



# eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

## Contractors Pollution Liability and Errors & Omissions Insurance Application (Claims-Made Coverage)

### Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal, partner or officer of the Applicant on or prior to the inception date of coverage.

### Required Attachments:

- Please provide copies of the most recent two (2) years of audited financial statements.
- For new applicants only, please provide five (5) years of currently-valued pollution, professional and general liability loss history.

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy and any endorsement thereto, and provides liability coverage on a **CLAIMS-MADE AND REPORTED BASIS**, which covers only claims first made against the insured and reported to the insurer, in writing, during the policy period, subject to the policy provisions. This policy also provides coverage for emergency response costs on a **DISCOVERED AND REPORTED BASIS**, which covers only pollution conditions first discovered and reported to the insurer, in writing, during the policy period, subject to the policy provisions.

**PLEASE INDICATE THE TYPE OF INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING:**

### Requested Limits of Liability & Retention:

\$ \_\_\_\_\_ Per Wrongful Act/ Pollution Condition and \$ \_\_\_\_\_ Aggregate with \$ \_\_\_\_\_ SIR  
 \$ \_\_\_\_\_ Per Wrongful Act/ Pollution Condition and \$ \_\_\_\_\_ Aggregate with \$ \_\_\_\_\_ SIR  
 \$ \_\_\_\_\_ Per Wrongful Act/ Pollution Condition and \$ \_\_\_\_\_ Aggregate with \$ \_\_\_\_\_ SIR

### Requested Effective and Retroactive Dates:

Proposed Effective Date: \_\_\_\_\_ Retroactive Dates: \_\_\_\_\_ Professional Liability  
 \_\_\_\_\_ Pollution Liability  
 \_\_\_\_\_ Mold Liability (if applicable)

**APPLICANT INFORMATION**

1.

Name of Applicant			
Mailing Address			
Website Address			
Principal Contact		Email Address	
Telephone Number		Fax Number	
Company FEIN		Date Established	

Company Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC/LLP
	<input type="checkbox"/> Other:		

2. Current breakdown of professional staff:

PERSONNEL	#	# LICENSED
Principals		
Architects & Engineers		
Technical (other than above)		
Field Personnel <input type="checkbox"/> Open Shop <input type="checkbox"/> Union		
<b>TOTAL</b>		

**REVENUE INFORMATION**

3. Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

GROSS REVENUES	
Prior Fiscal Year Revenue	\$
Current Fiscal Year Revenue	\$
Projected Fiscal Year Revenue	\$

4. Provide the approximate percentage of work performed during the last three (3) years for each of the following project sizes based on the project's total construction value:

PROJECT SIZE	%	PROJECT SIZE	%
Less than \$1,000,000	%	\$25,000,000 to \$100,000,000	%
\$1,000,000 to \$25,000,000	%	Greater than \$100,000,000	%

5. a. What is the geographical extent of operations?    US \_\_\_\_\_%    Canada \_\_\_\_\_%    Other \_\_\_\_\_%  
b. Provide list of states and/or countries: \_\_\_\_\_

6. The Applicant primarily signs contracts as:     General Contractor     Construction Manager  
 Consultant     Subcontractor

7. Project Delivery Method:

TYPE	% of Current Gross Revenue	Applicable Fees
Construction Management Agency	%	\$
Construction Management At Risk	%	\$
Design / Build	%	\$
Design / Bid / Build	%	\$
Engineer / Procure / Construct	%	\$
Other	%	\$

If "Other", provide detail: \_\_\_\_\_

**CLIENT INFORMATION**

**8. Types of Clients: (Total must equal 100%)**

CLIENT	%	CLIENT	%	CLIENT	%
Commercial	%	Energy	%	Institutional	%
Contractors	%	Government – Federal	%	Lenders	%
Design Professionals	%	Government – State/Local	%	Manufacturing	%
Developers	%	Industrial	%	Other (specify)	%

If "Other", provide list: \_\_\_\_\_

9. a. What is the percentage of current revenue from repeat clients? \_\_\_\_\_%
- b. What is the percentage of current revenue derived from the largest client? \_\_\_\_\_%
- c. Identify the largest client: \_\_\_\_\_

10. Is the Applicant involved with Green Building Construction?  YES  NO

If "yes":

- a. What is the percentage of Green Building work with respect to the current gross revenues? \_\_\_\_\_%
- b. How many staff members are LEED Accredited? \_\_\_\_\_
- c. Provide the percentage of Green Building work attributed to:  
 \_\_\_\_\_% New Construction  
 \_\_\_\_\_% Renovation

11. Does the Applicant perform Exterior Insulation & Finishing System (EIFS) work?  YES  NO

If "yes":

- a. What is the percentage of EIFS work with respect to the current gross revenues? \_\_\_\_\_%
- b. Provide the percentage of EIFS work self performed verses subcontracted:  
 \_\_\_\_\_% Self-Performed  
 \_\_\_\_\_% Subcontracted
- c. If the Applicant subcontracts the EIFS work, do they require their subcontractors to carry pollution insurance, including mold coverage?  YES  NO  
 If "yes", please provide the Limits of Liability required? \_\_\_\_\_
- d. Does the Applicant or Applicant's subcontractor install EIFS material which provides a manufacturer's guarantee?  YES  NO
- e. Does the Applicant's current General Liability policy provide coverage for EIFS work?  YES  NO

12. Please provide the percentage of work associated with the following projects for the **CURRENT fiscal year**.  
 (This question continues on the next page)

PROJECT	%	PROJECT	%	PROJECT	%
Airports	%	Hotels	%	Residential ***	%
Apartments	%	Industrial	%	Retail	%
Assisted Living / Retirement	%	Jails /Justice	%	Roads / Highways	%
Bridges / Overpasses	%	Landfills	%	Schools - K-12	%
Churches / Religious	%	Manufacturing	%	Schools - University	%

Civil	%	Marine	%	Sports	%
Condominiums	%	Mass Transit	%	Site Development	%
Convention Centers	%	Medical Offices	%	Tunnels	%
Energy	%	Mining	%	Utilities	%
Environmental	%	Mixed Use	%	Warehouses	%
Dormitories	%	Office Buildings	%	Water	%
Government	%	Parking Structures	%	Wastewater Treatment	%
Hospitals	%	Petro Chemical	%	Other	%

\*\*\*"Residential" is defined as wood-framed single-family homes, townhomes and tenant- owned condominiums.

**CLIENT INFORMATION**

13. Please provide the gross revenues and subcontracted percentages associated with each of the following activities for the **CURRENT fiscal year**:

Non-Environmental Professional <b>A.</b>	Environmental Professional <b>+ B.</b>	Non-Environmental Contracting <b>+ C.</b>	Environmental Contracting <b>+ D.</b>	Total Current Gross Revenues <b>= TOTAL</b>
\$	+\$	+\$	+\$	= \$

<b>A. NON-ENVIRONMENTAL PROFESSIONAL</b>					
<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>	<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>
Construction Management At Risk	%	%	Interior Design/ Space Planning	%	%
Construction Management Agency	%	%	Land Surveying	%	%
Architecture	%	%	Landscape Architecture	%	%
Chemical Engineering	%	%	Mechanical Engineering	%	%
Civil Engineering	%	%	Process Engineering	%	%
Electrical Engineering	%	%	Soils / Geotechnical Engineering	%	%
HVAC Engineering	%	%	Structural Engineering	%	%
Industrial Engineering	%	%	Other (Explain)	%	%
<b>A.</b>	<b>CURRENT Gross Revenues Associated with Non-Environmental Professional Services</b>			<b>\$ _____</b>	

(THIS QUESTION CONTINUES ON THE NEXT PAGE)

<b>B. ENVIRONMENTAL PROFESSIONAL</b>					
<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>	<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>
Environmental Engineering	%	%	Tank System Design/Testing	%	%
Remedial Investigation/ Feasibility Studies	%	%	Regulatory Compliance/ Permitting	%	%
Environmental Audits/ Assessments	%	%	Waste Brokering	%	%
Phase I/ Real Estate Audits	%	%	Health & Safety Training	%	%
Soil/ Water Testing	%	%	Industrial Hygiene	%	%
Lab Testing/ Analysis	%	%	Remedial Design	%	%
Asbestos/Lead Design and/or Inspection	%	%	Other (explain)	%	%
<b>B.</b>	<b>CURRENT Gross Revenues Associated with Environmental Professional Services</b>			<b>\$ _____</b>	

<b>C. NON-ENVIRONMENTAL CONTRACTING</b>					
<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>	<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>
Electrical	%	%	Drilling/Coring	%	%
HVAC	%	%	Drywall Installation	%	%
Plumbing	%	%	Industrial Construction	%	%
Water/ sewer	%	%	Mechanical Construction	%	%
Road Construction/ Maintenance	%	%	Process Piping	%	%
Excavation	%	%	Roofing	%	%
Site Development/ Grading	%	%	Bridge Work	%	%
Concrete work	%	%	Carpentry	%	%
General Construction	%	%	Flooring / Tile / Marble	%	%
Acoustical	%	%	Pipeline Construction	%	%
Communication	%	%	Utility	%	%
Painting	%	%	Masonry	%	%
Civil Construction	%	%	Glass / Glazing	%	%
Nuclear	%	%	Other (explain)	%	%
<b>C.</b>	<b>CURRENT Gross Revenues Associated with Non-Environmental Contracting Operations</b>			<b>\$ _____</b>	

(THIS QUESTION CONTINUES ON THE NEXT PAGE)

<b>D ENVIRONMENTAL CONTRACTING</b>					
<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>	<b>SERVICE</b>	<b>% of Gross Revenue</b>	<b>% Subcontracted</b>
Soil Excavation	%	%	Lab Packing	%	%
Soil/ Groundwater Treatment	%	%	UST Installation	%	%
Bioremediation	%	%	UST Removal	%	%
Underground/ Subsurface Remediation	%	%	Tank Cleaning	%	%
Dredging	%	%	Pipeline Cleaning	%	%
PCB Handling	%	%	Pipeline/Sewer/ Septic Maintenance	%	%
Emergency Spill Response	%	%	Industrial Cleaning	%	%
Landfill Construction	%	%	Hydro Blasting	%	%
Liner Installation	%	%	Demolition	%	%
Monitoring Well Drilling	%	%	Asbestos/Lead Abatement	%	%
Potable Well Drilling	%	%	Mold Remediation Services	%	%
Soil/ Groundwater Boring	%	%	Other (explain)	%	%
<b>D.</b>	<b>CURRENT Gross Revenues Associated with Environmental Contracting Operations</b>			<b>\$ _____</b>	

**RISK MANAGEMENT INFORMATION**

14. a. Does the Applicant have a standard contract or purchase order to use with its subcontractors?  YES  NO  
 b. If "yes", do those documents contain hold harmless or indemnification agreements in favor of the Applicant?  YES  NO
15. a. Does the Applicant request and review certificates of insurance?  YES  NO  
 b. Are master service agreements utilized?  YES  NO  
 c. Are consensus documents utilized?  YES  NO  
 d. Are Limitation of Liability provisions utilized in contracts?  YES  NO  
 e. Does the Applicant accept Consequential Damages?  YES  NO  
 f. If applicable, what are the Applicant's minimum insurance requirements for subcontractors?  
 General Liability \$ \_\_\_\_\_  
 Professional Liability \$ \_\_\_\_\_  
 Contractor's Pollution Liability \$ \_\_\_\_\_ Does it include mold?  YES  NO
16. Within the past five (5) years has the Applicant purchased this type of insurance coverage?  YES  NO
17. a. Does the Applicant's current General Liability program provide any coverage for professional activities?  YES  NO

b. If "yes", check the applicable endorsements:  CG2243  CG2279  CG2280

18. Does the Applicant employ a dedicated Risk Manager:  YES  NO

19. Describe the Applicant's current liability program:

COVERAGE	CARRIER	LIMIT	EXPIRATION DATE	RETROACTIVE DATE	PREMIUM
General Liability		\$ / \$ / \$			\$
Professional Liability		\$ / \$			\$
Contractor's Pollution Liability		\$ / \$			\$

**LOSS INFORMATION**

20. Has the Applicant or any other party to the proposed insurance ever been subject to disciplinary action as a result of their professional activities?  YES  NO

21. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance?  YES  NO

22. Within the past five (5) years has the Applicant or any other party to the proposed insurance been involved in any pollution incidents on or at projects where the Applicant or any other party to this insurance performed professional services or contracting operations?  YES  NO

23. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to this insurance performed professional services or contracting operations?  YES  NO

24. At the time of signing this application, is the Applicant, any other party to this insurance, or any foreign subsidiary aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to this insurance?  YES  NO

*If "Yes" to 20., 21., 22., 23., and/or 24. above, provide a brief description of the claim(s) or circumstance(s). Please indicate the alleged incident, location, date, type of injury, etc. Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.*

**\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

**BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

**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

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required By Law)