

**Liberty International Underwriters**

**Environmental**

**Application for Contractor's Pollution Liability**

## Important Notices

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This insurance can be provided on a claims-made form or an occurrence form. Please read the following notices carefully.

### For Claims Made Insurance

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This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

### Your Duty of Disclosure

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Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non Disclosure

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If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Privacy Policy

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We are bound by the Privacy Act 1988 (Cth) or as amended and its associated National Privacy Principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers. If you do not provide the information we need we may not be able to offer you insurance or deal with claim(s) under your insurance.



You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

Our Privacy Officer may be contacted during business hours on

Telephone: 02 8298 5800

Fax: 02 8298 5888

Mail: Locked Bag 18, Royal Exchange, NSW, 1225



## Application Instructions

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Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.

This application must be signed and dated by an owner, principal or other duly authorized person. Please submit the following with this application:

- Company's literature describing their services and qualifications
- Current audited financials including balance sheet and income statement
- Standard client and sub-contractor contract documents used
- Resumes of Key Personnel
- Representative Project Listing with descriptions
- Attach a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations for each entity (Only those entities performing the services and/or operations as proposed will be included as Named Insured)

1. Named Insured & Address:

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2. Telephone Number:

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Fax Number:

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Web Site Address:

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3. Contact Name & Title:

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4. Locations of Branch Offices:

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5. What policy is being requested?

- Contractor's Pollution Liability (Occurrence)
- Contractor's Pollution Liability (Claims Made)

6. What Limits and Deductible are you requesting?

Limits:                      Occ. \_\_\_\_\_ Agg. \_\_\_\_\_

Retention:                      \_\_\_\_\_

Retroactive Date(s):                      \_\_\_\_\_

7. Date Insured's company was established? \_\_\_\_\_



8. Insured is a:  
 Corporation                       Partnership                       Joint Venture  
 Other, please specify \_\_\_\_\_

9. Operations performed in:  
 Australia \_\_\_\_\_%    New Zealand \_\_\_\_\_%    Other \_\_\_\_\_%  
 If Other, where? \_\_\_\_\_

If Australia:  
 NSW            QLD            VIC            ACT            TAS            NT            SA            WA  
 \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%

10. Describe any pending corporate acquisitions or historical corporate name changes or mergers and acquisitions that have occurred in the past 5 years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Total Gross Revenue:  
 Fiscal Year is:                      From \_\_\_\_\_ to \_\_\_\_\_  
 Previous Fiscal Year:              \$ \_\_\_\_\_  
 Current Fiscal Year:                \$ \_\_\_\_\_  
 Estimated for next Fiscal Year:    \$ \_\_\_\_\_

12. Number of personnel:  
 Principals/Owners: \_\_\_\_\_  
 Licensed Professionals: \_\_\_\_\_  
 Project Managers: \_\_\_\_\_  
 Other (please describe): \_\_\_\_\_  
 Total number of personnel: \_\_\_\_\_

13. Contracting Activities	% of Projected Revenue	% Sub Contracted
Asbestos/Lead/Mould Remediation Services	_____%	_____%
Drilling Services	_____%	_____%
Electrical Contracting	_____%	_____%
Energy Service Contractors (Pipeline and Well)	_____%	_____%
Excavation and Grading Services	_____%	_____%



Contracting Activities (cont.)	% of Projected Revenue	% Sub Contracted
Field Sampling Services (Soil, Water, etc.)	_____ %	_____ %
General Contracting Services – Non-residential	_____ %	_____ %
General Contracting Services – Residential	_____ %	_____ %
General Construction Services	_____ %	_____ %
HVAC Contracting	_____ %	_____ %
Industrial Process Facility Services (Maintenance and Repair)	_____ %	_____ %
Marine and Dredging Services	_____ %	_____ %
Remedial Action Contracting Services	_____ %	_____ %
Street and Road Services	_____ %	_____ %
Underground Storage Tank Services	_____ %	_____ %
Other (Please Specify)	_____ %	_____ %
Other (Please Specify)	_____ %	_____ %
Total	_____ %	_____ %

14. Key personnel:

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

Degree/Major: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

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

Degree/Major: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

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

Degree/Major: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

15. Type of Client by Percentage:

Federal Government: \_\_\_\_\_ % State Government: \_\_\_\_\_ %

Local Government: \_\_\_\_\_ % Private: \_\_\_\_\_ %

Other, please specify: \_\_\_\_\_

16. Types of Projects by Percentage:

Condominiums: \_\_\_\_\_ % Petrochemical: \_\_\_\_\_ %

Other Residential: \_\_\_\_\_ % Other Industrial: \_\_\_\_\_ %

Commercial Buildings: \_\_\_\_\_ % Department of Defence: \_\_\_\_\_ %



Transportation: \_\_\_\_\_ %      Other: \_\_\_\_\_ %  
 Water/Wastewater: \_\_\_\_\_ %      Please describe: \_\_\_\_\_  
 Manufacturing: \_\_\_\_\_ %      \_\_\_\_\_  
 Power: \_\_\_\_\_ %      \_\_\_\_\_

17. Have you entered into any Joint Venture Agreements to which this insurance should apply? If yes, please explain and attach a copy of Articles of Joint Venture Incorporation.

Yes     No

\_\_\_\_\_

\_\_\_\_\_

18. Use of Written Contracts:

a. Does your contract contain a limitation of liability provision? If yes, please explain.

Yes     No

\_\_\_\_\_

\_\_\_\_\_

b. When do you work with no written contract?

\_\_\_\_\_

c. Who reviews your clients' contracts on your behalf?

\_\_\_\_\_

19. Insured's Subcontracting Procedures:

a. By total amount of gross receipts, what contracting services do you subcontract?

\_\_\_\_\_

\_\_\_\_\_

b. Do you use written contracts with your subcontractors?

Yes     No

c. Do you require your subcontractors to carry limits of at least \$1,000,000 of the following coverages?

General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability with Pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor's Pollution Legal Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

d. Do you request that subcontractors add you as an Additional Insured to the following?

General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability with Pollution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor's Pollution Legal Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e. Are updated certificates of insurance from subcontractors kept on file?

Yes     No



20. How do you address loss prevention?

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21. Do you have a dedicated Health and Safety Officer? If yes, please provide resume.

Yes  No

22. Do you select, arrange for the transportation of, or transport hazardous waste to treatment, storage or disposal facilities? If yes, please explain:

Yes  No

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23. a. Do you own, operate, rent or lease a treatment, storage or disposal facility? If yes, please provide details.

Yes  No

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b. Do you ever rent/lease equipment to others? If yes, list types of equipment and whether or not operations are included.

Yes  No

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24. Current Insurance Program:

Coverage	Claims Made or Occurrence	Carrier	Limits	SIR/Ded.	Ex Date	Retro Date	Premium
Prof. Liab	CM						
CPL							
GL							

25. Has any application for Contractor's Pollution Liability Insurance by the applicant, present owners, principals or partners ever been declined or coverage cancelled or non-renewed? If yes, please explain.

Yes  No

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26. Has any claim, suit, or demand for money or services ever been made against the applicant, its subsidiaries, or its principals?

Yes  No

If Yes, please explain including the following details:



- a. Date of claim, suit, notice or request was made: \_\_\_\_\_
- b. Date of incident resulting in claim, suit, notice or request: \_\_\_\_\_
- c. Name of Claimant: \_\_\_\_\_
- d. Nature of claim, suit, notice or request: \_\_\_\_\_
- e. Amount of demand: \_\_\_\_\_
- f. Amount paid or estimation of payment including reserves: \_\_\_\_\_
- g. Current status or final disposition: \_\_\_\_\_

27. Is the applicant aware of the following any circumstances or any allegations of the applicant's liability, or any allegations of an act, error, or omission in the performance of the applicant's services which may result in any claim, suit, or demand for money or services against the applicant or any person or entity for who the coverage is sought? If yes, please explain.

Yes     No

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE THAT THE POLICY SHALL NOT APPLY TO SUCH REPORTED CLAIMS OR CIRCUMSTANCES, UNLESS SCHEDULED ONTO THE POLICY BY ENDORSEMENT.**

28. What else would help us in underwriting your company?

\_\_\_\_\_  
\_\_\_\_\_

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF COVERAGE IS BOUND, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(signature of owner or officer)

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(print name & title)

BROKER: \_\_\_\_\_ DATE: \_\_\_\_\_  
(print name of firm)

Address of Brokerage Firm: \_\_\_\_\_

Contact person & telephone number: \_\_\_\_\_