



CONTRACTORS POLLUTION LIABILITY TOOLKITSM II APPLICATION

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INSTRUCTIONS

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

(Please send Submissions to submissions@axonu.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.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE UNDERWRITER, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND THE INSURANCE.

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:

Practice or Project Policy:		Each Incident Limit:		Incumbent Carrier:	
Desired Effective Date:		Aggregate Limit:		Current Premium:	
Desired Policy Term:		Deductible/SIR:		Retroactive Date (If applicable):	

SECTION 2 – CONTRACTOR POLLUTION COVERAGE

N/A

Non-Environmental Contracting Operations	% Sub	Projected Revenues
Asbestos/Lead Abatement - Commercial/Industrial		
Asbestos/Lead Abatement - Residential		
Carpentry, Framing		
Commercial Gen'l Contracting & Project Management		
Demolition		
Dredging		
Drilling (Oil/Gas)		
Drilling (Water)		
Electrical		
Excavation/Grading		
Hauling - Hazardous Materials		
HVAC/Mechanical		
Industrial Cleaning (incl Septic/Sewers)		
Labor Subcontractor/Temporary Employment Agencies		
Logging		
Marine Construction (Not Dredging)		
Masonry/Concrete		
Mold Abatement - Commercial/Industrial		
Mold Abatement - Residential		
Oil and Gas Leasing		
Operation & Maintenance of a facility for others		
Painting & Coatings - (Non-Abatement)		
Pesticide/Herbicide/Fungicide Application		
Pipeline Construction & Maintenance (Nat. Gas and Water/Sewer)		
Pipeline Construction & Maintenance (Oil Only)		
Plumbing		
Railroad/Railcar Construction & Maintenance		
Residential Builders/Developers		
Fire & Water Damage Restoration		
Roofing/Insulation - Commercial/Industrial		
Roofing/Insulation - Residential		
Steel Erection		
Street & Road		
Wetlands Construction		
Other		
Non-Environmental Total Revenues		

1. Revenue Breakout by Risk Categories:

The Projected Contracting Revenues should reflect the next 12 months.

2. Describe the operations and services provided:

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

4. Estimate Gross Revenues (Annual):

- a. Current Year \$ _____
- b. Next Year \$ _____

5. 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 \$ _____

6. Safety Practices and Procedures: (If yes, please provide copy of plans)

- a. Do you have written Employee Health & Safety Plan? YES NO
- b. Do you have a written QC/QA program in place? YES NO

7. Are there any other Contracting Activities being performed by you or on your behalf other than what is identified in the Table to the left? If yes, please provide details

YES NO

8. Does the contractor perform or subcontract Asbestos/Lead Based Paint Abatement? 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.

YES NO

SECTION 3 – TRANSPORTATION COVERAGE

N/A

If not interested in Transportation Coverage select N/A and skip to Section 4:

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					

1. 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>							
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 4 – WASTE SITES COVERAGE

N/A

If not interested in Waste Site Coverage select N/A and skip to Section 5:

Submission Information

- List of currently or historically utilized Waste Sites
- 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.				
5.				

SECTION 5 – CONTRACTOR MAINTENANCE YARD COVERAGE

N/A

If not interested in Contractor Maintenance Yard Coverage select N/A and skip to Section 6:

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 6 – STORAGE TANKS COVERAGE

N/A

If not interested in coverage for Storage Tanks select N/A and skip to Section 7:

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

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

SECTION 7 – MICROBIAL MATTER COVERAGE

N/A

If not interested in Microbial Matter Coverage select N/A and skip to Section 8:

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:

- 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 8 – WARRANTY STATEMENTS

1. Has the applicant ever had a claim or loss for a pollution or professional event over \$50,000? If yes, please provide details.

2. Within the past five (5) years, has the applicant had a) any releases or spills of hazardous substances, or other pollutants, or b) been prosecuted or currently being prosecuted for the release or threatened release of a hazardous substance? If yes, please provide details.

3. Have any polyfluoralkyl substances (PFAS) or perfluorooctanoic Acid (PFOAS) been used in any contracting operations you are performing; or used or stored at any insured site? If yes, please provide details.

4. 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?

5. Has any environmental coverage been declined, cancelled, or non-renewed? If yes, please provide details.

The person signing the application is authorized to make the above representations on behalf of the applicant, and a representation that the information provided is accurate. Signing this application does not bind coverage. The applicant's acceptance of the company's quotation is required before insurance coverage is bound and a policy issued. The application must be signed and dated by an owner, partner or officer of the applicant.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge that all of the foregoing statements in this application and the information included in all applications, supplements, attachments, supporting information and replies to underwriter inquiries are true, accurate and complete and that no material facts have been suppressed, omitted or misstated. The undersigned further agrees that the applicant has a continuing duty, through date of policy inception, to update this application, including all supplements, attachments and replies to underwriter inquiries.

APPLICANT: _____ TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FRAUD WARNING STATEMENTS

ALABAMA FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA FRAUD WARNING: 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.

COLORADO FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD 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.

FLORIDA FRAUD WARNING: 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.

KENTUCKY FRAUD WARNING: 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.

MAINE, TENNESSE, VIRGINIA, AND WASHINGTON FRAUD WARNING: 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.

MARYLAND FRAUD WARNING: 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.

MINNESOTA FRAUD WARNING: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY A FRAUD WARNING: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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 MATERIAL FACT 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.

OHIO FRAUD WARNING: 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.

OKLAHOMA FRAUD 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.

OREGON FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION OR; (2) FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAYBE VIOLATING STATE LAW.

PENNSYLVANIA FRAUD WARNING: 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.

VERMONT FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.