

**APPLICANT INFORMATION**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Website URL: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:**

- 1. Three years of currently valued loss runs (if no prior CPL coverage, please provide GL)
- 2. Most recent financial information

Proposed effective date: \_\_\_\_\_  
Limits requested: \$ \_\_\_\_\_ Deductible requested: \$ \_\_\_\_\_

Occurrence Form  Claims Made Form Retroactive date: \_\_\_\_\_

**EXPIRING COVERAGE**

Carrier: \_\_\_\_\_  
Limits: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Premium: \_\_\_\_\_

**COMPANY HISTORY**

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

Have there been any mergers, acquisitions, consolidations or dissolution?  Yes  No If yes, please explain:

Does the firm have:  Subsidiaries  Parent company  Other related entities If yes, please explain:

Do you share employees?  Yes  No If yes, please explain:

**ESTIMATED GROSS RECEIPTS**

Upcoming year: \$ \_\_\_\_\_ Current year: \$ \_\_\_\_\_

**OPERATIONS**

Describe operations, services, and work performed:

Please provide the number of operated autos by classification.

Light: \_\_\_\_\_ Medium: \_\_\_\_\_ Heavy/Extra Heavy: \_\_\_\_\_

What cargo is transported on the autos above?

Number of employees: \_\_\_\_\_

State(s) in which work is performed: \_\_\_\_\_

**RISK CONTROLS**

Does your firm have a written health and safety procedures?  Yes  No

Does your firm provide formal safety training to employees on a regular basis?  Yes  No

Are subs required to name the application as an additional insured on their policy?  Yes  No

**CLAIM(S) / LOSS INFORMATION**

Does the applicant know of any facts, circumstances, events which may be expected to result in a claim or claims being made against you or any person/entity for whom coverage is being sought for a pollution related claim?  Yes  No If yes, please explain:

Have any previous pollution claims been made against the applicant or reported under any policies?  Yes  No If yes, please explain:

**REVENUE**

Please provide percentage of gross revenue derived from the following operations (must total 100%):

Operations	Revenue	Percent Subcontracted
Alternative Energy Contracting	\$ _____	_____ %
Asbestos, Lead or Mold Abatement	\$ _____	_____ %
Carpentry/Framing	\$ _____	_____ %
Demolition	\$ _____	_____ %
Drilling (energy)	\$ _____	_____ %
Drilling (water/environmental)	\$ _____	_____ %
Electrical	\$ _____	_____ %
Emergency Response	\$ _____	_____ %
Excavation (commercial)	\$ _____	_____ %
Excavation (residential)	\$ _____	_____ %
Fire/Water Damage Restoration Contractor	\$ _____	_____ %
Fuel Tank Installation/removal/inspection	\$ _____	_____ %
General Contracting	\$ _____	_____ %
HVAC/Mechanical Contracting	\$ _____	_____ %
Industrial Cleaning	\$ _____	_____ %
Landscaping Contractor	\$ _____	_____ %
Masonry/Concrete	\$ _____	_____ %
Oil/Gas Contractor (roustabout)	\$ _____	_____ %
Painting	\$ _____	_____ %
Pipeline construction/maintenance (energy)	\$ _____	_____ %
Pipeline construction/maintenance (utilities)	\$ _____	_____ %
Remediation (water/soil)	\$ _____	_____ %
Roofing	\$ _____	_____ %
Street and Road Construction/Maintenance	\$ _____	_____ %
Transportation (Inclusive of vac truck operations)	\$ _____	_____ %

**FRAUD NOTICES**

**Notice to Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming Applicants:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**Notice to California Applicants:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

**Notice to District of Columbia Applicants:** 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 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 the purpose of defrauding the company. Penalties may include imprisonment, fines, or 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 Applicants:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**Notice to Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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:** 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 a 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 the 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 include imprisonment, fines and denial of insurance benefits.

**Notice to Texas Applicants:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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.

---

**The applicant represents that the statements and facts provided in this application 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. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or printed name:

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