



# CONTRACTORS ENVIRONMENTAL LEGAL LIABILITY (CELL) APPLICATION

## Section 1: Applicant Information

**Applicant's Name (First Named Insured)**

**Mailing Address**

**City**

**State**

**Zip Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Applicant's Internet Website Address**

**Form of Business:**

- Individual  Partnership  Joint Venture  Trust  Limited Liability Company  
 Organization, Including a Corporation (But not including a Partnership, Joint Venture, or Limited Liability Company)

**Year Established:** \_\_\_\_\_

Is this an application for a Project? Yes  No  Is this an OCIP or CCIP? Yes  No

**Description of Applicant's Operations or Project Scope of Work:** \_\_\_\_\_

\_\_\_\_\_

**Project Owner (if Applicable):** \_\_\_\_\_

**Project Location/Address (If Applicable):** \_\_\_\_\_

**List All Named Insureds (Other than Applicant) for Which Coverage is Requested:**

NAMED INSURED:	Relationship to Applicant:	Description of Operations:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2: Coverage

**Proposed Effective Date:** \_\_\_\_\_

**Proposed Policy Term:** \_\_\_\_\_

**Completed Operations Term (if Project):** \_\_\_\_\_

**COVERAGE REQUESTED:**

Each Occurrence Limit: \$ \_\_\_\_\_  
 Policy Aggregate Limit: \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_

**Existing Coverage:**

	<b>Contractors Pollution Liability</b>	<b>Pollution Liability During Transportation</b>	<b>Non-Owned Waste Disposal Site Pollution Liability</b>	<b>General Liability</b>
Limit:				
Deductible:				
Occurrence or Claims Made (add Retro Date):				
Carrier:				
Premium:				

**Section 3: Operations**

**1. Fiscal Year Period:** \_\_\_\_\_ to \_\_\_\_\_

**2. Domestic Revenue:**

- a. Next Fiscal Year's Projected revenue: \_\_\_\_\_
- b. Current Fiscal Year estimated annual revenue: \_\_\_\_\_
- c. Prior Fiscal Year's annual revenue: \_\_\_\_\_

**3. Sub-Contractors:**

- a. Percentage Subcontracted out to others: \_\_\_\_\_ %
- b. Do you require additional insured status on your Sub-Contractors Pollution Insurance policy? Yes  No
- c. What Contractors Pollution Limit of Liability do you require of your subs? \$ \_\_\_\_\_

**4. Discontinued Operations:**

Have you discontinued any operations in the past 5 years? Yes  No

If Yes, please describe including revenue from the operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Projected Revenue Classification (Complete using annualized revenues or entire project revenues):**

<b>Construction Services or Operations</b>	<b>% Sub Contracted</b>	<b>% Residential</b>	<b>Next Fiscal Year Projected Domestic Revenue</b>
Asbestos/Lead Abatement			
Barrier and Liner Construction			
Carpentry/Framing			
Demolition/Dismantling			
Dredging - Deepening/Widening of Waterways			

<b>Construction Services or Operations (CONTINUED)</b>	<b>% Sub Contracted</b>	<b>% Residential</b>	<b>Next Fiscal Year Projected Domestic Revenue</b>
Dredging- Remedial			
Drilling (Horizontal & Vertical)			
Electrical			
Emergency Response Cleanup			
Excavation/Grading			
Fire/Water Damage Restoration			
General Contracting/Construction Management			
HVAC			
Industrial Cleaning			
Janitorial			
Lab/Waste Material Packing			
Landfill Construction/Expansion/Capping			
Landscaping			
Marine Construction and other Marine Activities			
Masonry/Concrete			
Mechanical			
Mold Abatement			
Oil and Gas Well Servicing & Drilling			
Painting/Coating Application			
PCB Removal			
Pesticide/Herbicide/Fertilizer Application			
Pipeline (Oil/Gas/Chemical) Construction, Cleaning or Maintenance			
Plumbing			
Real Estate Development			
Roofing/Insulation/Fireproofing/Waterproofing			
Soil/Groundwater Clean-Up			
Soil/Groundwater Sampling			
Steel Erection			
Street and Road			
Tank Installation/Removal/Maintenance - Above Ground Storage Tank (AST)			
Tank Installation/Removal/Maintenance - Underground Storage Tank (UST)			
Utility Contractor			
Waste Disposal & Hauling			
Wetlands Construction			
Other Contracting Operations (Please Describe):			
Environmental Consulting (Please Describe):			
Non-Environmental Consulting (Please Describe):			
Other Operations (Please Describe):			

## Section 4: Coverage Information

### 1. Mold Matter:

- a. States in which you conduct operations: \_\_\_\_\_
- b. Do you have a written Standard Operating Procedures (SOP), Quality Assurance Plan or other standard protocols as respects to job site:
- (1) Prevention of water leaks and water intrusion? Yes  No
- (2) Microbial Matter growth prevention? Yes  No
- (3) Removal/Remediation of Microbial Matter? Yes  No

### 2. Waste Disposal Activities:

Do you utilize waste disposal facilities as part of its operations? Yes  No

If Yes, Please describe waste materials being disposed: \_\_\_\_\_  
\_\_\_\_\_

### 3. Transportation:

- a. Do you transport any materials in your own trucks? Yes  No

If Yes, Please describe the materials transported: \_\_\_\_\_

Number of owned trucks utilized: \_\_\_\_\_

- b. Do you hire 3<sup>rd</sup> Party Transporters to transport materials on your behalf? Yes  No

If Yes, Please describe the materials transported: \_\_\_\_\_

Type of transportation methods utilized:  Truck  Rail  Watercraft

## Section 5: Claims

1. Have any claims been made or legal action (including regulatory action) been brought against you which relate in any way to an actual or alleged pollution release (including mold matter and legionella) or water intrusion?

Yes  No  If yes, Please provide details: \_\_\_\_\_  
\_\_\_\_\_

2. Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought? Yes  No  If Yes, Please provide details: \_\_\_\_\_  
\_\_\_\_\_

## Section 6: Signature

**Applicable in AL, AR, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\*presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \* Applies in MD Only.

**Applicable in CO:** 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 policy holder 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 Agencies.

**Applicable in DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL and OK:** 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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY and NY:** 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation )\*. \* Applies in NY Only.

**Applicable to ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable to NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable to OH:** 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.

**Applicable to OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PA:** Any person who knowingly and with the intent to defraud another presents or causes to be presented any statement forming a part of or in support of an application for insurance or viatical settlement contract any false, incomplete or misleading information concerning any fact or thing material to the insurance policy or viatical settlement contract, or any claim thereunder, commits a fraudulent viatical settlement act and is subject to civil and criminal penalties.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, OR CONCEALED IN THIS APPLICATION.**

\_\_\_\_\_  
**Signature of Authorized Applicant**

\_\_\_\_\_  
**Signature of Broker/Agent**

\_\_\_\_\_  
**Print Name of Applicant**

\_\_\_\_\_  
**Print Name of Broker/Agent**

\_\_\_\_\_  
**Title of Applicant**

\_\_\_\_\_  
**Name of Broker/Agent Firm**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Broker/Agent Address**

\_\_\_\_\_  
**Broker/Agent Phone and E-Mail Address**