



# CONSTRUCTION SERVICES APPLICATION - BLANKET/PRACTICE PROGRAMS

This application is for Professional Liability and/or Contractors Pollution Liability (CPL) and/or General Liability. Classes of business include but are not limited to all types of special trade contractors, general contractors, construction managers, design build contractors, and environmental service firms.

NOTE: This application is used to create a formal submission to generate quotes for insurance from various professional and environmental liability insurance carriers. Upon selection of the insurance program, the selected carrier will require their application to be completed prior to binding coverage.

New Day Underwriting Managers PRODUCER CODE \_\_\_\_\_

### SECTION I - PROGRAM REQUEST

(Please check one of each of the following):

- Contractors Pollution Liability (CPL) only
- Combined CPL/Professional Liability
- Combined CPL/Commercial General Liability\*
- Combined CPL/Professional Liability/Commercial General Liability\*

**CPL:**  Occurrence     Claims Made

**CGL:**  Occurrence     Claims Made

Requesting mold liability:             Yes     No

#### Limits

\$1,000,00     \$2,000,000     \$5,000,000     \$10,000,000     Other (specify) \_\_\_\_\_

#### Retention

\$10,000     \$25,000     \$50,000     \$100,000     Other (specify) \_\_\_\_\_

\* If pursuing quotes for CGL, please attach a separate standard Accord application

### SECTION II - GENERAL INFORMATION

#### 1. Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

#### 2. Organization Structure

Corporation     Joint Venture     Public             Private             Other (specify) \_\_\_\_\_

Date Firm was established: \_\_\_\_\_

3. General Description of Services Offered:

Contracting Operations (include the specific contracting disciplines and types of owners): \_\_\_\_\_

Professional Services (include specific engineering disciplines and types of owners): \_\_\_\_\_

4. Project Delivery Methods:

- \_\_\_\_\_ % Design/build
- \_\_\_\_\_ % Design/bid/build
- \_\_\_\_\_ % Engineering/procurement/construction (EPC)
- \_\_\_\_\_ % Construction Management at Risk (CM at Risk)
- \_\_\_\_\_ % Other (specify) \_\_\_\_\_

5. Geographical Extent of Operations:

- \_\_\_\_\_ % Domestic (US)
  - \_\_\_\_\_ % Foreign (if any)
- Please provide geographic regions of all domestic/foreign projects: (specify) \_\_\_\_\_

6. List any entity that has a controlling or ownership interest in the applicant: \_\_\_\_\_

\_\_\_\_\_

\*Designate any entities being requested to be added to the Policy as an Additional Named Insured.

7. List all entities the applicant wholly or partly owns, manages and/or controls:

Name of Entity	Relation to Applicant	Services Performed	Current Professional or Pollution Liability Insurance

8. If applicable, list all predecessor companies: (Include name of former company, dates of operation and reason for change)

\_\_\_\_\_

9. Does the applicant have a water intrusion/mold management program in place? .....  Yes  No  
If yes, please attach a copy.

10. Identify contracts used:

- Applicant generated
- AIA
- AGC
- EJCDC
- Other (specify) \_\_\_\_\_

**SECTION III - INSURANCE INFORMATION**

1. Provide the following information on professional and or pollution liability the applicant has had in the past 3 years, including the current year:

Carrier	Limits	Retention	Exp. Date	Retro Date	Premium

2. Provide details on current casualty program:

Carrier	Limits	Retention	Exp. Date

3. Does the applicant's current General Liability policy provide coverage for professional activities? ....  Yes  No  
 If yes, check applicable endorsements:

CG2243     CG2280     CG2279     Other (attach copy)

4. Please indicate the minimum professional liability insurance for all subcontracted design services: .....\$\_\_\_\_\_

**SECTION IV - REVENUE HISTORY**

1. Please provide revenue history:  
 Please indicate percentage of residential housing to total revenue (if any): ..... %  
 Please indicate percentage of commercial housing (condos, apartments, etc): ..... %

	Total Construction Revenues for Current Year	Total Professional Fees for Current Year
Construction with no design responsibility	\$	\$
In-house design services with construction responsibility	\$	\$
In-house design services with no construction responsibility	\$	\$
Construction Management (CM) at Risk	\$	\$
CM Agency	\$	\$
Subcontracted design with construction responsibility	\$	\$
Other (e.g., MEP, Fire Suppression, etc.) Specify: _____	\$	\$
<b>TOTAL REVENUE</b>	\$	\$

**SECTION V - CLAIM/INCIDENT/OCCURRENCE/LOSS HISTORY**

- 1. Has any claim, suit, dispute or notice of incident been made against the applicant, entities the applicant wholly or partly owns, manages and/or controls, or any member of the applicant, for professional liability or pollution liability (including mold) from the rendering professional services or performance of contracting operations? .....  Yes  No  
 If yes, please give full details (use additional sheets of paper, if necessary):
  - a. Date when claim, suit or notice was made: \_\_\_\_\_
  - b. Date the pollution condition giving rise to the claim, suite or notice was committed: \_\_\_\_\_
  - c. Name of the claimant: \_\_\_\_\_
  - d. Nature of the claim, suit or notice: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - e. Amount of the initial demand: \_\_\_\_\_
  - f. Maximum amount of reserves established: \_\_\_\_\_
  - g. Final disposition (including amount of settlement payment): \_\_\_\_\_
  
- 2. Is any member of the Applicant aware of any circumstances which may result in a claim, suit, dispute or notice against them alleging professional or pollution liability (including mold)? .....  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**NOTICE TO 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.

**If insurance is bound, Insurers will require its own application to be completed and signed by an authorized officer of the applicant.**

\_\_\_\_\_  
(Signature - Authorized Officer of the Applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Producer Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Producer Signature: \_\_\_\_\_