



CONSTRUCTION PROJECT COVERAGE APPLICATION

This application is used to insure a specific project with one of the following environmental and/or professional liability insurance products:

- | | |
|---|--|
| Contractors Pollution Liability (CPL) | Professional Liability (PL) |
| Combined CPL and PL | Owner's Protective Professional Indemnity (OPPI) |
| Owner Protective Environmental Indemnity (OPEI) | |

This application is for all types of construction and remediation projects.

NOTE: This application is used to create a formal submission to generate quotes for insurance from various environmental and professional 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

(In the event there is a contractual insurance requirement to purchase this coverage, please attach.)

Please check one of each of the following:

Product

- | | |
|--|---|
| <input type="checkbox"/> Contractors Pollution Liability (CPL) only | <input type="checkbox"/> Professional Liability (PL) only |
| <input type="checkbox"/> Combined CPL/PL | <input type="checkbox"/> Owner's Protective Professional Indemnity (OPPI) |
| <input type="checkbox"/> Owner Protective Environmental Indemnity (OPEI) | |

Limits

- \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other (specify): _____

Retention

- \$25,000 \$50,000 \$100,000 \$250,000 Other (specify): _____

Term

- 1 year 2 years 3 years 5 years Other (specify): _____

- (CPL coverage only)** **Occurrence** **Claims Made**

Specify completed operation or extended reporting period of project: _____

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: _____

In the event the applicant is a joint venture, please attach JV agreement wording relative to environmental and/or professional liability insurance.

SECTION III - PROJECT INFORMATION

1. Project name: _____
2. General description of project (identify location and attach scope of work): _____
3. Provide a detailed description of remedial services to be performed, if any (attach Remedial Action Plan): _____
4. Project cost/revenue (hard costs and total construction value if possible): _____
5. Please indicate project delivery method: _____
 Design/build Design/bid/build Engineering/procurement/construction (EPC)
 Construction Management at Risk (CM at Risk) Other (specify): _____
6. Will Exterior Insulation Finishing Systems (EIFS) be used? Yes No.
 If yes, please indicate the % of exterior it is used on, and if it is a drainable system: _____
7. Prime/General Contractor: _____
8. Project start date: _____ Completion date: _____

SECTION IV - ADDITIONAL ENVIRONMENTAL INFORMATION

(Complete only if request is for CPL, OPEI or combined CPL/PL)

1. Is mold coverage requested? Yes No
 If yes, please attach a copy of water intrusion or mold prevention/management program.
2. Do any environmental assessments, surveys, investigations or documentation exist? Yes No
 If yes, please attach a copy.
3. If pursuing Owner Protective Environmental Indemnity (OPEI), please indicate what Contractors Pollution Liability limit will be evidenced by the prime or general contractor. \$ _____
4. Is mold coverage provided in the General Contractor's CPL? Yes No

SECTION V - ADDITIONAL PROFESSIONAL LIABILITY INFORMATION

(Complete only if request is for PL or OPPI)

1. Professional fees for design services: \$ _____
2. Please list the design team or attach a list of all design professionals:

Firm	Discipline	Percent of Professional Fees	Professional Liability Limit

3. Please indicate what professional services (if any) the General Contractor or Owner will hold contracts for (i.e., mechanical/electrical/plumbing (MEP), fire protection engineers, etc.)

Firm	Discipline	Contracted with Owner?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. If pursuing Owner's Protective Professional Indemnity please indicate the minimum professional liability insurance requirement for the lead design professional: \$ _____

SECTION VI - CLAIM/DISPUTE/LOSS/CIRCUMSTANCE 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 of professional services or performance of contracting operations? Yes No
 If yes, please provide the following details (use a separate page, if necessary):
 - a. Date when claim, suit or notice was made: _____
 - b. Date the act, error, omission or pollution condition giving rise to the claim, suit 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: _____

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 _____