

American International Companies®

Name of Insurance Company to which Application is Made
(Herein called the Company)

PRO-PAC PROGRAM

COMMERCIAL GENERAL LIABILITY AND PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

NOTICE: THE PROFESSIONAL LIABILITY COVERAGE PART PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSTRUCTIONS:

1. ALL questions must be answered. If "none or "not applicable" so indicate.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner, or director/officer of your firm.
4. See page 11 for list of required submission information.
5. The term "you," as used in this application, refers to any firm or entity seeking insurance coverage.

SECTION I. GENERAL INFORMATION

Part I: APPLICANT

1. Company name: _____
Partnership Corporation Joint Venture Other: _____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

2. Address of Headquarters: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Contact and Title: _____

Address of Subsidiaries/Branch Offices: _____

Does any location include operations with environmental exposures?

Yes No

(if yes, attach description) i.e., manufacturing, landfill, storage, transfer site, etc. The pollution coverage provided by the form is limited to your work at a job site and is not applicable to a location that is owned, occupied, rented or loaned to you.

3. Attach a list of proposed Named Insureds to be covered by this policy (only those entities performing the services and/or operations as proposed will be designated Named Insureds).
4. How long has the Named Insured been in business? _____

6. Total Professional Staff Personnel of Applicant:
- (a) Principals _____
 - (b) Supervisors/ Foremen _____
 - (c) Total Number of Engineers & Architects _____
 - (d) Total Number of Field Personnel _____
 - (e) Hydrogeologists, Geologists, Chemists _____
 - (f) All Other (describe) _____
- TOTAL:** _____

7. To what Professional Associations do you belong?

8. Do you do any foreign work?
 Yes No

If yes, please describe: _____

9. Does any one project or contract represent more than 25% of annual receipts/fees?
 Yes No

If yes, please describe: _____

10. Do you participate in joint ventures?
 Yes No

Note: The policy form for which you are applying does not provide coverage for joint ventures or your participation in them without prior approval and endorsement.

10. Please list your current liability coverage information:

Coverage	Carrier	Limits	Expiration	Premium	SIR	Retro date, if any
General Liability		\$		\$	\$	
Contractors Poll. Liability		\$		\$	\$	
Errors & Omissions		\$		\$	\$	

Part II: COVERAGES

1. Check coverages you are applying for:
- Commercial General Liability/Contractors Pollution Liability

Professional Liability

2. Limit of Liability:

\$ _____ Occurrence/Loss
\$ _____ General Aggregate
\$ _____ Products/Completed Operations Aggregate
\$ _____ Personal and Advertising Injury
\$ _____ Fire Damage Legal Liability
\$ _____ Medical Payments

3. Proposed Effective Date:

Part III: SUBCONTRACTORS

1. Do you obtain certificates of insurance from your subcontractors?

Yes _____ % No

2. Are these certificates required to show Pollution Liability Insurance?

Yes _____ % No

3. What are the minimum limits of liability you require for your subcontractors?

a. General Liability: \$ _____
b. Pollution Liability: \$ _____
c. Professional Liability: \$ _____

4. Do you require subcontractor's policies to name you as an additional insured?

Yes _____ % No

5. Do your contracts with subcontractors contain an indemnification provision?

Yes _____ % No

If yes, attach copies of all insurance requirements and indemnification clauses in a typical contract.

Part IV: CONTRACTS

1. What percentage of your jobs are performed under the following types of agreements?

a. Written contracts: _____ %
b. Letter agreement: _____ %
c. Oral agreement: _____ %

2. Does your company enter into written contracts where you assume liability?

Yes _____ % No

If yes, attach copies of all insurance requirements and indemnification clauses.

3. Does your legal counsel review contracts before they are executed?
 Yes _____ % No
4. Have you been required by written contract to waive your rights of subrogation?
 Yes _____ % No

If yes, how many waivers of subrogation do you anticipate will be required in the next 12 months?

Part V: LOSS CONTROL, CLAIMS AND LOSS HISTORY

1. Do you have a written loss control and/or quality control program?
 Yes No

If yes, please attach a copy or documentation of the contents of the programs.

2. Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution, or Professional Liability policies?
 Yes No

If yes, please describe: _____

3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought?
 Yes No

If yes, please describe: _____

Part VI: OPERATIONS

1. Profile of Operations:

Total revenue in the most recent 12 month period: \$ _____

Total revenue in the prior 12 month period: \$ _____

2. PLEASE COMPLETE **SECTION A** TO INDICATE THE *PROFESSIONAL SERVICES* AND COMPLETE **SECTION B** TO INDICATE *CONTRACTING SERVICES*. THE TOTAL OF SECTIONS A AND B SHOULD EQUAL **TOTAL REVENUE ANTICIPATED IN THE UPCOMING 12 MONTHS**.

A. PROFESSIONAL SERVICES RENDERED

Yes No

If NO Professional Services are rendered, please complete only section B

IMPORTANT: If coverage is bound, the policy will only cover those professional services you indicate below. (If you provide professional services as listed below, but do not specifically charge a fee for those services, as might be the case in design/construct projects, please estimate the portion of your receipts that would cover those services and note you are doing so.)

ENVIRONMENTAL PROJECTS/SERVICES	Projected Receipts & Fees
Real Estate Audits	\$
Environmental Risk Assessments: Phase 1	\$
Environmental Risk Assessments: Phase 2	\$
Waste: brokering/recommendations arrangements/and/or/management of disposal (do not include transportation/disposal fees)	\$
Remedial Investigations	\$
Work on feasibility studies, reports, surveys where the applicant is not involved in design	\$
Soil Testing/Analysis	\$
Surveying	\$
Regulatory Consulting/Permitting	\$
Health and Safety Training	\$
Remedial Design Plans and Specifications	\$
Tank Testing and Maintenance	\$
Tank System Design	\$
Lab Testing/Analysis	\$
Asbestos/Lead Abatement Design/Sampling Verification	\$
Construction Management/Project Management Include supervision/oversight of professional services	\$
Regulatory Consulting/Permitting	\$
Observation/Inspection of construction on behalf of client	\$
Other Environmental (please describe)	\$
Sub-total Professional Environmental	\$

NON-ENVIRONMENTAL PROFESSIONAL	Projected Receipts & Fees
Lab Testing	\$
Construction/Project Management/Observation/Inspection	\$
Geotechnical/Foundations/Soils Engineering	\$
Work on feasibility studies, reports surveys where applicant is not involved in design	\$
Surveying	\$
Structural Engineering	\$
Design of waste water/sewer systems (process)	\$
Design of potable water systems (process)	\$
Other Process/Engineering	\$
HVAC/Electrical/Mechanical Engineering	\$
Civil Engineering	\$

Health and Safety Training	\$
Other Non-Environmental (please describe)	\$
Sub-total Non-Environmental Professional	\$
TOTAL RECEIPTS OF ALL PROFESSIONAL/E&O	\$

B. CONTRACTING /CONSTRUCTION Operations/Services <input type="checkbox"/> Yes <input type="checkbox"/> No (If no contracting/construction services rendered, please complete only Section A)	% In-House	% Sub-Contracted Out	Projected \$\$\$ Receipts/Sales	Projected \$\$\$ Payroll
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ENVIRONMENTAL

Construction Services

95630 *Hazardous materials Contracting (see description below)	%	%	\$	\$
90135 Analytical Chemists	%	%	\$	\$
91580 Contractors Executive Supervisor (oversight of the means and methods of construction)	%	%	\$	\$
99999 Lead and Asbestos Abatement	%	%	\$	\$
All other environmental construction services (please describe)	%	%	\$	\$

NON-ENVIRONMENTAL

Construction Services

94444 **Contracting NOC (please describe) (see description below)	%	%	\$	\$
***Other operations (please describe and report revenue/payroll) (see description below)	%	%	\$	\$
PRODUCT SALES (no installation) Please describe and report receipts:			Receipts: \$	
Total receipts of all Construction or Contracting operations/services			Receipts: \$	
TOTAL OF ALL SERVICES Section A and Section B (should equal your entire anticipated revenue for next 12 months)			Total Receipts of all operations: \$	

* 95630 code includes lab packing, waste brokering, remediation, emergency response, environmental construction, environmental demolition, clean-up, mobile distillation, mobile incineration, soil sampling, groundwater treatment and recovery, dredging, asbestos contracting, cleaning/contracting and tank removal/installation contracting.

** 94444 code includes such services as plumbing, electrical, non-hazardous, excavation, and general construction

*** OTHER OPERATIONS includes premises leased to others, apartments, vacant land or any other premises or operations not described elsewhere in this application.

3. Do operations include Project management or Construction management?
 Yes No

If yes, what percentage of time is the supervisor/manager of the project on the construction site?
_____ %

If yes, what is the total number of your personnel who are field supervisors/managers?

4. If you indicated Waste Brokering receipts/revenue on part A, please complete the following:

a. Are the transportation companies hauling waste providing certificates of insurance that verify the insurance includes pollution coverage while hauling waste?
 Yes _____ % No

b. What limit of insurance do you require?

c. Do you take title to any waste or cargo at any time?
 Yes _____ % No

d. Do you select or recommend the landfill or location on behalf of the client?
 Yes _____ % No

e. Do you verify that the landfill/location is classified to accept the waste?
 Yes _____ % No

f. Do you verify that they are insured?
 Yes _____ % No

SECTION II. UMBRELLA

Part I: COVERAGE INFORMATION

1. Limit of Liability required:

Per Occurrence, Loss, Or Offense	\$ _____
General Aggregate	\$ _____
Products/Completed Operations Aggregate	\$ _____

2. Previous carrier:
Premium: \$ _____
Limit of Liability \$ _____

3. Select the coverages needed in the umbrella/excess:

Automobile
 Yes No

Employer's Liability

Yes No

CGL/Contractors Pollution Legal Liability

Yes No

Professional Liability

Yes No

4. Has any umbrella or excess insurer declined, cancelled, or refused to renew?

Yes No

(Note: Missouri residents do not reply)

If yes, give details: _____

5. WORKERS COMPENSATION:

a. Is statutory workers compensation coverage carried in all states where the applicant is exposed?

Yes No

If yes, give details: _____

b. Is applicant a qualified self-insurer for workers compensation coverage?

Yes No

If yes, give details: _____

c. Is the applicant subject to any of the following?

- Jones Act
- Federal Railroad Employee Act
- Longshoremen's and Harbor Workers Act

If yes, give details: _____

6. AIRCRAFT

a. Provide number and description of all owned or leased aircraft:

b. Are leased aircraft hired with crew?

Yes No

If yes, give details: _____

c. Does applicant maintain or work at any airport facilities?

Yes No

If yes, give details: _____

7. WATERCRAFT

a. Describe all owned, leased, or chartered watercraft:

Describe any passenger or cargo haulage:

b. Does the applicant own or maintain any docking, pier, wharf, or quay facilities?

Yes No

If yes, give details: _____

8. LOSS HISTORY:

a. Provide aggregate loss experience for each line of insurance for the past five years. Include number of claims per year, total paid and reserve:

b. Provide a brief description of any liability loss above \$25,000, whether or not insured. Include date of loss, amount paid, and valuation of reserves:

c. Describe largest single loss ever (whether or not covered by insurance):

d. Provide current underlying insurance:

Current Insurance – List all Liability & Compensation Policies to apply as Underlying Insurance.

Type of Insurance	Insurance Co.	Policy Period	Premium	BI/PD Limits	Claims Made or Occurrence	Retro Date (CM Only)	(Y/N) Defense in Limit
General Liability Prod – Completed Operations Contractors- Pollution Liability				Occ. Prod/ Co. agg. Gen agg.			
Auto Liability							
Employers Liability Jones, FEHA, FLHA				ea. acc. by dis/ ea. empl. by dis/ per pol.			
Aircraft Liability							
Watercraft Liability							
Professional Liability							
Other							

SECTION III. REQUIRED SUBMISSION INFORMATION

General Liability Accord Application
Brochure/statement of qualification
Resumes of Key Personnel including ALL Project Managers/Engineers/Geotechs
Hard copy loss runs applicable to these coverages including pollution loss information for the last five (5) years
SF 254 or 10 largest projects list
Current Financial Statement
Copy of data on confined space entry, if applicable

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000.”

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of Company’s quotation and Company’s written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & title)