

XL Environmental
520 Eagleview Boulevard
PO Box 636
Exton, PA 19341-0636
USA

Tel: 800-327-1414
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www.xlenvironmental.com

**CONTRACTORS/CONSTRUCTION MANAGERS
PROFESSIONAL AND/OR POLLUTION LIABILITY
APPLICATION – RENEWAL APPLICANT**

APPLICANT INSTRUCTIONS:

1. Answer all questions; leave no spaces blank. Utilize "N/A" for questions which are not applicable to your business.
2. **If insufficient space is provided to answer any question completely, attach supplementary pages.**
3. This Application **must be signed and dated** by a duly authorized Owner, Partner, or Officer of your firm.
4. **Please attach** the following additional information:
 - *Past years financial statements (audited preferred), including Accountant Notes, Balance Sheet, and Income Statement.*
5. Please indicate the Limits of Liability and Self-Insured Retention Amounts that your firm is interested in:

- | | |
|--|---|
| <input type="checkbox"/> \$1,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$10,000 per CLAIM |
| <input type="checkbox"/> \$2,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$15,000 per CLAIM |
| <input type="checkbox"/> \$5,000,000 per CLAIM/Aggregate | <input type="checkbox"/> \$25,000 per CLAIM |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> \$50,000 per CLAIM |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> Other \$ _____ |

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APPLICATION – RENEWAL APPLICANT**

This Application is for:

- Claims-Made Coverage - Professional Liability**
- Occurrence Coverage - Contractor's Pollution Liability**
- Claims-Made Coverage – Contractor's Pollution Liability**

PLEASE READ CAREFULLY

PART I. GENERAL INFORMATION

1. **APPLICANT NAME:** _____
Address: _____
City, State _____
Telephone: _____ Fax: _____
Principal Contact: _____ Title: _____
E-Mail Address: _____ Website: _____
Federal Employer Identification Number (FEIN): _____

2. **DESCRIBE ANY CHANGES IN ORGANIZATIONAL OR MANAGEMENT STRUCTURE OR BRANCH LOCATIONS DURING THE PAST YEAR:**

3. **DESCRIPTION OF CONTRACTING OPERATIONS:** _____

DESCRIPTION OF PROFESSIONAL SERVICES: _____

4. **DETAIL GEOGRAPHICAL EXTENT OF OPERATIONS:**

% Domestic (U.S.): _____ % Foreign: _____

Please provide geographic regions of all domestic/foreign projects:

PART II. INSURANCE INFORMATION

5. **CURRENT CASUALTY INSURANCE PROGRAM (Not applicable if currently with XL Environmental):**

<u>Carrier</u>	<u>Limit (in millions)</u>	<u>SIR/Ded</u>	<u>Premium</u>	<u>Exp. Date</u>
GL: <input type="checkbox"/> occurrence <input type="checkbox"/> claims-made w/retro date Present: Prior: Umbrella:				

6. Does the Applicant's current General Liability Policy provide coverage for Professional Activities? Yes No

If yes, check applicable endorsements: CG2243 CG2280
 CG2279 Other (attach copy)

PART III. REVENUE HISTORY

7. **PLEASE PROVIDE YOUR FIRM'S REVENUE HISTORY BELOW:**

Current Fiscal Year Period: _____ 200_ to _____ 200_

	Total Construction Revenues For the Last Fiscal Year (Gross)	Estimated Professional Fee(s) For the Last Fiscal Year	Total Anticipated Construction Revenues For the Current Fiscal Year (Gross)	Anticipated Professional Fees For the Current Fiscal Year
Construction with no Design Responsibility.	\$		\$	
In-House Design Services with Construction Responsibility.		\$		\$
Construction Management Services (At Risk)		\$		\$
Construction Management Services (Agency)		\$		\$
Subcontracted Design with Construction Responsibility		\$		\$
Other *EPC; Design/Build	\$	\$	\$	\$
Sub Total	\$			\$
TOTALS	\$		\$	

If your firm's total annual revenues have or are projected to increase/decrease greater than 15% then please provide a brief explanation for the variance:

PART IV. DISCIPLINES OF SERVICE OR OPERATIONS

8. PLEASE INDICATE THE PERCENTAGE OF THE FOLLOWING DISCIPLINES OR SERVICES IN WHICH YOUR FIRM IS ENGAGED: (Direct services to total 100%)

Types of Services or Operations	Direct Service	Subcontracted
Professional Services		
Architecture	%	%
Chemical Engineering	%	%
Civil Engineering	%	%
Construction Management	%	%
Electrical Engineering	%	%
Environmental Engineering	%	%
Geotech/Soil Engineering	%	%
HVAC Engineering	%	%
Interior Design	%	%
Landscape Architecture	%	%
Land Surveying	%	%
Mechanical Engineering	%	%
Mining Engineering	%	%
Naval/Marine Engineering	%	%
Process Engineering	%	%
Structural Engineering	%	%
Traffic Engineering	%	%
Other (explain)	%	%
Contracting		
Carpentry	%	%
Demolition/Dismantling	%	%
Drilling	%	%
Electrical	%	%
Excavation Grading/Site Prep	%	%
General Contracting	%	%
Heavy Highway/Bridge	%	%
HVAC	%	%
Mechanical	%	%
Industrial Cleaners (incl.Sewer/Septic)	%	%
Insulation	%	%
Masonry/Concrete	%	%
Marine	%	%
Oil Lease	%	%
Painting	%	%
Pile Driving	%	%
Pipeline Construction/Cleaners	%	%
Plumbing	%	%
Roofing	%	%
Steel Erection	%	%

Street and Road Construction	%	%
Tunnel	%	%
Other (explain)	%	%
Specialty Services		
Asbestos Abatement or Evaluation	%	%
Environmental Phase I or II Assessments	%	%
Foundation, Sheeting or Shoring Design	%	%
Inspections of Home/Commercial Properties	%	%
Lead Abatement or Evaluation	%	%
Manufacture/Sale/Distribution of Products	%	%
Mold Abatement or Evaluation	%	%
Total 100%	%	

List frequently used subcontracts design firms:

PART V. PROJECT AND CLIENT INFORMATION

9. PERCENTAGE OF YOUR FIRM'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES: (Total must equal 100%)

Airports	%	Industrial Waste Treatment	%	Recreational/Sports	%
Apartments	%	Jails/Justice	%	Roads/Highways	%
Bridges	%	Landfills	%	Schools/Colleges	%
Churches	%	Libraries	%	Shopping Center/Retail	%
Condominiums	%	Manufacturing/Industrial	%	Site Development	%
Convention Centers	%	Mass Transit	%	Storm Water Systems	%
Dams	%	Mines	%	Tunnels	%
Environmental	%	Nuclear/Atomic	%	Warehouses	%
Food Processing	%	Office Buildings	%	Wastewater Systems	%
Harbors/Piers/Ports	%	Parking Structures	%	Waste Treatment Plant	%
Hospitals	%	Petro/Chemical	%	Other (specify)	%
Hotels/Motels	%	Potable Water Systems	%		
House: Custom	%	Power Plants	%		
House: Multi-Unit / Townhouse	%				
House: Residential / Subdivision	%				

10. PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR FIRM'S THREE (3) LARGEST CURRENT PROJECTS:

Project Name	Location	Owner/Client	Project Type	Services Performed	Total Professional Fees	Estimated Construction Value
					\$	\$
					\$	\$
					\$	\$

Does your firm have a financial/equity interest in any projects? Yes No

If yes, please describe:

Does your firm participate in any Partnering Agreements or Master Service Agreements? Yes No

If yes, please describe:

11. PERCENTAGE OF YOUR FIRM'S REVENUES ATTRIBUTABLE TO THE FOLLOWING CLIENT TYPES FOR LAST FISCAL YEAR:

Commercial	%	Lending Institutions	%
Contractors	%	Industrial	%
Design Professionals	%	Federal Government/Agency	%
Developers	%	State Government/Agency	%
Education/Institutional	%	Local Government/Agency	%
Other (specify)	%	Other (specify)	%
What percentages of your firm's revenues are derived from repeat clients?		%	
What percentage of your firm's revenues was derived from your largest client?		%	

PART VI. CONTRACTING PROCEDURES

12. WHAT PERCENTAGE OF YOUR FIRM'S PROFESSIONAL SERVICES OR OPERATIONS ARE PERFORMED UNDER WRITTEN CONTRACTS? _____%

Type of contract used:

U.S.: AIA or AGC standard forms of agreement	_____ %
Canada: ACEC, CCAC or CCDC standard forms of agreement	_____ %
International: FIDIC standard forms of agreement	_____ %
Firm's standard form	_____ %
Client Drafted Agreement	_____ %
Purchase Order	_____ %
Oral	_____ %
GMP	_____ %
Negotiated	_____ %
Other (Please Specify) _____	_____ %

13. ARE SUBCONSULTANTS AND SUBCONTRACTORS HIRED UNDER A WRITTEN AGREEMENT?

Yes No (Please attach a copy)

Describe the minimum insurance requirements:

General Liability:	\$ _____
Professional Liability:	\$ _____
Contractor's Pollution Legal Liability:	\$ _____

14. HOW ARE CLIENT and/or SUBCONTRACT AGREEMENTS REVIEWED AND NEGOTIATED?

- Attorney: Outside
- Attorney: In-House
- Insurance Broker or Agent Reviews
- Staff
- Other

If staff are used, please describe who and what authority level they have for your firm:

DOES YOUR FIRM USE LIMITATION OF LIABILITY PROVISIONS IN CONTRACTS? Yes No
If yes, please attach a copy of the provision used in your contracts.

DOES YOUR FIRM ACCEPT CONSEQUENTIAL DAMAGES? Yes No
If yes, please describe:

If no, please attach a copy of the provision used in your contracts.

ARE CERTIFICATES OF INSURANCE OBTAINED AND REVIEWED FROM:

Professionals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subconsultants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subcontractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

PART VII. RISK MANAGEMENT / LOSS PREVENTION PROCEDURES

15. **PLEASE DESCRIBE ANY CHANGES TO YOUR FIRM'S RISK MANAGEMENT/QUALITY CONTROL PROCEDURES DURING THE PAST YEAR:**

PART VIII. CLAIM / CIRCUMSTANCE / INCIDENT / OCCURRENCE / LOSS HISTORY

As a condition precedent to the insurance coverage afforded by the Company, in the event of a CLAIM, immediate written notice containing particulars sufficient to identify the INSURED and also reasonably obtainable information with respect to the time, place and circumstances thereof, and the names and addresses of available witnesses, shall be given by or for the INSURED to the Company.

Furthermore, if a CLAIM is made or suit or arbitration is instituted against the the INSURED, the INSURED shall immediately forward to the Company every demand, notice, summons, order or other process received by the INSURED or the INSURED'S representative.

16. **HAS ANY CLAIM, SUIT OR NOTICE OF INCIDENT BEEN MADE AGAINST YOUR FIRM WHICH HAS NOT BEEN REPORTED TO US?** Yes No

If yes, please advise:

a) Why the claim has has not been reported? _____

b) Do you intend to allow the completion of Question 16 to serve as notice of the claim to us?

Yes No

c) If yes, please provide full details (use additional sheet of paper, if necessary):

d) **If no, please be advised that your failure to comply with the requirements/provisions of your policy will/may result in the denial of coverage for that claim should it subsequently be reported to us.**

17. **IS ANY MEMBER OF YOUR FIRM AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN ANY CLAIM, SUIT OR NOTICE OF INCIDENT/OCCURRENCE AGAINST THEM WHICH HAS NOT BEEN REPORTED TO US?**

Yes No

If yes, please advise:

a) Do you intend to allow the completion of Question 17 to serve as notice of the circumstances to us?

Yes No

b) If yes, please refer to the Section VIII. NOTICE, Part C. of the policy and provide full details (use additional sheets of paper, if necessary).

If no, please be advised that the policy contains an exclusion for CLAIMS from known circumstances. Failure to report a known circumstance that is or could be the basis of a claim under the proposed insurance policy will/may result in the denial of coverage for that claim should it subsequently be reported to the Company under the proposed insurance policy.

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly 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 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 D.C. 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

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 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.

NOTICE TO LOUISIANA 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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 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 NEW YORK COMMERCIAL INSURANCE 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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 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.

NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: WARNING: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA 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 fines and confinement in prison.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject 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.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

(Fraud Language Revised 10/07/05)