



## CONTRACTORS POLLUTION LIABILITY RENEWAL APPLICATION REQUIREMENTS

### For Annual Policies:

1. Contractors Pollution Liability Renewal Application - complete all questions in full.
2. In SECTION IV – GROSS RECEIPTS INFORMATION, please list your estimated gross receipts *including subcontracted work* for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this section we will be unable to evaluate your account.
3. Environmental contractors should NOT use this application.
4. Include a copy of your most current annual financial statement including income statement.

### For Project Specific Policies:

1. Contractors Pollution Liability Renewal Application - complete all questions in full.
2. In SECTION IV, please list the estimated gross receipts for the project only *including subcontracted work* for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). Do not include receipts or operations for work that is not part of the project for which coverage is sought.
3. Environmental contractors should NOT use this application.
4. Provide a description of the project, owner, duration, location, gross receipts, contract number and a FULL copy of the contract for the project that coverage is desired for.

*Incomplete submissions will be declined*



## EVEREST ENVIRONMENTAL FACILITY

### RENEWAL APPLICATION - CONTRACTORS POLLUTION LIABILITY

PLEASE ANSWER ALL QUESTIONS IN FULL NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

#### SECTION I - GENERAL INFORMATION

**Applicant:**

**Address:**

**City:**

**State & Zip  
Code:**

**Phone Number:**

**Fax Number:**

**Date:**

**E-Mail Address:**

#### SECTION II – COVERAGE INFORMATION

##### CURRENT COMMERCIAL GENERAL LIABILITY COVERAGE INFORMATION

**a. Carrier:**

**b. Inception/Expiration Dates:**

**c. Limits Of Insurance & Deductible:**

**SECTION III –COMPANY INFORMATION**

**1. Has there been any acquisitions, consolidations, dissolutions, mergers or any other changes in your operations in the past 12 months?** Yes  No   
 If Yes, please provide details

**2. Subcontractors/Sub-Consultants/Independent Contractors**  
**Does your firm collect certificates of insurance from all subcontractors?** Yes  No   
 If Yes, please explain:

**3. Please identify the services that you subcontract:**

**4. Applicable Cost:**

**5. Does your Standard Contract with your Sub consultants Subcontractors/Independent Contractors contain:**

**a. Hold Harmless & Indemnification Clause in your favor?**

Yes  No

**b. Detailed Scope of Services Clause?**

Yes  No

**c. Requirement that you be named as an Additional Insured on their CGL Policy?**

Yes  No

**d. Requirement that you be granted a Waiver of Subrogation on their CGL Policy?**

Yes  No

6. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors:

a. Commercial General Liability \$ \_\_\_\_\_

b. Contractors Pollution Liability \$ \_\_\_\_\_

c. Professional Liability \$ \_\_\_\_\_

d. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?

Yes

No

7. Do you perform any installation, maintenance or repair operations related to Artificial Stucco or EIFS (Exterior Insulation and Finish Systems)?

Yes  No

8. Are you involved in any way in the construction of any building(s), structure(s) or addition(s)?

Yes  No

If Yes, please provide full details:

9. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member?

Yes  No

If Yes, please provide full details:

## SECTION IV – GROSS RECEIPTS INFORMATION

Gross Receipts (GR) for the past 3 fiscal years:

Prior Year 1 GR: \$

Prior Year 2 GR: \$

Prior Year 3 GR: \$

### IMPORTANT NOTE:

Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other", ( be specific):

CONTRACTING:	Est. Gross Receipts:	CONTRACTING	Est. Gross Receipts:
Above Ground Storage Tank	\$	Landscaping	\$
Build Back / Restoration	\$	Masonry	\$
Carpentry / Framing	\$	Mechanical Construction	\$
Carpet/Upholstery Cleaning	\$	Metal Erection	\$
Concrete (Foundation)	\$	Mold Abatement	\$
Concrete (Other)	\$	Painting (Interior)	\$
Construction (Residential)	\$	Painting (Exterior)	\$
Construction (Commerical)	\$	Pile Driving	\$
Debris Removal	\$	Plumbing	\$
Demolition (Interior)	\$	Refrigeration	\$
Demolition (Exterior)	\$	Roofing (Hot Tar)	\$
Dredging	\$	Roofing (all other)	\$
Drywall/Wallboard	\$	Salvage Operations	\$
Drillers (not oil & gas)	\$	Sewer Main Construction	\$
Electrical	\$	Street Road Contracting	\$
Emergency Response - Fire	\$	Tank & Pipe Cleaning	\$
Emergency Response - Sewage	\$	UST (Installation, etc)	\$
Emergency Response - Water	\$	UST (Removal)	\$
Excavation	\$	Waste Water	\$
Flooring	\$	Water Extraction	\$
Furniture Moving	\$	Water Main Construction	\$
Grading of Land	\$	Welding	\$
HVAC	\$	Industrial Maintenance	\$
Industrial Maintenance	\$	Insulation/Fire Proofing	\$
Other Contracting: (Please describe)			
Total Contracting Estimated Gross Sales:			

<b>SECTION V – ADDITIONAL REQUIRED APPLICATION MATERIALS</b>
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| <ul style="list-style-type: none"> <li>● Most recent annual income statement showing applicable gross sales.</li> <li>● Five years of currently valued CGL loss runs including pollution and professional, if applicable.</li> </ul> |
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<b>WARRANTY STATEMENT</b>
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<p>The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. 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 or the insurer to complete the insurance.</p>
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<b>NOTICE TO APPLICANTS</b>
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<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act which is a crime.</p>
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<p>You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.</p>
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<p><b>Signature:</b></p>
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<p><b>Title:</b></p>
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<p><b>Date:</b></p>
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**FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL 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 shall also be subject to a civil penalty not to exceed five thousand dollar and the stated value of the claim for such violation.