



CONTRACTOR'S POLLUTION LIABILITY APPLICATION

SECTION 1 – APPLICANT INFORMATION

Applicant (Full Legal Name): _____
 Physical Address of Applicant: _____
 Mailing Address of Applicant: _____
 City: _____ State: _____ Zip Code: _____
 Established: _____ Website: _____

Company Type: Corporation LLC Partnership Individual Joint Venture
 Other: _____ If Joint Venture, please describe: _____

Additional Named Insured's (if any)	Relationship

***If there are more than three Additional Named Insured's, please attach the schedule.

SECTION 2 – QUOTE REQUEST

1. Proposed Effective Date: _____ OR TBD
2. Does the insured want coverage for mold? Yes No

Limit	Deductible
<input type="checkbox"/> \$250K/\$250K <input type="checkbox"/> \$500K/\$500K <input type="checkbox"/> \$1M/\$1M	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> \$2M/\$4M	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
<input type="checkbox"/> \$5M/\$5M <input type="checkbox"/> \$5M/\$10M Other _____	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 Other _____

Current Retroactive Dates (if applicable)

Contractors Pollution Liability:		Mold Liability:	
Non-Owned Disposal Site Liability:		Professional Liability:	
S&A Owned Locations:		Transportation Pollution Liability:	

SECTION 3 – OPERATIONS

Prior Revenue

1 st Prior Year Actual Gross Revenue:		2 nd Prior Year Actual Gross Revenue:	
--	--	--	--

Breakout of Projected Revenue (for the Next 12 Months by Operations)

Contracting Services	Projected Gross Receipts	% Subcontracted
Aircraft Refueling	\$	%
Appliance Installation	\$	%
Asbestos / Lead Abatement	\$	%
Barrier / Liner Construction	\$	%
Carpentry / Framing	\$	%
Carpet / Upholstery Cleaning	\$	%
Concrete / Masonry	\$	%
Construction Management	\$	%
Crime Scene Cleanup	\$	%
Demolition – Non-Structural	\$	%
Demolition – Structural (over 3 stories)	\$	%
Demolition – Structural (under 3 stories)	\$	%
Dredging	\$	%
Drilling - Non-Environmental	\$	%
Drilling - Petroleum Based	\$	%
Drywall	\$	%
Electrical	\$	%
Excavation / Grading	\$	%
Fire Suppression / Sprinklers	\$	%
Flooring	\$	%
General Contracting	\$	%
Glazier / Glass / Window	\$	%
HazMat Clean-Up	\$	%
HVAC / Mechanical / Refrigeration	\$	%
Industrial Cleaning	\$	%
Insulation	\$	%
Landscaping	\$	%
Logging	\$	%
Maintenance / Janitorial	\$	%
Mold Abatement	\$	%
Painting	\$	%
Paving / Street / Road	\$	%
PCB Removal / Remediation	\$	%
Pesticide, Herbicide and Fertilizer (no aerial)	\$	%
Pile Driving	\$	%
Pipeline Construction / Repair	\$	%
Plastering / Stucco	\$	%
Plumbing	\$	%
Restoration - Build Back	\$	%
Restoration - Fire / Water	\$	%
Roofing	\$	%
Sandblasting	\$	%
Sewer / Water Main	\$	%
Soil Remediation	\$	%
Steel / Metal Erection	\$	%
Storage Tank Installation / Removal	\$	%
Swimming Pool Services	\$	%
Tank Cleaning	\$	%
Trucking – Non-Hazardous	\$	%
Trucking – Petroleum Based	\$	%
Utilities	\$	%
Waste Hauling	\$	%
Waterproofing	\$	%
Weatherization	\$	%

Other Services (Please Describe Below)	\$		%
Total Projected Gross Receipts	\$		

Revenue Classification (by type)

Commercial / Retail:		%	Industrial:		%	Single-Family Residential:		%
Government:		%	Manufacturing:		%	Multi-Family Residential:		%
Hospitals:		%	Schools:		%	Other:		%

SECTION 4 – SUPPLEMENTARY COVERAGES

3. If the applicant is not interested in Transportation Pollution coverage, please mark N/A N/A
4. If the applicant is not interested in Non-Owned Disposal Site coverage, please mark N/A N/A
5. If the applicant is not interested in S&A Owned Locations coverage, please mark N/A N/A

Insured Property Address	Current Operations

***If there are more than three locations, please attach the property schedule or a current statement of values.

SECTION 5 – PROFESSIONAL LIABILITY

6. If the applicant is not interested in Professional Liability coverage, please mark N/A N/A
7. What professional services does the applicant provide?

8. What percentage of total revenue is made up from the following professional services:

Construction with NO design responsibility		%	Design only		%
Construction with design-build responsibility		%	How much design is done in-house?		%
How much design is done in-house?		%	How much design is subcontracted?		%
How much design is subcontracted?		%	Construction / Project Management		%

9. Does the applicant provide consulting services, hold or manage subcontracts during construction? Yes No

SECTION 6 – WARRANTY STATEMENTS AND SIGNATURE

10. Is the applicant a sole practitioner? Yes No
11. Does the applicant perform any geotechnical services? Yes No
12. Does the applicant perform any petroleum drilling or fracking services? Yes No

13. Within the past 5 years, has the applicant had a prior pollution or professional claim, suit or notice?
 Yes No If yes, please provide details.

14. Has the applicant ever had any pollution or professional coverage declined, cancelled or non-renewed?
 Yes No If yes, please provide details.

15. Is the applicant aware of or know of any fact, circumstance or situation which may reasonably result in a claim against the applicant or any other person or entity for which coverage is being sought?
 Yes No If yes, please provide details.

FRAUD WARNINGS:

Notice to Arkansas and West Virginia 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 claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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 civil fines and criminal 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.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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, Virginia and 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.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Applicant Signature

Applicant Signature: _____ Date: _____

Applicant Print Name: _____ Title: _____

