

Application for Project or Client Specific Contractors Pollution Liability



Instructions

Please complete the application in its entirety.

Note: Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Submission Requirements

- ☐ Five (5) years of currently valued loss information and details regarding any losses.
- ☐ Financial statements for past year.
- ☐ Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).

SECTION I – APPLICANT INFORMATION

Insured(s):

Street Address:

City:

State:

Zip Code:

Contact Name:

Contact Title:

Telephone:

Website:

Annual Estimated Revenue:

Year Established:

The Insured is a(n): ☐ Individual ☐ Corporation ☐ LLC ☐ Public Entity
☐ Partnership ☐ Joint Venture ☐ Not For Profit ☐ Other: _____

Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity?
☐ Yes ☐ No If **yes**, please explain.

During the past five (5) years, has the Applicant's name or type of business entity changed? Has the Applicant discontinued any operations? Has any other person or entity been purchased by or merged with or consolidated into the applicant?
☐ Yes ☐ No If **yes**, please explain.

CURRENT INSURANCE COVERAGE

Current Coverage	Carrier	Limits	Expiration	Premium	Deductible	Retroactive Date
General Liability						
Contractors Pollution						
Professional Liability						

Is the applicant ever had any policy declined, cancelled or non-renewed for any reason (Not Applicable in Missouri)?
☐ Yes ☐ No If **yes**, please explain.

SECTION II – COVERAGE REQUESTED			
Type of Coverage	Effective Dates	Limits	Deductible
<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made			
Additional Insurance Requirements:			

SECTION III – PROJECT AND CLIENT INFORMATION			
Project Name:			
Project/Contract No.:			
Project Address:			
City:	State:	Zip Code:	
Client Name:			
Projected Gross Receipts:		Percentage Subcontracted:	
Project Duration:		Specific Dates (if known):	
Description of Operations to be performed (provide breakdown of project receipts if necessary):			
Any environmental-related operations? If Yes, please describe.			

SECTION VI – RISK CONTROL	
Safety and Quality Control Practices	
Does the applicant have a written Employee Health and Safety Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Hazardous Communication Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Quality Control/Quality Assurance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide formal training to employees on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor(s)	
What percentage of the project will be performed by subcontractor(s)?	____%
Are subcontractor(s) required to name the applicant as an Additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What insurance and limits is required of subcontractors(s)?	
<input type="checkbox"/> General Liability: \$ _____ <input type="checkbox"/> Pollution Liability: \$ _____ <input type="checkbox"/> Professional Liability: \$ _____	

SECTION VII – CLAIM HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? ☐ Yes ☐ No If **yes**, please explain.

Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought?

☐ Yes ☐ No If **yes**, please explain.

During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions? ☐ Yes ☐ No If **yes**, please explain.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowing presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of 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 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 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 civil fines and criminal penalties.

NOTICE TO MAINE, 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 may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** 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 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 OKLAHOMA APPLICANTS: 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 AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

SECTION VIII – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by Intact Insurance Group USA LLC ("Intact"). If a policy is issued it will be in reliance by Intact upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with Intact and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

Intact is authorized to make any inquiry in connection with this Application. Acceptance by Intact of this Application or the making of any subsequent inquiry does not bind the insured or Intact to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to Intact under any policy of a claim or potential claim.

If Intact learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify Intact.

Completion of this application does not bind coverage. The insured's acceptance of Intact's quotation is required prior to binding coverage.

Date

Signature

Print Name

Title