc.

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Application for Contractors Pollution Liability Insurance

This insurance coverage you are applying for is either written on a CLAIMS MADE AND REPORTED or on an OCCURRENCE basis. 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.
 - 5 Years currently valued GL and Pollution Loss Runs
 - Current financial statement

Proposed Effective Date: ___/___/___ **Proposed Retro Date:** ___/___/___ **Date of Application** ___/___/___

Limits Requested: Occurrence _____ **Aggregate** _____ **Deductible** _____

Part I: GENERAL APPLICANT INFORMATION

Full Name of Entity: _____

DBA: _____

FEIN: _____

Full Mailing Address (include county): _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Principal: _____

Company is: ___ Individual: ___ Partnership: ___ Corporation: ___ Joint Venture: ___ Other
(describe): _____ Years in business _____

1. Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation taken place? ___ If so, please detail changes in chronological order since inception

2. Does the firm have: Subsidiaries _____ A Parent Company _____ Other Related Entities _____ If yes, describe:

3. Have there been any significant changes in operations, business focus or management over the past 2-3 years? ___
If yes, explain:

4. Address of any other locations for branch offices or subsidiaries:

Street Address: _____
City: _____ State: _____ Zip Code: _____

5. Please describe the general geographic areas where you primarily work. List states and percentage of your total operations performed in that state.

6. Description of Operations:

7. Personnel Breakdown:

- (a) Principals _____
(b) Supervisors / Foreman _____
(c) Total number of Engineers & Architects _____
(d) Total number of Field Personnel _____
(e) Hydrogeologists, Geologists, Chemists _____
(f) All other (describe) _____

8. Are any Joint Ventures proposed under this Policy? (please check) Yes ___ No ___

If yes, provide details below.

9. Does the firm engage in any foreign operations? Yes ___ No ___

If yes, provide details below.

10. Does any one project or contract represent more than 25% of the firm's annual fees? Yes ___ No ___

If yes, provide details below.

11. Total Receipts: Current expiring year \$ _____ First Prior Year \$ _____
2nd Prior Year \$ _____ 3rd Prior Year \$ _____

Projected Revenue for the Next 12 Months \$ _____

12. Profile of Operations (next page)

- 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)			

13. 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 ___

14. Are updated certificates of insurance from subcontractors kept on file? Yes ___ No ___ Are these certificates required to show environmental liability insurance? Yes ___ No ___

15. What are the minimum limits of liability insurance you require from your subcontractors?

General Liability _____
 Environmental Liability _____
 Professional Liability _____

16. Do you require subcontractor policies to name you as an additional insured? Yes ___ No ___

17. Do your contracts with subcontractors contain an indemnification provision? Yes ___ No ___
 If yes, attach copies of all insurance requirements and indemnification clauses.

18. 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.

19. 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					

20. 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.

21. 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.

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.

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 the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data 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 a 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.

PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ARKANSAS, LOUISIANA 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 Agencies.

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 the 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 MAINE APPLICANTS: It is a crime to 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.

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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 claims 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE & 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.

NOTICE TO WASHINGTON 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 _____
(Signature of owner or officer of corporation)

DATE _____

APPLICANT _____
(Print name and title)

BROKER/AGENT _____
(Print name of firm & license #)

DATE _____

THE NATIONAL LEADER IN ENVIRONMENTAL COVERAGE SOLUTIONS

IN CALIFORNIA DBA BONDS AND INSURANCE SERVICES - LICENSE #0795489

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