



CONTRACT BINDING CONTRACTORS POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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 fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTE: 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.

Please complete the following supplemental application and submit together with a completed Acord Application.

A. APPLICANT NAME

Applicant:	Date:
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B. GROSS RECEIPTS

1. Estimated Gross Receipts for the coming policy term: \$ _____
2. Estimated Gross Receipts for: 1 st Prior Year: \$ _____ 2 nd Prior Year: \$ _____ 3 rd Prior Year: \$ _____
Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind.

C. USA & CANADA EXPOSURES

1. Please List States/Provinces your are or you plan to work in: _____ _____
2. Are any of the applicant's revenues generated by contracting services performed in New York City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the percentage of the applicants overall sales associated with this operation: _____ %

D. CLAIMS AND LOSSES INFORMATION

1. Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide full details on each incident:</i> _____ _____
2. Is the applicant aware of any circumstance, 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, or any staff member and/or has any claim, suit, or notice of incident been made against the firm or any staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide full details on each incident:</i> _____ _____

Contracting & Construction Services		Residential *	Commercial	Industrial
91125	Aircraft Refueling			
91342	Carpentry			
91405	Carpet/Floor Covering Installation			
95410	Clearing of Land/Grounds keeping incl. Grading			
91560	Concrete			
96816	Crime Scene Clean Up incl. Janitorial			
99986	Demolition (Non Structural)			
99987	Demolition (Structural under 3 stories)			
99986	Demolition (Structural over 3 stories)			
92338	Drywall/Gypsum Wallboard Install/Repair			
92478	Electrical,incl.Electronics,installation&maintenance			
94007	Excavation - other than contaminated soils			
94381	Fire Suppression Systems -install/maintain			
91324	Caisson, Cofferdam-Foundation			
95410	Grading of Land			
95648	HVAC			
97447	Masonry			
91583	Modular Construction			
98305	Painting			
96816	Plant Repair & Maintenance incl, Janitorial			
99321	Paving & Asphalt Application			
98482	Plumbing			
98677	Roofing			
97653	Steel Erection non structural			
97655	Steel Erection structural			
99315	Street & Road incl ice and dirt roads			
99571	Tank/Pipe Cleaning			
95233	Transportation-Medical Waste/Bio Hazard			
95233	Transportation-Refuse/Trash			
99955	Weatherization			
99969	Welding or Cutting			
89110	Professional – Engineer/Architects – consulting			
TOTAL		\$	\$	\$

* **Residential**-includes any work relating to a place of habitation, dwelling, or residence, including without limitation, single family, multi-family, communal living, condominium, and apartment buildings.

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 to the insurer to complete the insurance.

Signature: _____

Print Name: _____

Title: _____

Date: _____