

Contractor's Pollution Liability Questionnaire

PROJECTED ANNUAL SALES FOR EACH CONTRACTING CATEGORY

If for *Specific Project*, enter only the projected revenue of the project; otherwise enter projected annual sales.

	Projected Annual Sales	% Subcontracted
Appliance Installation	\$ _____	_____ %
Asbestos or Lead Abatement	\$ _____	_____ %
Barrier or Liner Construction	\$ _____	_____ %
Carpentry or Framing	\$ _____	_____ %
Carpet Cleaning	\$ _____	_____ %
Concrete	\$ _____	_____ %
Construction Management	\$ _____	_____ %
Demolition	\$ _____	_____ %
Dredging	\$ _____	_____ %
Drilling (Environmental)	\$ _____	_____ %
Drilling (Non-Environmental)	\$ _____	_____ %
Drywall	\$ _____	_____ %
Electrical	\$ _____	_____ %
Excavation or Grading	\$ _____	_____ %
Fire Suppression / Sprinklers	\$ _____	_____ %
Flooring	\$ _____	_____ %
General Contracting	\$ _____	_____ %
Glazier/Glass and Window	\$ _____	_____ %
Groundwater Sampling	\$ _____	_____ %
Groundwater Treatment and Recovery	\$ _____	_____ %
Hazardous Material Clean-up	\$ _____	_____ %
Hazardous Waste Treatment	\$ _____	_____ %
Home Building	\$ _____	_____ %
HVAC / Mechanical Refrigeration	\$ _____	_____ %
Insulation (No Abatement)	\$ _____	_____ %
Landscaping	\$ _____	_____ %
Loading and Unloading (Port & Rail)	\$ _____	_____ %
Logging	\$ _____	_____ %
Maintenance and Janitorial	\$ _____	_____ %
Masonry	\$ _____	_____ %
Mobile Incineration	\$ _____	_____ %

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Mold Abatement	\$ _____	_____ %
Painting (No Abatement)	\$ _____	_____ %
Paving - Street and Road	\$ _____	_____ %
Pesticide, Herbicide and Fertilizer (No Aerial)	\$ _____	_____ %
Pile Driving	\$ _____	_____ %
Pipeline Construction or Repair	\$ _____	_____ %
Plastering or Stucco	\$ _____	_____ %
Plumbing	\$ _____	_____ %
Recycling (Chemicals or Haz Materials)	\$ _____	_____ %
Recycling (Other)	\$ _____	_____ %
Refinery or Chemical Plants Operators	\$ _____	_____ %
Restoration (Fire and Water Damage)	\$ _____	_____ %
Roofing	\$ _____	_____ %
Sandblasting	\$ _____	_____ %
Sewer and Water Main	\$ _____	_____ %
Soil Remediation	\$ _____	_____ %
Soil Sampling	\$ _____	_____ %
Steel Erection	\$ _____	_____ %
Tanks - AST Installation	\$ _____	_____ %
Tanks - AST Removal	\$ _____	_____ %
Tanks - UST Installation	\$ _____	_____ %
Tanks - UST Removal	\$ _____	_____ %
Waste Storage	\$ _____	_____ %
Waste Water Facility Operators	\$ _____	_____ %
Water Utility Contractors	\$ _____	_____ %
Waterproofing	\$ _____	_____ %
Total Projected Sales:	\$ _____	

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APPROXIMATE PERCENTAGE OF PROJECTED SALES BY PROPERTY CLASS

Single Family Housing	_____ %	Hotels / Motels	_____ %
Apartments	_____ %	Government	_____ %
Condominiums / Townhouses	_____ %	Industrial / Manufacturing	_____ %
Hospitals/Nursing Homes	_____ %	Retail / Office / Other Commercial	_____ %
Schools	_____ %		

COMPANY PROFILE

Is this a start-up company? _____ Yes _____ No

Total Revenue for prior 12-month period: \$ _____

Are there any OTHER named insureds to be covered by this policy? _____ Yes _____ No

Named Insured

Relationship

_____	_____
_____	_____
_____	_____

OPERATIONS

Specify the estimated percentage of gross receipts in the U.S. attributable to each state:

Alabama _____ %	Indiana _____ %	Nevada _____ %	South Dakota _____ %
Alaska _____ %	Iowa _____ %	New Hampshire _____ %	Tennessee _____ %
Arizona _____ %	Kansas _____ %	New Jersey _____ %	Texas _____ %
Arkansas _____ %	Kentucky _____ %	New Mexico _____ %	US Virgin Is. _____ %
California _____ %	Louisiana _____ %	New York _____ %	Utah _____ %
Colorado _____ %	Maine _____ %	North Carolina _____ %	Vermont _____ %
Connecticut _____ %	Maryland _____ %	North Dakota _____ %	Virginia _____ %
D.C. _____ %	Massachusetts _____ %	Ohio _____ %	Washington _____ %
Delaware _____ %	Michigan _____ %	Oklahoma _____ %	West Virginia _____ %
Florida _____ %	Minnesota _____ %	Oregon _____ %	Wisconsin _____ %
Georgia _____ %	Mississippi _____ %	Pennsylvania _____ %	Wyoming _____ %
Hawaii _____ %	Missouri _____ %	Puerto Rico _____ %	
Idaho _____ %	Montana _____ %	Rhode Island _____ %	
Illinois _____ %	Nebraska _____ %	South Carolina _____ %	

CURRENT GENERAL LIABILITY COVERAGE

Carrier Name _____

Expiration Date _____

Current CGL Premium \$ _____

Is there a Mold (Microbial Matter) exclusion on the policy? _____ Yes _____ No

CURRENT CONTRACTOR'S POLLUTION LIABILITY COVERAGE

Does applicant currently have Contractor's Pollution Liability coverage? _____ Yes _____ No

Carrier Name _____

Per Occurrence Limit \$ _____ / Aggregate Limit \$ _____

Expiration Date _____

Deductible \$ _____

Retro Date (If Any) _____

Current CPL Premium \$ _____

Is there a Mold (Microbial Matter) Exclusion on the policy? _____ Yes _____ No

ADDITIONAL DETAILS

Is there any additional information you would like the underwriter to consider in reviewing this application?

PROJECT INFORMATION (for Project-Specific coverage)

Project Owner _____

Project Number _____

Project Street Address / City / State / Zip _____

Project Start Date _____

Estimated Finish Date _____