



Atlantic Specialty Lines, Inc.

**CONTRACTORS POLLUTION LIABILITY FOR
FIRE/WATER RESTORATION CONTRACTORS
APPLICATION REQUIREMENTS**

1. Contractors Pollution Liability Application - complete all questions in full.
2. Special attention should be paid to question 9. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this question we will be unable to evaluate your account.
3. Resumes and proof of mold training.
4. Standard client contract used on mold projects. (Not required for national franchise groups)
5. Proof of \$1mm Commercial General Liability coverage with an A rated carrier.
6. 5 year currently valued CGL loss runs and currently valued pollution liability loss runs (if pollution coverage is or has been in place during the past 5 years).
7. A copy of the expiring pollution liability policy showing the retroactive date (not required if retroactive coverage is not requested).
8. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).

***WE ONLY ACCEPT APPLICATIONS SUBMITTED
BY INSURANCE AGENTS/BROKERS***

***Substantially incomplete submissions will be
declined***

CONTRACTORS POLLUTION LIABILITY APPLICATION
PLEASE ANSWER ALL QUESTIONS IN FULL

NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

APPLICANT		DATE	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE #
Company is an: Individual ___ Partnership ___ Corporation ___ Joint Venture ___ Other (describe) _____			
1. COVERAGE REQUESTED <input type="checkbox"/> New Business <input type="checkbox"/> Renewal		2. Proposed Effective Date:	
3. CURRENT CGL COVERAGE INFORMATION		4. CPL - LIMITS OF LIABILITY/DEDUCTIBLE	
Carrier:		Limits Requested:	
Inception/Expiration Dates:		Deductible Requested:	
Limit of Insurance:		Retroactive Date Requested:	
Deductible:			
5. HISTORY OF COMPANY			
Date Established:			
Have there been any acquisitions, consolidations, dissolutions, and mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities			
If yes, explain:			
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
6. PRIOR CONTRACTORS POLLUTION LIABILITY CARRIER INFORMATION			
CARRIER	RECEIPTS	LIMITS OF LIABILITY	DEDUCTIBLE PREMIUM
7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:			
1) Resumes of Key Personnel, brochures and a listing of previous projects.			
2) Most recent annual income statement showing applicable gross sales.			
3) Five years of currently valued CGL loss runs including pollution and professional, if applicable.			
4) Copy of expiring policy, if any, showing retroactive dates.			
8. Total Employees (List each person only once by primary function):			
a. Principals:			
b. Administrators and Clerical:			
c. Project Supervisors / Foreman:			
d. Equipment Operators:			
e. Laborers:			
f. Other (specify):			
Please attach all key persons resumes, certifications and licenses.			

9. Gross Receipts for the past 3 fiscal years: _____ / _____ / _____ /

Dates: _____ / _____ / _____ /

Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

Contracting:	Est. Gross Receipts:	Contracting	Est. Gross Receipts:
Above Ground Storage Tank	\$	Landscaping	\$
Build Back / Restoration	\$	Masonry	\$
Carpentry / Framing	\$	Mechanical Construction	\$
Carpet/Upholstery Cleaning	\$	Metal Erection	\$
Concrete (Foundation)	\$	Mold Abatement	\$
Concrete (Other)	\$	Painting (Interior)	\$
Construction (Residential)	\$	Painting (Exterior)	\$
Construction (Comm./Ind)	\$	Pile Driving	\$
Debris Removal	\$	Plumbing	\$
Demolition (Interior)	\$	Refrigeration	\$
Demolition (Exterior)	\$	Roofing (Hot Tar)	\$
Dredging	\$	Roofing (all other)	\$
Drywall/Wallboard	\$	Salvage Operations	\$
Drillers (not oil & gas)	\$	Sewer Main Construction	\$
Electrical	\$	Street Road Contracting	\$
Emergency Response - Fire	\$	Tank & Pipe Cleaning	\$
Emergency Response - Sewage	\$	UST (Installation, etc.)	\$
Emergency Response - Water	\$	UST (Removal)	\$
Excavation	\$	Waste Water	\$
Flooring	\$	Water Extraction	\$
Furniture Moving	\$	Water Main Construction	\$
Grading of Land	\$	Welding	\$
HVAC	\$	Other Contracting / Please describe:	
Industrial Maintenance	\$		\$
Insulation/Fire Proofing	\$		\$

Total Contracting Estimated Gross Sales \$ _____

10. Subcontractors / Sub consultants / Independent Contractors

Please identify the services that you subcontract:

Applicable Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does your firm collect certificates of insurance from all subcontractors? Yes No

11. Do you use a standard indemnity contract with your clients and subs? Yes No

If no, please detail your contract procedures: _____

12. Do you install any type of liner, i.e. landfill, lagoons, etc. Yes No

If yes, please advise full details: _____

13. Do you perform any Build Back/Restoration Work that is NOT associated with mold, fire or water damage/remediation?

Yes No If yes, please advise applicable % of your total operations: _____ %

14. Do you perform any installation, maintenance or repair operations related to Artificial Stucco, EIFS or Exterior Installation and Finish Systems? Yes No

15. Are you involved in any way in the construction of any building(s), structure(s) or addition(s)? Yes No
If yes, please advise full details: _____

16. Please list all projects in which your final invoice is now more than 60 days past due.
a _____
b _____
c _____

17. Do you conduct underground storage tank installation work? Yes No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____ %
Are the installed tanks precision tightness tested before being released to owner? Yes No
Do you apply any type of corrosion protection? Yes No
Are tanks tested and certified by a registered professional before use? Yes No

18. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please advise or attach full details on each incident. _____

19. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member? Yes No
If yes, please advise or attach full details on each incident. _____

FRAUD WARNING: APPLICABLE TO ALL 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 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.

WARRANTY STATEMENT

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 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 or the insurer to complete the insurance.

Notice to applicants:

- a) 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 fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

(Signature)

(Title)

(Date)

Supplement for Crawford Requirements

Company or Firm Name: _____

City: _____ State: _____ Zip Code: _____

1. List your total gross receipts during the past 12 months for work performed for the Crawford Contractors Connection Network:

2. List your estimated total gross receipts for the next 12 months for work to be performed for the Crawford Contractors Connection Network:

I hereby acknowledge that the above listed Company or Firm will not subcontract any mold remediation contracting to any other entity. This applies to all mold remediation work performed by your firm and not just for the Crawford Contractors Connection Network.

I represent that the above statements and facts are true and that no facts have been omitted or misstated.

Signing of this supplement does not bind the applicant or the insurer to complete the insurance.

Signature: _____ Date: _____
(Signature must be an officer of corporation, partner or owner)

Print Your Name: _____

Print Your Title: _____