



CONTRACTORS POLLUTION LIABILITY TOOLKITSM II APPLICATION

Tel: (847) 208.8847 Website: www.axonu.com
198 West High Street, Somerville, NJ 08876

This application is for a Policy providing either Claims-Made or Occurrence depending on the specific Coverages offered.

APPLICANT INSTRUCTIONS: *(Please send Submissions to axonsubmissions@navg.com)*

If any questions do not apply or the Insured is not interested in specific Coverage terms, please check the "N/A" box.

1. Please provide any supporting information on a separate sheet using the Insured's letterhead and reference the applicable question number.
2. This form must be completed, dated and signed by a principal of your company.

SECTION 1 – GENERAL INFORMATION

1. Applicant (Full Legal): _____

Mailing Address of Applicant: _____

City, State, Zip Code: _____

Telephone: _____ Website: _____

Environmental Contact Name and Title: _____

Date Established: _____

2. Please provide audited financials and/or 10-Ks for the past (2) fiscal years.

3. Company Type: Corporation Partnership Individual Joint Venture
 LLC Other:

a. If Joint Venture, please describe: _____

4. List all current and prior entities, affiliated or subsidiary companies to be listed as Named Insured and their relationship to the First Named Insured:

5. Please describe the desired Policy Coverage:

	Existing Program		Requested Program
Practice or Project Policy:			
Desired Effective Date:			
Desired Policy Term:			
Each Incident Limit:			
Aggregate Limit:			
Deductible/SIR:			

SECTION 2 – CONTRACTING OPERATIONS POLLUTION COVERAGE

N/A

1a. Describe the operations and the services:

1b. How is work broken out between residential/commercial/industrial projects?

Environmental Contracting Operations	% Sub	Projected Revenues	Non-Environmental Contracting Operations (Continued)	% Sub	Projected Revenues
Asbestos/Lead Abatement - Commercial/Industrial			HVAC/Mechanical		
Asbestos/Lead Abatement - Residential			Industrial Cleaning (including Septic/Sewers)		
Dredging – Environmental Remediation			Labor Subcontracting/Temporary Employment Agencies		
Emergency Response			Logging		
Geotechnical Barrier/Liner Contractors			Marine Construction (Not Dredging)		
Groundwater & Soil Field Sampling			Masonry/Concrete		
Hauling (including Lab Packing, storage & disposal) associated with environmental contracting operations			Oil and Gas Leasing		
Hazardous Materials (Haz Mat) soil and groundwater cleanup at a job site			Operation & Maintenance of a Facility for Others		
Landfill Construction expansion & Capping			Painting & Coatings – (Non-Abatement)		
Mold Abatement- Commercial/Industrial			Pesticides/Herbicide/Fungicide Application & Landscaping		
Mold Abatement - Residential			Pipeline Construction & Maintenance (Natural Gas and Water/Sewer)		
Remediation Contractors (Hazardous & Non-hazardous)			Pipeline Construction & Maintenance (Oil Only)		
Tank (AST & UST) Installation, Removal & Maintenance			Plumbing		
Non-Environmental Contracting Operations			Railroad/Railcar Construction & Maintenance		
Carpentry, Framing			Residential Builders/Developers		
Commercial General Contracting & Project Management			Restoration Contractor (Fire and Water Damage)		
Demolition			Roofing/Insulation – Commercial/Industrial		
Dredging			Roofing/Insulation - Residential		
Drilling (Oil/Gas)			Steel Erection		
Drilling (Water)			Street & Road (Infrastructure Work)		
Electrical			Wetlands Construction		
Excavation/Grading			Other:		
Hauling- Hazardous Materials			Total Annual Projected Revenue		

2. Is applicant a member of any professional organizations or Associations? If yes, please describe:

3. Estimated Gross Revenues (Annual):

- Estimated Gross Revenue for the next 12 months: \$_____ (Should match total annual projected revenues above)
- 1st Prior Year's Revenues: \$_____
- 2nd Prior Year's Revenues: \$_____

4. Does the applicant hire subcontractors under standard written contracts? YES NO

a. If yes, do they contain standard hold harmless indemnification agreements in favor of the applicant?

YES NO

b. Are updated certificates of insurance from subcontractors kept on file? YES NO

c. What are the minimum insurance requirements for subcontractors?

- a. General Liability \$_____
- b. Auto \$_____
- c. Contractor's Pollution \$_____

5. Safety Practices and Procedures: (If Yes, please provide copy of plans)

a. Do you have a written Employee Health & Safety Plan? YES NO

b. Do you have a written QC/QA program in place? YES NO

6. Are there any other Contracting Activities being performed by you or on your behalf other than what is identified in the Table on the previous page? YES NO

If yes, please provide details.

7. Does the contractor perform or subcontract Asbestos/Lead Based Paint Abatement? YES NO

If yes, please provide a copy of any Certifications, safety procedures in place, or if subcontracting a copy of contract with sub describing Insurance requirements.

SECTION 3 – FUNGUS COVERAGE

N/A

If not interested in Microbial Matter Coverage select N/A and skip to next section:

Submission Information

- o Please submit copy of GL, Environmental Loss runs for the last 5 yrs.

a. Does the applicant have an established Standard Operating Procedure (SOP) and/or written protocols to prevent microbial matter growth as well as removal/remediation of growth at a job site. If yes, please provide details: YES NO

- b. Has the applicant's employees completed any indoor air quality/mold training or received any certifications? If yes, please provide details: YES NO

- c. 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? If yes, please provide details: YES NO

- d. Are all building materials inspected upon delivery for pre-existing mold contamination prior to installation? YES NO
- e. What percentage of the applicant's services are for the following: YES NO
- Habitational _____% Retail/Commercial _____% Industrial _____%
 - New Construction _____% Renovation _____%
 - Does the insured perform more than 50% of their work in 1 state? YES NO
 If yes, which state: _____
- f. Does the applicant self-perform and/or subcontract the remediation of mold? YES NO
- h. Over the last 3 yrs is the applicant aware of or know of any incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter in any of their work? If yes, please provide details. YES NO

SECTION 4 – WASTE DISPOSAL FACILITIES COVERAGE

N/A

If not interested in Waste Disposal Facilities Coverage select N/A and skip to next Section:

Submission Information

- o List of currently or historically utilized Waste Sites
- o List of materials and quantities being sent to Waste Sites

1. Do you dispose of regulated or hazardous waste materials? YES NO
2. If generating Haz. Materials, what is the applicant's Generator Status (ie., LQG, SQG, Cond. Exempt)?

3. Has the applicant ever been in a legal action/suit or PRP status for disposal of waste materials? If yes, please provide supporting information.

4. Please complete the table below describing the applicant's waste sites and waste materials **only if** they dispose or generate regulated or hazardous materials.

Characterization of Waste Sites and Waste Materials

Waste Site	Address	Waste Materials		
		Haz. / Non-Haz	Material	Qty
1.				
2.				
3.				
4.				

SECTION 5 – TRANSPORTATION COVERAGE

N/A

If not interested in Transportation Coverage select N/A and skip to next Section:

Submission Information

- At least 3 yrs of loss history for the Applicants Autos
- List of Vehicles and Drivers

1. Do you transport primarily tools / equipment to job sites? YES NO

2. Do you transport regulated or hazardous wastes/materials? YES NO

If yes, please complete table below.

Characterization of Cargo

<u>Material</u>		<u>Projected Qtys</u>	<u>General Description of Materials</u>	<u>% Trans by 1st Party</u>	<u>% Trans by 3rd Parties</u>
Hazardous	Solid				
	Liquid				
	Gas				
Non-Hazardous					
Petroleum/Gasoline					

3. Please complete the table below describing the applicant's fleet of vehicles.

Characterization of Fleet

	<u>Private Passenger & Pick-ups</u>	<u>Med Trucks / Vans / Dump Trucks</u>	<u>Hvy Trucks / Power Units</u>	<u>Trailers / Tankers</u>	<u>Railcars</u>	<u>Watercraft / Barges</u>	<u>Other</u>
<u>Qty</u>							
Maximum Tanker Capacity (Gallons)							
Overall Total Number of Vehicles							

General Transportation Questions: (If yes, please provide copies of plans)

- a. Do you have an Auto Safety & Training Program & check MVRs regularly? YES NO
- b. Do you have a Vehicle Maintenance Program in place? YES NO
- c. Do you have any Spill Contingency Plans in place? YES NO

SECTION 6 – SITE POLLUTION LIABILITY COVERAGE

N/A

If not interested in Site Pollution Liability Coverage select N/A and skip to next Section:

1. Please submit a current Statement of Values **OR** complete the table below for properties seeking pollution coverage (attach table if additional space required):

Insured Property Schedule

Insured Property Address	Property Owner	Current Operations	Historical Operations	Year Ops Began	Property Size (acres)
1.					
2.					

2. Have any Environmental Site Assessment reports been conducted at the properties? (Reports may include Phase I/II, Feasibility Studies, Environmental Inspection Audits, Regulatory Correspondence, etc.) YES NO
If yes, please provide copy of reports.

3. Are there any plans for future development, improvement, demolition, change in operations within the policy term? **If yes, provide details.** YES NO

4. Are you aware of any Asbestos Containing Material at any properties seeking coverage? **If yes, please provide copy of Asbestos O&M Plan in place.** YES NO

SECTION 7 – STORAGE TANKS COVERAGE

N/A

If not interested in coverage for Storage Tanks select N/A and skip to next Section:

1. Do you own or operate any underground storage tanks (USTs) or aboveground storage tanks (ASTs)? YES NO
- a. Have any UST(s) ever failed tightness testing? YES NO
- b. Are any tanks not in compliance with appropriate regulations? YES NO
- c. Are you required to demonstrate financial assurance to a state or Federal agency? YES NO
- d. Are you aware of any UST(s) that have been removed from the Insured Property? YES NO
- e. Have all historical UST(s) received regulatory closure for clean-up? YES NO
- f. Have you during the past five years had any reportable releases or spills of regulated substances? YES NO
- g. Do any plans exist to remove or replace any tanks within the policy term? YES NO

Storage Tank Detail Summary

Tank Location #	AST/UST	Age	Capacity	Construction	Contents	Overfill/Spill Protection	Still in Use (Yes/No)

Section 8 – Warranty Statements

1. Within the past five (5) years, has the applicant had any releases or spills of hazardous substances, hazardous waste, mold, silt sedimentation, or any other pollutants? If yes, please provide details.
- _____
- _____
2. At the time of signing this application, 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?
- _____
- _____
3. Within the past five (5) years, has the applicant been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance, hazardous waste or any other pollutant? If yes, please provide details.
- _____
- _____
- _____
4. Has any environmental coverage been declined, cancelled, or non-renewed? If yes, please provide details.
- _____
- _____
- _____
- 5: Has the applicant had any claims on current or prior pollution policies? If yes, please provide 5 years of currently valued pollution loss runs.
- _____
- _____
- _____

FRAUD WARNINGS

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT/BROKER NAME: _____