



## PROJECT-SPECIFIC APPLICATION

**Please submit the following information in addition to this application:**

- 1) Copy of project contract(s) with client/owner, General Contractor and/or subcontractors, as applicable, including insurance requirements, Budget and Schedule.
- 2) Three years currently valued loss runs for those lines of business that coverage is being requested, as applicable.
- 3) Two years financials including balance sheet and income statement.
- 4) Resumes / certifications / licenses of all key personnel.
- 5) List of recently completed projects – Please complete the Project Description Supplemental Page at the end of this application.

**This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.**

### APPLICANT INFORMATION

Named Insured(s):				
Street address:	City / State:	Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):			Website address:	
			FEIN:	
Street address:	City / State:	Zip code:		
Contact E-mail:		Contact name & phone number:		
Year business started operations:				
Is applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, what entity?				
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):				

### COVERAGE REQUESTED

<b>Check the box that applies:</b> <input type="checkbox"/> Contractors Pollution & Professional (CPP) <input type="checkbox"/> Owners' Protective Professional Indemnity (OPPI)			
<input type="checkbox"/> Contractors Pollution Liability (CPL) only <input type="checkbox"/> Excess Insurance			
Limits of Insurance Requested:	Each Claim \$	Aggregate \$	Deductible/SIR \$
Proposed Effective date:		Proposed Expiration date:	

### PROJECT(S) DETAILS

Description of Project(s):	
Project(s) Location:	
Estimated Hard Costs Construction Values:	
Project Scope of Work:	
Design Start Date:	
Construction Start Date:	
Estimated Completion Date:	
Completed Operations Period Required:	

**List below the estimated amount of your work to be performed under the respective project delivery methods:**

Contract Type	Estimated Construction Value	Percentage of work performed
Design / Bid / Build		%
Design / Build with In-house Design		%
Design / Build with Subcontracted Design		%
Construction Management – At Risk		%
Construction Management - Agency		%
Engineer / Procure / Construct (EPC)		%
Integrated Project Delivery (IPD)		%

**CONTRACT TERMS**

Explain construction contract terms, i.e. is it cost plus, negotiated, lump sum or hard bid?

Is the project (in whole or in part) being delivered on a fast-track basis?	Yes	No
Is the project employing any prototype, unique, untested or unproven design or construction process?	Yes	No
Is the construction team selected and engaged for pre-construction?	Yes	No
Is the project employing a “partnering” approach where risks and rewards are being shared fairly among all members?	Yes	No
Verify all hired subcontractors and/or subconsultants carry workers compensation coverage?	Yes	No

**SUBCONTRACTORS AND SUBCONSULTANTS**

**When hiring subcontractors and/or subconsultants, do you:**

Obtain certificates of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultant’s policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Obtain Waivers of Subrogation and Hold Harmless Agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry workers compensation coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DESIGN & CONSTRUCTION MANAGEMENT TEAM**

Discipline	Name	Current Professional Liability Carrier	Current Professional Liability Limits Carried
Prime Architect			\$
Construction Manager			\$
Structural Engineer			\$
Mechanical Engineer			\$
Electrical Engineer			\$
Civil Engineer			\$
Geotechnical Engineer			\$
Environmental Consultant			\$
Other			\$

**CONSTRUCTION TEAM**

Discipline	Name	Current Contractor’s Pollution & Professional Liability Carrier	Current Contractor’s Pollution & Professional Liability Limits
General Contractor			\$
Mechanical			\$
Electrical			\$
Foundation			\$
HVAC			\$
Curtain Wall			\$
Roofing			\$
Other			\$

## COMPANY HISTORY

Has any Insurer cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant have any subsidiaries or related entities not listed above? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any mergers/acquisitions, consolidations or divestitures in the past 5 years? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this account ever operated under a different name? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired in the past 5 years:	

## CLAIMS

Have any claims been made within the past 3 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the project have any known environmental problems, concerns or restraints? Is the project being built on a "Brownfield" site?; Are there any wetlands restrictions? Was the property previously used for any industrial purpose? Are there any known asbestos containing materials in need of abatement, encapsulation or removal? Are there any noted underground storage tanks? If yes to any of the above, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
During the past five (5) years, have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Firm		Contact	
Phone Number		E-mail	

**Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent / Broker Name:** \_\_\_\_\_

The applicant represents that the above statements and facts are true and that no material facts have been suppressed, misstated or omitted. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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.

# Berkley Environmental (a W. R. Berkley Company)

## PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
2	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
3	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
4	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
5	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
6	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
7	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
8	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
9	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$
10	Project Name/Client:
	Services Provided:
	Value of Completed Project Gross Revenue: \$

# FRAUD WARNING

---

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of 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 LOUISIANA 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 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 MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**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, 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.

**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 OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA 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 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.

**NOTICE TO RHODE ISLAND:** 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 TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE 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, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.