



INSURANCE INNOVATORS INCORPORATED  
130 S. Easton Rd. PO Drawer 969, Glenside, PA 19038  
(215) 885-7300 Phone; (215) 886-2482 Fax; 800-523-6422 Toll Free

## CONTRACTORS POLLUTION LEGAL LIABILITY APPLICATION

Be sure to answer all questions; leave no space blank. Attach separate sheet if additional space may be required,

1. Applicant (including all subsidiaries to be insured) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone# \_\_\_\_\_

Company Is An Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other (describe) \_\_\_\_\_

EPA Identification Number(s) \_\_\_\_\_

2. List all active "key personnel" of the firm attaching resumes to include educational qualifications, Professional licenses and designations, The States in which they are licensed and length of service ("key personnel" means principals, partners, executive officers and project Managers").

Name of Individual(s) responding to application \_\_\_\_\_ Title \_\_\_\_\_

Date firm established \_\_\_\_\_

Number of years in remedial contracting \_\_\_\_\_

Number of completed projects in remedial contracting \_\_\_\_\_

3. Has corporate name ever changed? Have there ever been any acquisitions, consolidations, dissolutions, mergers? Give a brief history of the firm's prior entities including name, type of entity and period of existence.

4. Has the present entity assumed any liabilities of a pre-existing firm? If yes, attach pertinent portions of the agreement(s) and an explanation.

Does the firm have: subsidiaries \_\_\_\_\_ a parent company \_\_\_\_\_ other related entities \_\_\_\_\_ If yes, Explain:

Is there an interchange of employees between companies? \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

5. Professional organizations to which applicant and "key personnel" belong: \_\_\_\_\_

6. Provide Number of Employees by Category:

- A. Management \_\_\_\_\_
- B. Administration \_\_\_\_\_
- C. Supervisors \_\_\_\_\_
- D. Foremen/Leadmen \_\_\_\_\_
- E. Clerical \_\_\_\_\_
- F. Drivers \_\_\_\_\_
- G. Driver Helpers \_\_\_\_\_

- H. Operators \_\_\_\_\_
- I. Laborers \_\_\_\_\_
- J. Mechanics \_\_\_\_\_
- K. Recovery Technicians \_\_\_\_\_
- L. Technicians \_\_\_\_\_
- M. Technical Specialists \_\_\_\_\_
- N. Other (Describe) \_\_\_\_\_

7. Has the firm or any subsidiary company or employee ever been barred, suspended or excluded for participation in any remedial program by the United States Environmental Protection Agency or any state, county, or local agency chargeable with responsibility for environmental affairs?

If yes, please give details:

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8. Is your company operating under a Consent Agreement with any Federal, State or Local Government? If so, give date and reason for Consent Agreement Yes ( ) No ( )

If yes, explain and attach appropriate documents

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9. Nature of Operations

Utilizing the categories below, what are the company's business activities?

Category	Actual gross sales prior 12 mos. period	Estimated gross sales current 12 mos. period	Estimated gross sales projected next 12 mos.	Percent Sub-contracted
Transportation: Hazardous Waste	\$	\$	\$	%
Non Hazardous Waste				
General Contracting				
Project Management				
Remedial action well drilling & monitoring				
Treatment/solidification				
Recycling/Recovery				
Storage				
Disposal				
Clean-up				
Consulting				
Laboratory Testing & Analysis				
Chemical Cleaning				
Pipeline Cleaning				
Sewer/Septic Cleaning				
Boiler/Cooling Tower Cleaning				
Refinery Tank Cleaning				
Other Tank Cleaning				
Hydro Reconditioning				
Drum Reconditioning				
Soil & Water Testing				
UST Removal/Installation				
Superfund Site Work				
Other (Specify)				
TOTAL	\$ _____	\$ _____	\$ _____	_____ %

10. What percentage of the subcontractors that you hire:

A. Work under their own permits, rights or authority? \_\_\_\_\_

B. Work under your permits, rights or authority? \_\_\_\_\_

C. Do you check required permits for subcontractors? Yes ( ) No ( )

D. Are updated certificates of insurance from subcontractors kept on file? Yes ( ) No ( )

E. Are certificates of insurance reviewed? Yes ( ) No ( )

F. What are the minimum limits of liability you require for your subcontractors?

Workers' Compensation: \_\_\_\_\_

General Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

G. Are all subcontractors hired under a written contract? Yes ( ) No ( )

H. Do your contracts with subcontractors contain an indemnification provision? Yes ( ) No ( )

If so, attach copy.

I. Does your company enter into written contracts where you assume liability? Yes ( ) No ( )

If so, attach copy of all insurance requirements and indemnification clauses.

J. Describe the nature of work you subcontract to others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. Describe the extent of your supervision of subcontractors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. Do you require your firm to be named as an additional insured on the subcontractors general and pollution liability policies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you obtain a waiver of subrogation on subcontractor's workers compensation policies? \_\_\_\_\_

11. What is the percentage of the firm's gross receipts attributable to the following type of client for the last fiscal year?

a) Federal government and any agency thereof \_\_\_\_\_ %

b) State, county or local government and any agency thereof \_\_\_\_\_ %

c) Private or public held corporations \_\_\_\_\_ %

d) Individuals, partnerships or joint ventures \_\_\_\_\_ %

e) Contractors \_\_\_\_\_ %

f) Developers \_\_\_\_\_ %

g) Other (specify) \_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

\_\_\_\_\_ %

12. What is the largest project the firm has completed in the last 3 years? \_\_\_\_\_

Contract value \_\_\_\_\_

Brief description \_\_\_\_\_

In any one of the last 3 years has any one client accounted for more than 20% of your gross sales?

13. List the major contracts completed by your firm in the last three years. (If additional space is required, attach separate sheet.)

Project Name	Location	Dollar Value	Contact	Telephone #

14. Does the firm or any of its members have any involvement in any hazardous and/or non-hazardous waste transportation, treatment, processing, incineration or disposal facilities, or do they have any financial interest in any organizations the, do? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

15. Does the firm or any of its members have any involvement in laboratories or facilities involved in the conducting of coupling and/or laboratory analysis to which work is subcontracted, or do they have any financial interest in any organizations that do? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

16. Does the firm use a standard indemnity contract with its' clients? \_\_\_\_\_ If yes, please explain and attach a copy to the application.

17. Does the firm use a standard indemnity contract with its' subcontractors? \_\_\_\_\_ If yes, please explain and attach a copy to the application. \_\_\_\_\_

18. Does the firm ever enter into a contract wherein the sole negligence of the indemnitee is assumed? \_\_\_\_\_ If yes, please explain and attach copies to the application. \_\_\_\_\_

19. Has the firm or any of its' members ever been involved in any Superfund site work? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

20. Has the firm been cited by a regulator for violations for employing unsafe conditions? If so, explain: \_\_\_\_\_

21. Describe any project prematurely terminated. \_\_\_\_\_

22. Has the firm ever paid a penalty for breach or non-compliance of contract specifications? \_\_\_\_\_

23. Does the firm have a comprehensive written safety program? \_\_\_\_\_ If yes, please include a copy.

24. Does company have a full time safety director? Yes ( ) No ( )

Name: \_\_\_\_\_

Please provide resume and certifications: \_\_\_\_\_

25. Under what conditions are personal protective equipment used by your company personnel? \_\_\_\_\_

Are personnel trained in the use of personal protective equipment? Yes ( ) No ( )

26. Does your company conduct on a regular basis, the following seminars?

Conducted By Whom

- A. Right to Know Yes ( ) No ( ) \_\_\_\_\_
- B. OSHA Yes ( ) No ( ) \_\_\_\_\_
- C. RCRA Compliance Yes ( ) No ( ) \_\_\_\_\_

27. Does company have a comprehensive written medical monitoring program? Yes ( ) No ( )

If yes, please attach a copy.

Company Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

28. Describe the type and length of training given to employees who will be working with hazardous materials, for new employees and ongoing programs.

( ) In-house Seminars \_\_\_\_\_

( ) Outside Seminars \_\_\_\_\_

( ) On-the-Job Training \_\_\_\_\_

( ) Other (specify) \_\_\_\_\_

Attach copies of training manuals

29. Prior Liability Carrier Information

Year	Carrier	Receipts	Limit of Liability	Deductible	Type of Coverage	Retroactive Date	Rate	Premium
					( ) cm ( ) occ			
					( ) cm ( ) occ			
					( ) cm ( ) occ			
					( ) cm ( ) occ			
					( ) cm ( ) occ			

Any policy or coverage declines, cancelled or non-renewed during the prior 5 years? Yes ( ) No ( ) If yes, describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A) Submit a copy of current General Liability and Pollution Liability policy if separately issued.

B) Submit a copy of most recent annual financial statement and interim statements including accountant's notes.

30. Liability Loss Experience – Five Years

19____ to 19____	Paid	Reserve	Total	# of Claims
19____ to 19____				
19____ to 19____				
19____ to 19____				
19____ to 19____				

Description of Liability Claims in excess of \$10,000, (use separate page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers? \_\_\_\_\_ If yes, please provide all details.

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32. Please check to be sure that the following required attachments are enclosed:

- 1. Most recent financial statements including accountant notes ( )
- 2. Resumes of "Key Personnel" ( )
- 3. Standard operating procedures (manual & procedural guide) ( )
- 4. Contractor statement of qualifications including brochures ( )
- 5. Employee training and safety programs ( )
- 6. Medical surveillance/monitoring program ( )
- 7. Inventory of equipment used in remediation operations ( )
- 8. Current General Liability and Pollution Liability policies ( )

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION ON CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION. OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_

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NOTICE TO APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges: 1) that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible or retention amount and 2) that the limit of liability provided for is an aggregate limit and the costs for each claim made shall reduce the limit of liability and could possibly exhaust the limit of liability.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Attest:

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