



# CONTRACTING SERVICES POLLUTION LIABILITY APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY** AN AUTHORIZED SURPLUS LINES INSURER.

**Instructions:** Please complete all applicable sections of this Application. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All applicants must sign the Application where indicated.

Please attach the following to this application:

- Statement of Qualifications (SOQ) to include resumes, and a listing of previous projects.
- Five (5) years of currently valued loss runs. If no prior pollution coverage exists, General Liability loss runs should be provided.
- Most recent income statement and balance sheet.

## APPLICANT INFORMATION Contact Person:

1 <sup>st</sup> Named Insured:		Name:	
Mailing Address:		Title:	
City / State / Zip:		Phone:	

Company is an:  Individual  Partnership  Corporation  Joint Venture  Other (describe): \_\_\_\_\_

Year Established: \_\_\_\_\_ Website: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Additional Named Insured's and their relationship to the applicant:

Describe the applicants business:

## COVERAGE REQUESTED

Effective Date: \_\_\_\_\_

Each Pollution Condition Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Does the applicant currently carry Contracting Services Pollution coverage?  Yes  No

If "Yes", please list any retroactive dates (policy retroactive date, mold, transportation, use of a waste disposal facility (NODS), etc.), if any:

## BREAKDOWN OF OPERATIONS BY REVENUE

Gross Revenues for the next twelve (12) months	\$
1 <sup>st</sup> Prior Year's Revenues:	\$
2 <sup>nd</sup> Prior Year's Revenues:	\$

***Please breakdown your revenues below:***

Non-Environmental Services	Revenues	Environmental Services	Revenues
Appliance Installation	\$	Air Duct Cleaning	\$
Boiler Inspections & Installations	\$	Air Pollution Control Installation	\$
Concrete/ Masonry (Foundation)	\$	Asbestos/ Lead Abatement	\$
Concrete/Masonry (Other than Foundation)	\$	Bioremediation	\$
Construction Management	\$	Crime Scene/Illegal Drug Lab Cleanup	\$
Demolition Exterior	\$	Emergency Response	\$
Demolition Interior	\$	Hazardous Materials Cleanup/Treatment	\$
Dredging	\$	Industrial Cleaning	\$
Equipment Installation/Dismantling	\$	Landfill Construction/Liner Installation	\$
Excavation/Grading	\$	Liquid Waste Management/Treatment	\$
Fireproofing/Fire Sprinkler Installation & Maintenance	\$	Mold Abatement	\$
General contracting including carpentry, drywall, electrical, fencing, framing, insulation, etc.	\$	PCB Remediation/Removal	\$
Geotechnical Drilling	\$	Radon Mitigation	\$
HVAC/ Mechanical Contracting	\$	Restoration Contracting (Fire/Water)	\$
Industrial Contracting/Maintenance	\$	Sampling	\$
Janitorial Services	\$	Service Station Construction & Maintenance	\$
Logging	\$	Soil/Groundwater Remediation	\$
Marine Construction	\$	Soil Excavation/Removal Environmental	\$
Painting	\$	Wastewater Facility Operator	\$
Pesticide/Herbicide/Fertilizer Application (no aerial ops)	\$	Wastewater/Water Treatment System Installation & Maintenance	\$
Pile Driving	\$	Wetlands Contracting	\$
Plastering or Stucco (EIFS)	\$	Monitoring Well Installation Drilling	\$
Plumbing	\$	Other:	\$
Roofing	\$	<b>Storage Tank Services</b>	<b>Revenues</b>
Sandblasting	\$		
Septic Tank Contracting/Cleaning	\$	AST Installation/Removal	\$
Sewer/Water Main Pipeline Construction & Maintenance	\$	Home Heating Oil Tank Installation/Removal	\$
Street and Road Construction	\$	Tank/Pipeline Cleaning & Maintenance	\$
Street Cleaning	\$	Tank Equipment Sales (No Install)	\$
Trucking/Waste Transportation (hazardous)	\$	UST Installation/Removal	\$
Trucking/Waste Transportation (non- hazardous)	\$	Other:	\$
Trucking/Waste Transportation (non- hazardous)	\$	Other:	\$
Utility Installation (Electrical/Gas/Cable)	\$	Other:	\$
Waterproofing	\$	Other:	\$

Energy Services	Revenue	Energy Services	Revenue
Down-Hole Well Services (Other than Drilling)	\$	Plant Turnaround & Maintenance	\$
Geothermal System Installation & Maintenance	\$	Oil/Gas Drilling	\$
Oil/Gas Lease Operator	\$	Rig Election/Tear Down including Maintenance & Repair	\$
Oil/Gas Lease Prep including roads, flowlines, and pits	\$	Saltwater Disposal (not drilling)	\$
Pipeline Construction & Maintenance-Industrial Facility	\$	Solar Energy System Installation & Maintenance	\$
Pipeline Construction & Maintenance-Oil & Gas (over land/water)	\$	Wind Energy System Installation Maintenance	\$

### SUBCONTRACTING

Does the applicant subcontract more than 50% of their work?  Yes  No

If "Yes", do subcontractor agreements contain hold harmless indemnification agreements in favor of the applicant?  Yes  No

What are the minimum limits of insurance are your subcontractors required to carry?

General Liability: \$ \_\_\_\_\_

Auto Liability: \$ \_\_\_\_\_

Contractors Pollution Liability: \$ \_\_\_\_\_

### TRANSPORTATION POLLUTION LIABILITY

Coverage Not Requested

Does the applicant ever transport any hazardous or regulated material/waste?  Yes  No

If "Yes", please describe regulated or hazardous waste materials:

Has the applicant been involved in any auto accident or auto loss involving any waste, fuels, or other pollutants?  Yes  No

If "Yes", please submit three (3) years of currently valued auto loss history.

Do you own, lease, or operate more than twenty (20) autos?  Yes  No

If "Yes", complete the following auto table:

Vehicle Type	Number of Vehicles	Materials Transported
Private Passenger		
Light (0-10,000 lbs. GVW)		
Medium (10,001-20,000 lbs. GVW)		
Heavy (20,001-45,000 lbs. GVW)		
Extra Heavy (>45,000 lbs. GVW)		
<b>Total No. of Power Units:</b>		

**MICROBIAL MATTER (MOLD)** Coverage Not RequestedDoes the applicant self-perform and/or subcontract the remediation of mold?  Yes  NoIf "Yes", are subcontractors required to carry mold coverage or at a minimum provide evidence of mold training/written procedure to prevent and/or address mold incidents?  Yes  NoHave the applicant's employees completed any indoor air quality/mold training or received any mold remediation certifications?  Yes  No

If "Yes", please provide details:

**USE OF A NON-OWNED WASTE DISPOSAL FACILITIES** Coverage Not RequestedDo you dispose of regulated or hazardous waste materials?  Yes  No

If "Yes", please describe:

Has applicant ever been in a legal action/suit or PRP status for disposal of waste materials?  Yes  No

If "Yes", please provide details:

**CLAIMS OR LOSS HISTORY**Has any pollution-related claim, suit or notice of incident been made against the applicant, a requested named insured, or a predecessor firm?  Yes  No

If "Yes", please provide full details on each:

Is the applicant aware of any circumstance, incident, condition, defect or suspected defect in any product or work that may or reasonably could result in a claim, suit or notice of occurrence?  Yes  No

If "Yes", please provide full details on each:

**FRAUD WARNING**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.**

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

**SIGN AND DATE**

APPLICANT'S PRINTED NAME	TITLE
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE