

# ***New England Excess Exchange, Ltd.***

P O Box 219 ~ Montpelier, VT 05601

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## **B. MONOLINE CONTRACTORS POLLUTION LIABILITY**

**FOR ENVIRONMENTAL AND NON-ENVIRONMENTAL RISKS**

### **POLICY HIGHLIGHTS**

**Occurrence or Claims Made Form**

**Nose Coverage and Prior Acts Available**

**Annual & Per Project Policies**

**Defense Costs can be in addition to or included in the policy limits**

### **EXAMPLES OF ELIGIBLE CLASSES**

Asbestos Abatement	Heating, Ventilation & AC	Restoration
Boiler Inspection / Installations	Industrial Maintenance	Rigging
Concrete	Insulation / Fire Proofing	Roofing
Construction	Landscapers	Salvage Operations
Debris Removal	Lead Abatement	Sewer & Water Main
Demolition	Liquid Waste	Soil Remediation
Dredging	Masonry	Street & Road Maint.
Drillers (Not Oil & Gas)	Mechanical Construction	Tunneling
Electrical	Metal Extraction	UST / AST
Excavation / Grading of Land	Painters	Utility
Fencing	Paving	Waste Water
General Contracting	Pile Driving	Welders
Hazardous Materials	Plumbing	And Many More!!!

### **STANDARD LIMITS:**

Base limits up to \$1,000,000 per occurrence with a \$1,000,000 policy aggregate are available (lower limits also available).

Limits up to \$5,000,000 are readily available on both an annual or per job basis.

Limits over \$5,000,000 are subject to facultative reinsurance availability and normal underwriting considerations.

**MINIMUM DEDUCTIBLE:** Deductibles start at \$1,000 per occurrence (for accounts with \$500,000 in receipts or less).

**SECURITY:** Various "A2 Excellent rated carriers used

### **APPLICATION REQUIREMENTS:**

Indications are usually available upon receipt and review of other companies' completed submissions. For your convenience, we offer the attached exclusive one-page form for non-binding indications,

**This is a brief outline only. Some exposures will require claims made contractors pollution liability. The minimum premium is the base for the smallest eligible risk. Taxes and Fees are in addition to premium. Current Minimum Premium is higher for NH.**

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## CONTRACTOR'S POLLUTION LIABILITY APPLICATION

### INSTRUCTIONS:

1. Enclose current copies of the following:
  - Resumes of key personnel
  - Standard client contract
  - Financial statement (balance sheet, income statement & notes)
  - Declarations Page of your current pollution liability policy
2. Answer all questions completely. Create an addendum if necessary.
3. This application must be signed and dated by a duly authorized owner, partner or corporate officer.

### COVERAGE:

1. Desired effective date of coverage: \_\_\_\_\_
2. Desired retroactive date: \_\_\_\_\_
3. Desired limits of liability: \_\_\_\_\_
4. Desired deductible: \_\_\_\_\_

### PRODUCER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
License ID Number: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Please answer all questions accurately and completely. If not applicable, so state.

1. Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Year established: \_\_\_\_\_
3. List all branch locations: \_\_\_\_\_  
\_\_\_\_\_
4. Type of entity:  
 Individual     Partnership     Corporation  
 LLC     Other \_\_\_\_\_
5. Describe the contracting services for which coverage is desired:  
\_\_\_\_\_  
\_\_\_\_\_
6. Has your name ever changed, or have there been any acquisitions, dissolutions or mergers?     Yes     No
7. Do you have subsidiaries, a parent company or other related entities?     Yes     No  
If so, is there an interchange of employees between the entities?     Yes     No
8. Total Employees \_\_\_\_\_

\_\_\_\_\_ Principals  
\_\_\_\_\_ Administrators and Clerical  
\_\_\_\_\_ Project Supervisors / Foremen  
\_\_\_\_\_ Equipment Operators  
\_\_\_\_\_ Laborers  
\_\_\_\_\_ Other: \_\_\_\_\_

Please attach all key personnel resumes, certifications and licenses.

9. Have you or any person listed in Question 8 ever been the subject of disciplinary action as a result of contracting services or had a contracting license suspended, non-renewed or revoked?     Yes     No
10. Have you or any person listed in Question 8 ever been suspended or excluded from participation in any remedial program by any governmental entity responsible for environmental affairs?     Yes     No
11. What percentage of applicant's business involves subcontracting work to others'? \_\_\_\_\_  
Please describe: \_\_\_\_\_

12. Do you require your subcontractors to provide certificates of insurance evidencing'?:

Type of insurance: Liability Limits

General Liability  Yes  No \_\_\_\_\_

Pollution Liability  Yes  No \_\_\_\_\_

Professional Liability  Yes  No \_\_\_\_\_

13. Are you an additional insured on your subcontractors' policies'?  Yes  No

14. Do you require hold harmless agreements from your subcontractors?  Yes  No

15. Do you use a standard written contract with your subcontractors?  Yes  No Attach copy of contract or explain (on separate sheet of paper) how you define your responsibility.

16. List the total gross receipts during each of the past three years. In addition. please provide the projected receipts for the upcoming year.

<u>Year</u>	<u>Amount</u>
Current Projected	\$ _____
19 _____	\$ _____
19 _____	\$ _____
19 _____	\$ _____

17, For the projected receipts listed above, please breakdown by scope of services and percentages for each- Must equal 100%.

Contracting Services

- a. Boiler Inspections/Installations \_\_\_\_\_ %
- b. Construction \_\_\_\_\_ %
- c. Debris Removal \_\_\_\_\_ %
- d. Demolitions \_\_\_\_\_ %
- e. Drillers \_\_\_\_\_ %
- f. Electrical \_\_\_\_\_ %
- g. Excavation \_\_\_\_\_ %
- h. General \_\_\_\_\_ %
- j. Grading of Land \_\_\_\_\_ %
- j. Heating, Ventilation & AC \_\_\_\_\_ %
- k. Industrial \_\_\_\_\_ %
- l. Landscapers \_\_\_\_\_ %
- m. Masonry \_\_\_\_\_ %
- n. Metal Extraction \_\_\_\_\_ %
- o. Millwright \_\_\_\_\_ %
- p. Painters \_\_\_\_\_ %
- q. Paving \_\_\_\_\_ %
- r. Pipeline \_\_\_\_\_ %
- s. Plumbing \_\_\_\_\_ %
- t. Restoration \_\_\_\_\_ %
- u. Rigging \_\_\_\_\_ %
- v. Salvage Operations \_\_\_\_\_ %
- w. Street. Road Maintenance \_\_\_\_\_ %
- x. Utility \_\_\_\_\_ %
- v. Welders \_\_\_\_\_ %
- z. Other (Please describe) \_\_\_\_\_ %

\_\_\_\_\_  
\_\_\_\_\_

18. In any of the last three years, did you derive more than 33% of gross receipts from one client?  Yes  No

19. Describe your four largest (revenue) jobs within the last three years:

<u>Description</u>	<u>Date Ended</u>	<u>Your Fee</u>	<u>Total project</u>
_____	_____	_____	_____
_____	_____	_____	_____

20. Do you have financial interest in any construction, manufacturing or fabricating entity'?  Yes  No
21. Have there been any services discontinued in the last three years?  Yes  No
22. Do you or any person listed in Question 8 have involvement or financial interest in any waste transportation, treatment, storage, processing, incineration or disposal facilities'?  Yes  No
23. Do you use a standard written contract with your clients?  Yes  No Attach copy of contract or explain (on separate sheet of paper) how you define your responsibility.
24. Have you per-formed any Federal Superfund site work?  Yes  No
25. Do you formally train employees who work with hazardous materials?  Yes  No

26. Identify your Commercial General Liability insurance carried during the past three years:

Carrier	Period	Limits	Ded	Prem	Retro Date

27. Identify your Pollution Liability insurance carried during the past three years:

Carrier	Period	Limits	Ded	Prem	Retro Date

28. Identify your Workers Compensation insurance carried during the past three years:

Carrier	Period	Limits	Ded	Prein	Retro Date

#### WARRANTY

29. Has any application for General or Pollution Liability insurance made on behalf of you, any predecessors in business, any present partners or officers, or any person named in Questions I or 8 ever been declined, or has this insurance ever been canceled or renewal refused?  Yes  No
30. Has any demand, claim, suit, or notice of incident been made against you or any person named in Question 9 within the last three years?  Yes  No
- If yes, we must know: (a) date when demand, claim, suit or notice was made; (b) date the act giving rise to the demand, claim, suit or notice was committed; (c) name of the claimant, (d) nature of the demand, claim, suit or notice; (e) amounts involved, including both loss and expense reserves, and (f) final disposition.
31. After appropriate inquiry, are you or any person named in Question 8 aware of any circumstances which may result in a demand, claim, suit or notice of incident against you, any key personnel, any predecessors in business, any present or past partners or officers, or any persons named in.?  Yes  No (If yes, describe on separate sheet)

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 of the third degree.

With respect to Questions 30 and 31, it is agreed that if you, or any person named in Question 8, is aware of any demand, claim, suit or notice of incident, then any claim or action arising therefrom is excluded from this proposed coverage. You warrant that the statements in the Application are true, complete and accurate and you agree to contact all necessary personnel to verify the truth, completeness and accuracy of the information contained herein.

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.

You understand that the limit of liability contained in the proposed policy may be reduced, and may be completely exhausted by the costs of legal defense and, in such event, the Insurer shall not be liable for the cost of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the proposed policy.

You understand that legal defense costs and loss adjustment expenses incurred shall be applied against the deductible.

Signing this application does not bind the applicant or the insurer to complete the insurance. It is agreed that the information contained in this application shall be the basis of the policy that may be issued. If a policy is issued, then this application will be deemed attached to the policy as if physically attached thereto.

If "yes" to questions 6, 7, 9, 10, 17, 19, 20, 24, 27, 28, 29 or 30, then please explain on a separate addendum.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Producer: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_