



CONTRACTORS PROJECT-SPECIFIC POLICY SUPPLEMENTAL

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NOTE: THIS IS AN APPLICATION FOR A PROJECT-SPECIFIC POLICY OR ENDORSEMENT

This supplemental questionnaire forms a part of your general contractor's pollution liability application submitted to us for underwriting consideration, if any. Coverage offered, if any, may be on a policy providing either Claims-Made or Occurrence coverage(s) depending on the specific coverages offered.

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

1. Where required, please provide any supporting information on a separate sheet.
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.

General:

Named Insured(s):	
Mailing Address:	
Annual Contracting Revenues	
Project Name:	
Project Location (Street Address, State):	
Project Start and Completion Dates:	
Project Owner/Organizer/Sponsor:	
Have You Been Awarded This Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No – just bidding at this time
If Yes, What Is The Contract Number? *	
Does Your Contract Require Completed Operations/Extended Reporting Period	<input type="checkbox"/> Yes, _____ Years / Months (Circle One) <input type="checkbox"/> No
What limits are being requested?	

* Please provide a copy of your contract for the project.

Project Specifics:

Any construction to involve use of EIFS (Exterior Insulation Finish System)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please also complete a Contractor's EIFS Supplemental Questionnaire				
Project Description (i.e., New Construction or Remodel?; Describe the Nature of Your Work Specifically):				
<u>Project Details:</u>	<u># of Units</u>	<u># of Bldgs</u>	<u># of Stories</u>	<u>Construction Type</u> (wood frame, concrete, etc.)
Single Family Dwellings:				
Apartments / Condos:				
Commercial / Industrial				
Other: If Other, please describe:				

PROJECT REVENUE BREAKOUT:

Project Revenue Breakout by Risk Categories in \$MM:

Project Specific Contracting Operations	% Sub	Project Revenues
Asbestos & LBP Abatement * (See Q. 7 Right Side of Pg below)		
Carpentry, Framing		
Commercial General 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		
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 (ex. Soil remediation; other work not listed; please describe):		
Total Project Revenues (\$MM)		

Total Project Revenues:

Your Total Est. Project Billings: \$ _____

Your Estimated Subcontracted Costs: \$ _____

Percentage of work subcontracted out: _____%

Value of Equipment included in Your Project Billings \$ _____

1. Will you be hiring subcontractors on this project?
 YES NO
2. If yes, will subs be hired using standard written contracts?
 YES NO
3. If yes, do they contain standard hold harmless indemnification agreements in favor of the applicant?
 YES NO
4. Are updated certificates of insurance from subcontractors kept on file?
 YES NO
5. What are the minimum insurance requirements for subcontractors?
 - a. General Liability \$ _____
 - b. Auto \$ _____
 - c. Contractor's Pollution \$ _____
6. What type of materials will you be transporting on this project (describe generally):
 - a. Project Vehicles:
 - i. # _____ Private Passenger/Pick-ups
 - ii. # _____ Medium Vans / Dump Trucks
 - iii. # _____ Heavy Power Units
 - iv. # _____ Tank Trailers Used with any of the above.
 - b. Do you have an Auto Safety & Training Program; check MVRs often? YES NO
 - c. Do you have a Vehicle Maintenance Program in place? YES NO
 - d. Do you have any Spill Contingency Plans in place? YES NO
 - e. Does this project include transportation of any hazardous or regulated (incl. special wastes) materials? YES NO (if Yes, describe generally):
7. If this project contains any asbestos or lead abatement, are you or your subcontract properly licensed / certified to do this work? YES-insured; YES-subcontractor NO
 - a. Who will be performing the Clearance Monitoring? Insured; Subcontractor Third Party

<u>Was the site previously developed? If so, describe:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Please be sure to include complete details of any previous site improvements which will be part of the final project.	
<u>Will the project involve any demolition of existing structures?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
<u>Is there any known contamination (incl. asbestos) associated with the project site?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Describe *:	

* Please provide copies of any geotechnical and/or environmental reports (incl. asbestos surveys) that have been given to you. Use additional sheets if necessary.

FUNGUS/MICROBIAL MATTER COVERAGE **N/A**

If not interested in Microbial Matter Coverage select N/A:

- 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
- _____

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 on any job? Yes, if Yes, please provide details below No

2. 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 on any job? Yes, if Yes, please provide details below No

3. At the time of signing this application, is the applicant aware of or know of any fact, circumstance or situation with respect to the subject project which the applicant may reasonably expect to result in a claim against the applicant or any other person or entity for which coverage is being sought? Yes, if Yes, please provide details below No

FRAUD WARNINGS

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.

NOTICE TO ARKANSAS 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 DISTRICT OF COLUMBIA 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 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."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; 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 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 THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: 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.

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 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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, 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 STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

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

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" (365:15-1-10, 36 §3613.1).

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 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "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."

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 WASHINGTON 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE BENEFIT OF 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 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

I hereby certify 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: _____