



# CONTRACTORS POLLUTION LIABILITY TOOLKIT<sup>SM</sup> II APPLICATION

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

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

**APPLICANT INSTRUCTIONS:** (Please send Submissions to [submissions@axonu.com](mailto:submissions@axonu.com))

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: \_\_\_\_\_  
 Website: \_\_\_\_\_ Date Established: \_\_\_\_\_

2. Company Type:  Corporation  Partnership  Individual  Joint Venture  LLC  Other:  
 a. If Joint Venture, please describe: \_\_\_\_\_

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

4. 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:			
Expiring Premium:			

## SECTION 2 – CONTRACTING OPERATIONS POLLUTION COVERAGE

1. Describe the operations and the services: \_\_\_\_\_ + \_\_\_\_\_
2. Work is: \_\_\_% Residential    \_\_\_% Commercial    \_\_\_% Industrial  
 \_\_\_% New Construction    \_\_\_% Renovation    If more than 50% in 1 state, what state? \_\_\_\_\_

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		
<b>Non-Environmental Contracting Operations</b>			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			<b>Total Annual Projected Revenue</b>		

3. Estimated Gross Revenues (Annual):

- Estimated Gross Revenue for the next 12 months: \$ \_\_\_\_\_  
(Should Match Revenues Above)
- 1<sup>st</sup> Prior Year's Revenues: \$ \_\_\_\_\_
- 2<sup>nd</sup> 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?

- i. General Liability \$ \_\_\_\_\_
- ii. Auto \$ \_\_\_\_\_
- iii. 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

**SECTION 3 – FUNGUS COVERAGE**

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Submission Information - Please Submit General Liability & 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. Does the applicant self-perform and/or subcontract the remediation of mold? If 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? 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

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

- Do you dispose of regulated or hazardous waste materials?  YES  NO
- If generating Hazardous Materials, what is the applicant's Generator Status (i.e., LQG, SQG, Cond. Exempt)? \_\_\_\_\_
- Has the applicant ever been in a legal action/suit or PRP status for disposal of waste materials? If yes, please provide supporting information.  
\_\_\_\_\_

## SECTION 5 – TRANSPORTATION COVERAGE

Submission Information – Please Submit 3 Yrs of Auto Loss History

- Do you transport primarily tools / equipment to job sites?  YES  NO
  - 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 1<sup>st</sup> Party</u>	<u>% Trans by 3<sup>rd</sup> Parties</u>
Hazardous	Solid				
	Liquid				
	Gas				
Non-Hazardous					
Petroleum/Gasoline					

- Please complete the table below describing the applicant's fleet of vehicles or **attached schedule**.

### Characterization of Fleet

<u>Qty</u>	<u>Private Passenger &amp; 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>
Maximum Tanker Capacity (Gallons)							
Overall Total Number of Vehicles							

### General Transportation Questions:

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

## SECTION 6 – SITE POLLUTION LIABILITY COVERAGE

*If not interested in this coverage skip to next Section:*

- 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

<u>Insured Property Address</u>	<u>Property Owner</u>	<u>Current Operations</u>	<u>Historical Operations</u>	<u>Year Ops Began</u>	<u>Property Size (acres)</u>
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

*If not interested in this coverage 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.
- \_\_\_\_\_
- \_\_\_\_\_

**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: \_\_\_\_\_