

# Apollo General Insurance

## Contractors Pollution Liability Claims-Made Coverage Application

quote no. \_\_\_\_\_

The information below has been entered into an on-line database system and will be utilized to complete an on-line application on your behalf. Please, make any necessary corrections directly on this form and return this form to your broker.

**Instructions:**

- Carefully review all information contained in this document.
- Make any necessary corrections directly on the document.
- Once you have completed your review, sign and date page 2 of this document.

Insured's Name:

Type of Insurance Desired:

- CPL Claims -Made  
 CPL Claims -Made with Mold Coverage

Address:

City:

State:

Country: United States

ZIP:

Telephone #:

Email Address: (not a mandatory field)

Any Additional Named Insureds to be listed on the Policy?  
(If yes, please identify the Additional Named Insureds here.):

YES  NO

Additional Named Insured	Additional Named Insured

Prior Year Revenue  \$0 to \$999,999  \$1,000,000 to \$1,999,999  \$2,000,000 to \$2,999,999  
 \$3,000,000 to \$3,999,999  \$4,000,000 to \$5,000,000

Identify the Primary Services\* Performed by the Insured (select up to 3)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acoustical               | <input type="checkbox"/> Bridge Work                   | <input type="checkbox"/> Carpentry                           |
| <input type="checkbox"/> Civil Construction       | <input type="checkbox"/> Communications                | <input type="checkbox"/> Concrete Work                       |
| <input type="checkbox"/> Construction Management  | <input type="checkbox"/> Drilling                      | <input type="checkbox"/> Drywall Installation                |
| <input type="checkbox"/> Electrical               | <input type="checkbox"/> Environmental Services        | <input type="checkbox"/> Excavation                          |
| <input type="checkbox"/> Flooring / Tile / Marble | <input type="checkbox"/> General Building Construction | <input type="checkbox"/> HVAC                                |
| <input type="checkbox"/> Industrial Construction  | <input type="checkbox"/> Insulation                    | <input type="checkbox"/> Masonry                             |
| <input type="checkbox"/> Mechanical Construction  | <input type="checkbox"/> Painting                      | <input type="checkbox"/> Paving / Street & Road Construction |
| <input type="checkbox"/> Pipeline Construction    | <input type="checkbox"/> Plumbing                      | <input type="checkbox"/> Process Piping                      |
| <input type="checkbox"/> Roofing                  | <input type="checkbox"/> Site Development / Grading    | <input type="checkbox"/> Structural Steel Erection           |
| <input type="checkbox"/> UST Services             | <input type="checkbox"/> Utility                       | <input type="checkbox"/> Water / Sewer                       |

\*NOTE: "Covered Operations" under the policy shall be identified as the Primary Services indicated above and "all related ancillary services".

Desired Inception Date of Coverage\*

\*NOTE: Expiration Date will be 1 year from Effective Date, Retroactive Date will be Policy Inception Date

Policy Limits :		<u>PER</u>	<u>AGGREGATE</u>
A.	<input type="checkbox"/>	\$250,000	\$250,000
B.	<input type="checkbox"/>	\$250,000	\$500,000
C.	<input type="checkbox"/>	\$500,000	\$500,000
D.	<input type="checkbox"/>	\$500,000	\$1,000,000
E.	<input type="checkbox"/>	\$1,000,000	\$1,000,000
F.	<input type="checkbox"/>	\$1,000,000	\$2,000,000

NOTE: A Self-Insured Retention of **\$10,000** shall apply on a PER loss basis.

Mold Coverage (only applicable if selected "CPL Claims -Made with Mold Coverage" from type of insurance on page 1 of this application).

Mold Sublimit of Liability  \$250K Limit  \$500K Limit\*

\*NOTE 500K mold sublimit not will not be available if Policy Limit options A or B are selected from above.  
A Self-Insured Retention of **\$25,000** shall apply on a PER loss basis for all mold-related losses

- Has the applicant been performing operations under the current trade name for more than 2 years?  YES  NO
- Are more than 15% of the applicant's revenues derived from lead, asbestos, and or mold abatement work?  YES  NO
- Has the applicant been involved in any pollution incidents on or at projects where the applicant performed operations?  YES  NO
- Does the applicant perform any operations outside the U.S., U.S. territories or possessions and / or Canada?  YES  NO
- Within the past five (5) years, have any claims been made or legal actions (including any regulatory proceedings) been brought against the applicant or other party(ies) to the proposed insurance with respect to any pollution related incidents?  YES  NO

6. At the time of completing this information, is the applicant aware of any circumstances related to pollution that may reasonably be expected to give rise to a claim against any insured?  YES  NO
7. Are more than 15% of the applicant's revenues derived from services associated with single family homes, townhouses and/or condominiums (residential work)?  YES  NO

(Only answer questions 8 if CPL Claims -Made with Mold insurance type is selected)

8. Has the applicant had any claims or allegations made against them with respect to any incident involving water ingress, water damage or mold?  YES  NO

**By signing below, the undersigned warrants and represents to the insurer that the information contained in this On-Line Data Confirmation Worksheet is true and correct, and that the undersigned has exercised its best efforts in verifying the accuracy of the information. The undersigned hereby acknowledges that the information contained herein is material to the decision of the insurance company to issue a policy, and that the issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of this information.**

**NOTE THAT YOUR CONFIRMATION OF THE ACCURACY OF THIS INFORMATION IS CRITICAL. ONCE THE DATA IS ENTERED INTO THE ELECTRONIC SYSTEM AND COVERAGE IS BOUND, NO CHANGES OR CORRECTIONS CAN BE MADE.**

**Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.**

Signature of Authorized Applicant X
Print Name
Title
Date