



Stanley McDonald Agency of Illinois, Inc.

INSURANCE

1-800-344-3948

CONTRACTORS POLLUTION LIABILITY

WHAT IS IT?

Contractors Pollution Liability or CPL helps to protect you against pollution liability arising out of certain activities. **MOLD COVERAGE IS NEEDED IF YOU DO ANY TYPE OF WATER CLEANUP.**

WHY DO I NEED IT?

No matter what your trade is you can create or worsen a pollution condition when providing services. The disaster restoration field is loaded with pollution causing conditions. The nature of the business requires immediate response to a water or fire claim. Pulling up a linoleum floor can release asbestos, a bathroom wall can hide mold or a homeowner may have an adverse reaction to a chemical. All unknown and all potentially severe and all would be EXCLUDED from coverage under a General Liability policy.

HOW MUCH DOES IT COST?

Because every Franchise provides different services we would need to have a completed application to give you a price.

HOW DO I PAY FOR IT?

We have financing available.

HOW DO I GET IT?

Contact Stanley McDonald Agency at 1-800-344-3948 and ask for an application.



*Our 100th Year of Service.
Four Generations Strong*

CONTRACTORS POLLUTION LIABILITY APPLICATION

THIS IS AN APPLICATION FOR EITHER A CLAIMS-MADE OR OCCURRENCE FORM POLICY

All questions must be answered completely. If space is insufficient to complete answers attach additional sheets of paper. Have application signed and dated by an owner, partner or director/officer of the firm requesting coverage.

1. Named Insured: _____
 Address: _____
 Phone #: _____
 Contact & Title: _____

2. Is Applicant: ___ corporation ___ partnership ___ individual
 3. If this is a joint venture, please give details: _____

4. How long has Applicant been in business? _____

5. Describe your operations, the services provided and work performed: _____

6. Is Applicant a member of any professional organizations or Associations? If so, please name: _____

7. Estimated Gross Receipts (Annual):
 Current Year \$ _____
 Next Year \$ _____

8. Is the Applicant owned or controlled by another company? ___ Yes ___ No, If "Yes", describe: _____

9. Does the Applicant own or have any subsidiaries? ___ Yes ___ No, If "Yes", describe _____

10. Please provide the number of operated Autos by type:
 Private Passenger _____
 Light Truck _____
 Medium Truck _____
 Hvy./Extra Hvy. Truck _____
 Trailers _____
TOTAL _____

11. Specific categories of work performed by revenue for the current year:

Category	\$ Performed (Gross receipts)	Percentage subcontracted
Carpentry/Framing	\$ _____	_____ %
Constr. Mgmt/Project mgmt	\$ _____	_____ %
Dredging	\$ _____	_____ %
Demolition	\$ _____	_____ %
Drilling	\$ _____	_____ %
Electrical	\$ _____	_____ %
Excavation/Grading	\$ _____	_____ %
HVAC/Mechanical	\$ _____	_____ %
Industrial cleaning/sewer/water	\$ _____	_____ %
Logging	\$ _____	_____ %
Masonry/Concrete	\$ _____	_____ %
Marine Construction	\$ _____	_____ %
Oil & Gas Lease	\$ _____	_____ %
Painting (non abatement)	\$ _____	_____ %
Pesticide/herbicide /fertilizer	\$ _____	_____ %
Pipeline/Railroad construction	\$ _____	_____ %
Plumbing	\$ _____	_____ %
Residential developer/Home bldr	\$ _____	_____ %
Restoration Contractor (fire/water)	\$ _____	_____ %
Roofing/ Insulation	\$ _____	_____ %
Sewer/Water	\$ _____	_____ %
Steel Erection	\$ _____	_____ %
Street & Road	\$ _____	_____ %
Other	\$ _____	_____ %
Total of all Revenue	\$ _____	

What Cargo or material is hauled on above autos?

- 12. Are all subcontractors hired under a written Contract? ____ Yes ____%, ____ No ____%
- 13. Are updated certificates of insurance from subcontractors kept on file? ____ Yes ____ No
- 14. List the Applicant's Environmental Subcontractors:

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

General liability _____, Professional Liability _____, Pollution Liability _____

CLAIMS HISTORY

16. Have any pollution claims been previously made against the applicant or reported under any other Policies?
____ Yes ____ No, If Yes", describe _____

17. 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 is being sought? ____ Yes ____ No,
If Yes", describe _____

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES ON PAGE 2 and 3 OF THIS APPLICATION.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND 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 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 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 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 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 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 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 (365:15-1-10, 36 §3613.1).

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 TENNESSEE AND 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.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

SUPPLEMENTAL MICROBIAL MATTER QUESTIONNAIRE

Applicant/Named Insured: _____

Completed by (Name/Title/Tel #): _____

Date: _____

1. Does the applicant's loss experience show any construction projects where water leaks or flooding occurred in the past three years? **Yes / No**
If yes, attach the description of any claims from mold or mildew.

2. Other than the above, has there been any reported mold or mildew in any buildings where services or construction were performed? **Yes / No**
If yes, please describe

3. Have there been any odor complaints, allergic reactions, or other symptoms possibly associated with building conditions for any projects where the applicant performed professional services or construction? **Yes / No**
If yes, please describe

4. Does the applicant contract for or conduct remediation for mold? **Yes / No**
If so, what are the applicants qualifications? _____

5. Does the applicant perform building/system service/inspections? **Yes / No**
If yes, what percentage of total revenues? _____ What type of projects?

6. Does the applicant perform indoor air quality testing? **Yes / No**
What is the percentage of the total revenues? _____
Who performs this testing? _____

7. Does the applicant have any industrial hygienists on staff? **Yes / No**

8. Does the applicant subcontract the analysis of mold to a 3rd party laboratory? **Yes / No**

9. Does the applicant conduct a property survey at the time the owner takes possession?
Yes/No If yes, does this survey include potential mold issues? **Yes / No**

10. Does the applicants construction contracts contain any disclaimers or limitation of liability for the existence of mold? **Yes / No**

11. Does the applicant have any established protocol for prevention of mold? **Yes / No**
If yes, explain:

12. Describe and attach the applicants procedures with respect to mold:

- Health & Safety
- Containment
- Disposal

CONTRACTORS POLLUTION LIABILITY

RETROACTIVE DATE - (for claims made coverage only)

The retroactive date is the inception date of the original pollution (mold) policy.

It is very important we have this date when we quote your policy. It can be found on the declarations page of your current policy.

CURRENT CGL COVERAGE INFORMATION (General Liability)	CPL – LIMITS OF LIABILITY DEDUCTIBLE (Pollution Liability)
Carrier:	Carrier:
Inception/Expiration Dates:	Inception/Expiration Dates:
Limit of Insurance:	Limits Requested:
Deductible:	Deductible:
	Retroactive Date:

CLAIMS HISTORY

1. Please provide details for the last 3 years – if none, please state “none”.		
Date of Loss	Description of Loss	Total Incurred
		\$
		\$
		\$

PLEASE FAX TO 1-888-625-3501