



**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**

<b>Applicant:</b>	<b>Date:</b>
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**B. GROSS RECEIPTS**

1. Estimated Gross Receipts for the coming policy term: \$ _____
2. Estimated Gross Receipts for: 1 <sup>st</sup> Prior Year: \$ _____ 2 <sup>nd</sup> Prior Year: \$ _____ 3 <sup>rd</sup> 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> _____ _____

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

\* **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:** \_\_\_\_\_