

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required:

Company Name:

Primary Address (Address, City, Postcode, Country):

Website Address:

Telephone:

Date the company was established (DD/MM/YYYY):

Parent Company:

1.2 Please state whether during the last 5 years:

a) the company has changed its name: Yes No

b) you have purchased any other businesses: Yes No

c) you have been involved in any mergers or consolidations: Yes No

If "yes" to a), b) or c) above please provide full details:

1.3 Please state the legal status of the company:

Sole proprietor

Corporation

Joint venture

Other (please provide details):

1.4 Please state your gross revenue in respect of the following years:

Last complete FY

Estimate for current FY

Estimate for next FY

Domestic revenue:

USA revenue:

Other territory revenue:

Total gross revenue:

Profit (Loss):

1.5 Please state any other entities that are to be included as named insureds, including their relationship to you:

1.6 Please provide details for the primary contact for this insurance policy:

Contact name:

Position:

Email address:

Telephone:

Section 2: Business Activities

2.1 Please describe below the nature of your business activities:

2.2 Please complete the following in respect of your three largest projects in the past three years:

Name of client	Nature of work	Annual Contract Income	Duration

2.3 Please state whether you currently have in place:

a) emergency response plans for all contracting activities: Yes No

b) a formal spill prevention, control and countermeasure plan: Yes No

c) a dedicated environmental officer: Yes No

2.4 Please state whether you:

a) own or lease any waste treatment, storage or disposal facility: Yes No

b) recommend or arrange to use any waste treatment, storage or disposal facility owned by a third party: Yes No

2.5 Please complete the following in respect of how your revenue is generated by City.

Please continue on the additional information page if necessary:

City	Revenue (%)	Operations undertaken:

2.6 Please provide an approximate percentage breakdown of how your revenue is generated from your contracting activities in the capacity as:

General contractor (%): Construction manager (%):

Sub-contractor (%): Other (%):

If "other", please describe below:

2.7 Do you always carry out work under a written contract signed by every client? Yes No

Section 3: Customer Information

3.1 Please provide a percentage breakdown of your contracting activities provided to the following sectors:

Type of Customer	Revenue (%)
Government / Public Entity	
Commercial	
Industrial	
Residential	
Other (please specify):	

Section 4: Sub-Contractors

4.1 Do you employ subcontractors? Yes No

If "yes" please state whether they work under your permits, rights or authority or their own:

4.2 If the sub-contractors work under their own permits, do you check their permit is valid before any work is performed on your behalf?
Yes No

4.3 Please state whether you ensure that sub-contractors have their own commercial general liability, pollution liability, auto liability and errors and omissions insurance: Yes No

If "yes", what limits of liability must be purchased?

Commercial general liability	Pollution liability
Auto liability	Errors and omissions

4.4 Please state whether you always hire sub-contractors under a signed written contract: Yes No

4.5 Please state whether the contracts include indemnification and hold harmless provisions in your favor: Yes No

4.6 Please state whether you are you always named as an additional insured under the subcontractors' liability policies: Yes No

Section 5: Contracting Activities

5.7 Please provide a breakdown of how your revenue is generated from your contracting activities, including the percentage of those contracting activities completed by sub-contractors:

Activity	Revenue (last 12 months)	Revenue (next 12 months)	% Sub- contracted	Activity	Revenue (last 12 months)	Revenue (next 12 months)	% Sub- contracted
Asbestos / lead abatement				Marine activities (no dredging)			
Aboveground tank (AST) installation				Mechanical / industrial equipment installation / maintenance			
Bridge construction				Oilfield services (no downhole or pipeline)			
Carpentry / woodwork				Painting			
Concrete / brickwork / paving				Pesticide / fertilizer spraying (no aerial application)			
Construction / building (commercial / office / retail)				Piling/foundation works			
Construction / building (industrial)				Pipeline construction / maintenance (industrial / chemical/fuel)			
Construction / building (residential)				Pipeline construction / maintenance (gas)			
Demolition				Pipeline construction / maintenance (water / wastewater)			
Dredging				Residential construction			
Electrical contracting				Road construction/ maintenance			
Emergency spill response				Roofing			
Excavation / site grading works				Soil / groundwater drilling / sampling			
Excavation – contaminated soil				Soil / groundwater treatment / remediation			
Exterior finishing system installation				Steel erection			
Facilities management				Telecommunications			
Forestry / logging				Transportation (fuels /chemicals / other hazardous)			
General construction				Transportation (non-hazardous)			
HVAC / plumbing				Transportation / collection of waste			
Industrial cleaning				Tunneling			
Industrial construction				Other (please state below)			
Landscaping / gardening				Total Project			

5.2 Please state whether any of the above contracting activities are provided in the USA: Yes No

If "yes", please provide full details:

5.3 Please state how many years' experience you have in providing your contracting activities:

5.4 Please state whether you ever transport mobile fuel tanks to worksites: Yes No

If "yes", please state whether the tanks are always equipped with secondary containment: Yes No

Section 6: Transportation

Only complete this SECTION if you generate revenue from the transportation of non-hazardous or hazardous materials or waste:

6.1 Please state whether you hold valid licenses for the non-hazardous or hazardous materials or waste you transport: Yes No

6.2 Please state during the next 12 months:

a) the estimated mileage transporting non-hazardous or hazardous materials or waste:

b) how many journeys will be made transporting the non-hazardous or hazardous materials or waste:

c) the number and type of vehicles transporting polluting and hazardous materials:

Tractors:	Tank Trailers <3,500 gal:
Tank / Vacuum Trucks:	Tank Trailers >3,500 gal:
Flat Bed Trucks:	Flat Bed / Box Trailers:
Dump Trucks:	Passenger Vehicles:
Pickup Trucks / Vans:	Other (please describe):

6.3 Please state whether all the vehicles transporting non-hazardous or hazardous materials or waste are equipped with spill kits: Yes No

6.4 Please state whether your auto insurance includes pollution liability: Yes No

If "yes", please state the limit of liability:

Section 7: Insurance Requirements

7.1 Please provide details of your current contractor's environmental and pollution insurance:

Effective Date (DD/MM/YY)	Limit Each Loss / Aggregate	Deductible	Retro Date (DD/MM/YY)	Insurer	Premium

7.2 Please state the limits of liability and the deductibles you would like us to consider quoting:

Option	Limit Each Loss	Aggregate Limit	Deductible
1			
2			
3			
4			

7.3 Please state the limit of liability of any pollution cover contained in your:

a) commercial general liability policy:

b) errors and omissions liability policy:

7.4 Please state whether any insurer has previously:

a) declined your application for any environmental insurance:

b) refused to renew your policy:

c) cancelled your policy:

d) imposed any special terms and conditions:

If "yes" to any of a), b), c) or d) above, please provide details:

Section 8: Claims Experience

- 8.1 In the last five years, have you had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants or caused environmental damage as defined by applicable environmental laws or regulations? Yes No

If "yes", please provide full details and attach a copy of any correspondence:

- 8.2 Have you received any notices of violation or complaint, been fined or penalised or been the subject of any other enforcement action relating to your compliance with environmental law or standards (including applicable permits, licenses or consents)? Yes No

If "yes", please provide full details and attach any supporting documents:

- 8.3 Please state whether you have ever had any pollution claim made against you or whether you are aware of any pollution event or circumstance which may reasonably be expected to give rise to a claim: Yes No

If "yes", please provide details and attach any supporting documents:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact Name:

Position:

Signature:

Date (DD/MM/YYYY):