

OWNERS AND CONTRACTORS PROTECTIVE (OCP) APPLICATION

APPLICANT INFORMATION

Insured/Project Owner:		Address:		
Berkley Environmental Insured/Designated Contractor:		Project Name:		
Project Address:				
Description of Project (and operations being performed by BENV insured?):				
If there is no specific project, please describe potential operations:			Total Project Cost:	
Are the GL Practice Policy limits of our insured greater than or equal to the OCP limits requested?				
OCP Limits Desired:	<input type="checkbox"/> \$1m/\$2m	<input type="checkbox"/> \$2m/\$2m	<input type="checkbox"/> \$2m/\$3m	<input type="checkbox"/> \$3m/\$3m
	<input type="checkbox"/> \$4m/\$4m	<input type="checkbox"/> \$5m/\$5m	<input type="checkbox"/> \$6m/\$6m	Other: <input type="checkbox"/> \$ _____ \$ _____
Proposed Start Date: (MM/DD/YYYY)		Proposed Finish Date: (MM/DD/YYYY)		
Is, or will, the Project Owner be named as an Additional Insured/Waiver of Subrogation/Primary Non-Contributory on the our insured's GL practice policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify any of the following exposures and provide an explanation below:				
<input type="checkbox"/> Any New York construction operations? Any work in New York City/Five Boroughs?				
<input type="checkbox"/> Any work in airports?				
<input type="checkbox"/> Any work in refineries and/or power plants?				
<input type="checkbox"/> Any blasting operations?				
<input type="checkbox"/> Any bridge construction? Or work involving bridges?				
<input type="checkbox"/> Any operations involving cranes?				
<input type="checkbox"/> Any railroad/railway operations?				
<input type="checkbox"/> Any underground construction such as tunneling, subways, mines, etc.?				
<input type="checkbox"/> Any USL&H exposures?				
<input type="checkbox"/> Any work over navigable waters?				
<input type="checkbox"/> Any work from heights? If yes, what is the highest height the insured will be working?				

OPERATIONS AND SERVICES

Type of Operations and Services	Projected Construction Value
ENVIRONMENTAL CONTRACTING OPERATIONS <i>Check here if this section does not apply</i> <input type="checkbox"/>	
Asbestos Abatement	\$
AST Cleaning/Maintenance	\$
AST Installation	\$
Bioremediation	\$
Emergency Response/Haz Mat Cleanup	\$
Environmental Drilling	\$
Fire and Water Restoration	\$
Groundwater Remediation	\$
Industrial Cleaning	\$
Labpacking/Drum Handling	\$
Landfill Operation/Maintenance	\$
Landfill Liner Installation	\$
Lead Abatement	\$
Low Level Radiation Remediation	\$
Medical Waste Pickup	\$
Mold/Fungus Abatement – Commercial (Please complete mold/fungus section below)	\$
Mold/Fungus Abatement – Residential (Please complete mold/fungus section below)	\$
PCB Removal	\$
Pesticide/Herbicide Application	\$
Pipeline Cleaning/Installation	\$
Sampling	\$
Septic Tank Cleaning	\$
Soil Excavation – petroleum	\$
Soil Excavation – other (explain):	\$
Soil Remediation	\$
UST Installation	\$
UST Removal	\$
Water Treatment Plant Operation/Maintenance	\$
Wastewater Treatment Plant Operation/Maintenance	\$
Wetlands Contracting	\$
Other (explain):	\$
NON-ENVIRONMENTAL CONTRACTING OPERATIONS <i>Check here if this section does not apply</i> <input type="checkbox"/>	
Carpentry	\$
Concrete	\$
Demolition above three stories	\$
Demolition below three stories	\$
Demolition – Interior	\$
Dredging	\$
Electrical	\$
HVAC	\$
Industrial Maintenance	\$

OPERATIONS AND SERVICES

Type of Operations and Services	Projected Construction Value
Insulation	\$
Landscaping	\$
Maintenance/Janitorial	\$
Marine Construction	\$
Masonry	\$
Mechanical	\$
Metal Erection	\$
Non-Environmental Drilling	\$
Painting	\$
Pile Driving	\$
Pipeline Maintenance or Construction	\$
Plumbing - Commercial	\$
Plumbing - Residential	\$
Roofing - Commercial	\$
Roofing - Residential	\$
Sewer and Water	\$
Soil Excavation/Grading	\$
Street & Road Cleaning	\$
Street & Road Construction	\$
Tunneling	\$
Utility Contracting	\$
Other (explain):	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$

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 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.

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

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant's Printed Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

PRODUCER (Insurance Agent or Broker)	INSURANCE AGENCY OR BROKERAGE
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT OR BROKER LICENSE NO.
ADDRESS OF AGENT OR BROKER (Include Street, City and Zip Code)	
E-MAIL ADDRESS OF AGENT OR BROKER	
INSURANCE AGENT'S SIGNATURE	DATE

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 a 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.