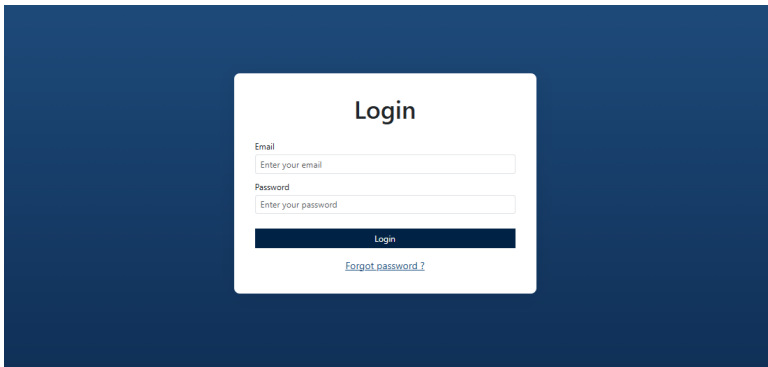


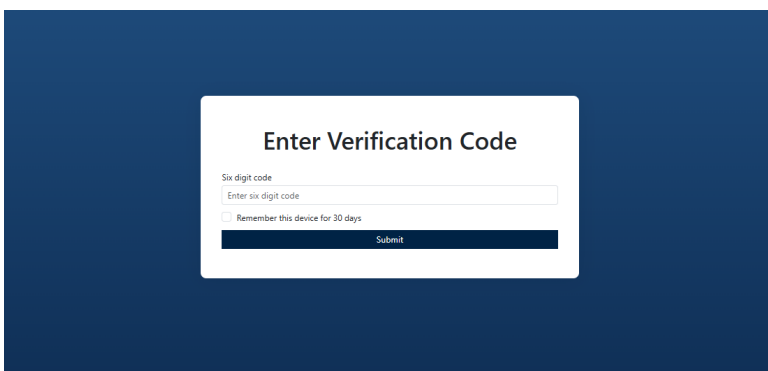
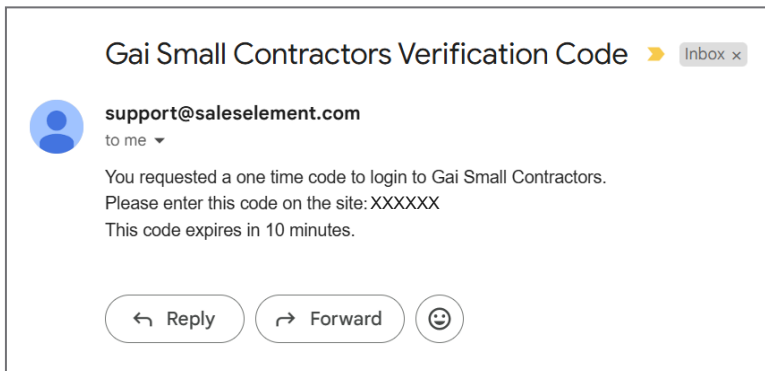
Contractors ProProtect Quoting Tool Process Document

FOR AGENT/BROKER USE ONLY

1. Once you have received access to the quoter tool from a Great American Environmental underwriter, open the Contractors ProProtect log-in page on your web browser, and enter the email address and password associated with your account.



2. This will prompt a two-factor authentication process. A code will be sent via email to the email address associated with your account.



**CONTRACTORS
PROTECT**SM

**Want more information?
Contact us!**

Richard Viglianese

Divisional Vice President,
Automated Underwriting
Development Manager

rviglianese@gaig.com

516-382-8664

General Inquiries

ProProtect@gaig.com

- Once you complete the authentication process, you will have access to the Contractors ProProtect dashboard. Here, you will see any applications that have been completed or have been quoted, but not bound.

GAIAmerican Insurance Group | Dashboard | Create Application | Profile | Logout

Notifications

12/06/24 06:33PM Application for ProProtect Construction (VCUYV0) is approved. Bind your policy below.

11/20/24 04:54AM Application for ProProtect Construction (PK3VZR) is approved. Bind your policy below.

Help Center

General Help:
 Bjorn Gundersen
 484-425-0302
 bgundersen@gaig.com

Claims Help:
 EnvDiv-Claims@GAIG.com

Applications and Quotes | **Renewals and Contact Info**

Applications and Quotes

ID	#	First Named Insured	Date Started	Date Submitted	Status	Renewal	View Comments	Continue Application	View Application	Quote PDF	Bind Your Quote
VCUYV0	0006203346	ProProtect Construction	12/06/2024	12/06/2024	Approved						Bind

- If you are applying for a renewal, click the “Renewals and Contact Info” tab, and you can click the arrow in the “Create Renewal Application” column on the line item for your submission.

GAIAmerican Insurance Group | Dashboard | Create Application | Profile | Logout

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Applications and Quotes

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VCUYV0	0006203346	ProProtect Construction	12/06/2024	12/06/2024	Approved						Bind

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Applications and Quotes | **Renewals and Contact Info**

Renewals and Emails

Customer Number	First Named Insured	Policy Number	Renewal Date at Policy Inception	Underwriter Contact Info	Create Renewal Application
0006203346	ProProtect Construction		12/07/2025	John ProProtect	

- To proceed with creating a new submission, click “Create Application,” which is the second option on the top left corner of the screen.

Dashboard **Create Application** Profile Logout

Notifications

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Applications and Quotes **Renewals and Contact Info**

Applications and Quotes

ID	#	First Named Insured	Date Started	Date Submitted	Status	Renewal	View Comments	Continue Application	View Application	Quote PDF	Bind Your Quote
VCUYV0	0006203346	ProProtect Construction	12/06/2024	12/06/2024	Approved						Bind

- You will be navigated to submission page where you will enter the Proposed First Name Insured, the Primary Contact at First Name Insured’s first and last name, and the mailing address of the First Name Insured.

Dashboard Create Application Profile Logout

Help Center

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 484-425-0302
 bgundersen@gaig.com

Claims Help:
 EnvDiv-Claims@GAIG.com

Contractor Pollution and Professional Liability Application

Applicant Information

Proposed First Name Insured
 ProProtect Construction

Primary Contact at First Name Insured
 John ProProtect

Mailing address of First Name Insured

123 ProProtect Lane City
 Hammer City

State Zip
 New Jersey 12345

- Next, you will select your requested coverage, where you have the option to choose between Contractor Pollution Liability Coverage Only or Contractor Pollution Liability and Professional Liability.

Coverage Requested

Please check the box below that applies to the coverage you are seeking.

Contractor Pollution Liability Coverage Only

Contractor Pollution Liability and Professional Liability Coverage

Does the Applicant currently have Contractors Pollution Coverage?

Yes

No

8. Once you make your selection, you will be prompted to answer whether the Applicant currently has the selected coverage. If you select “No,” you are free to move onto the next section.

Coverage Requested

Please check the box below that applies to the coverage you are seeking.

Contractor Pollution Liability Coverage Only

Contractor Pollution Liability and Professional Liability Coverage

Does the Applicant currently have Contractors Pollution Coverage?

Yes

No

9. If you select “Yes,” you will then be prompted to select one of the provided options from the dropdown menu of retroactive dates for Professional Liability Coverage (if applicable), Contractors Pollution Coverage, Non-Owned Disposal Site Coverage, and Mold Coverage. If the option you select requires the prior coverage retroactive date to be entered, a new field will appear to the right of your selection, allowing you to enter the prior retroactive date.

Coverage Requested

Please check the box below that applies to the coverage you are seeking.

Contractor Pollution Liability Coverage Only

Contractor Pollution Liability and Professional Liability Coverage

Does the Applicant currently have Contractors Pollution Coverage?

Yes

No

Please provide Retroactive date for the following:

Contractors Pollution Coverage:

Current Contractors Pollution Coverage Retroactive Date

Non-Owned Disposal Site Coverage:

Occurrence Non-Owned Disposal Site Coverage Currently In Place

Mold Coverage:

Current Mold Coverage Retroactive Date

10. Once you have completed the Coverage Requestion section, you will proceed to the Questions section. Question one requests the Desired Limits of Liability and Retention Amount, which you will select from the provided dropdown menu. You can add up to four additional limit and retention options to your quote by clicking the black “Add” button in the top right corner of the question.

GREAT AMERICAN INSURANCE GROUP | Dashboard | Create Application | Profile | Logout

Questions

1. Desired Limits of Liability and Retention Amount: Add

Option	Each Loss / Aggregate Limit (\$)	Retention Amount(\$)
1	1m/1m	10,000

GREAT AMERICAN INSURANCE GROUP | Dashboard | Create Application | Profile | Logout

Questions

1. Desired Limits of Liability and Retention Amount: Add

Option	Each Loss / Aggregate Limit (\$)	Retention Amount(\$)
1	1m/1m	10,000
2	--- Select ---	--- Select ---

11. For questions two through four, you will need to enter the requested values and percentages.

2. Please provide the Insured's total annual contracting revenues for the following:

<input type="text" value="\$1,234,567"/>	For the prior calendar year, (2023)
<input type="text" value="\$1,234,567"/>	Estimated for the current calendar year, (2024)

3. Contracting Services - Please provide information associated with the following Contracting Services. Please note that percentages must add up to 100%.

Contracting Services	Percentage of Annual Revenue of current calendar year	Contracting Services	Percentage of Annual Revenue of current calendar year
Air Conditioning	<input type="text" value=""/> %	Fire Proofing	<input type="text" value=""/> %
Asbestos Abatement	<input type="text" value=""/> %	Fire Restoration	<input type="text" value=""/> %
Concrete	<input type="text" value="45"/> %	Flooring	<input type="text" value="50"/> %
Demolition	<input type="text" value="5"/> %	General Contractor	<input type="text" value=""/> %
Dredging	<input type="text" value=""/> %	Glazier	<input type="text" value=""/> %
Drilling(other than horizontal drilling for utilities)	<input type="text" value=""/> %	HVAC	<input type="text" value=""/> %
Drywall	<input type="text" value=""/> %	Highway	<input type="text" value=""/> %
Electrical	<input type="text" value=""/> %	Industrial Cleaning / Maintenance	<input type="text" value=""/> %
Elevator Services	<input type="text" value=""/> %	Insulation	<input type="text" value=""/> %
Environmental Contracting	<input type="text" value=""/> %	Landscaping	<input type="text" value=""/> %
Excavation/Grading	<input type="text" value=""/> %	Marine Services	<input type="text" value=""/> %
Exterminator	<input type="text" value=""/> %	Masonry	<input type="text" value=""/> %
Farming/Agricultural Services	<input type="text" value=""/> %	Mechanical	<input type="text" value=""/> %
Fencing	<input type="text" value=""/> %	Mold Abatement	<input type="text" value=""/> %
Oilfield / Gas Well Services	<input type="text" value=""/> %	Steel Erection	<input type="text" value=""/> %
Painting	<input type="text" value=""/> %	Tank Installation / Repair	<input type="text" value=""/> %
Road and Street Paving	<input type="text" value=""/> %	Telecommunications	<input type="text" value=""/> %
Pipeline Installation / Maintenance	<input type="text" value=""/> %	Tree Services	<input type="text" value=""/> %
Plumbing	<input type="text" value=""/> %	Utility - Sewer	<input type="text" value=""/> %

Please note if you selected Contractor Pollution Liability **and** Professional Liability coverage, there will be an additional question to complete following question three, as shown below, with the remaining questions appended as follows.

4. Please complete this table as it applies to percentage of annual construction values. Please note that percentages must add up to 100%.

Category	Percentage of Annual Construction of current calendar year	Category	Percentage of Annual Construction of current calendar year
Construction only	<input type="text" value="100"/> %	Design-Build with design subcontracted	<input type="text" value=""/> %
Construction Management at Risk	<input type="text" value=""/> %	Design-Build with in-house design	<input type="text" value=""/> %
Construction Management Agency	<input type="text" value=""/> %	Engineer/Procure/Construct	<input type="text" value=""/> %
Design Only	<input type="text" value=""/> %	Other (please describe)	<input type="text" value=""/> %

Total Percent: 100%

4. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects. Please note that percentages must add up to 100%.

Category	Estimated Percentage of Total Revenue of current calendar year	Category	Estimated Percentage of Total Revenue of current calendar year
Apartments/Condominiums (other than wood frame construction)	<input type="text"/> %	Pipeline	<input type="text"/> %
Apartments/Condominiums (wood frame construction)	<input type="text"/> %	Stadium & Arena	<input type="text"/> %
Single Family Homes	<input type="text"/> %	Paving – Street & Road	<input type="text"/> %
Hospitals/Healthcare	<input type="text"/> %	Highway/Bridge	<input type="text"/> %
Hotels/Motels (other than wood frame construction)	<input type="text"/> %	Water/Waste Treatment	<input type="text"/> %
Hotels/Motels (wood frame construction)	<input type="text"/> %	Utility – Sewer & Water	<input type="text"/> %
Landfills	<input type="text"/> %	Primary Education	<input type="text"/> %
Parking Structures	<input type="text"/> %	Colleges	<input type="text"/> %
Commercial Office or Retail	100 %	Industrial/Manufacturing	<input type="text"/> %
Energy	<input type="text"/> %	Other (please describe)	<input type="text"/> %

Total Percent: 100%

12. When you reach question five, you will have the ability to list up to five requested additional insureds for the proposed coverage. You can generate additional fields by clicking the grey “Add” button on the top right corner of the question.

5. Please list any requested additional insureds for the proposed coverage.

Add

Additional Insured	Relationship to First Named Insured	
ProProtect Lender Co	Lender	<input type="checkbox"/>

5. Please list any requested additional insureds for the proposed coverage.

Add

Additional Insured	Relationship to First Named Insured	
ProProtect Lender Co	Lender	<input type="checkbox"/>
<input type="text"/>	--- Select ---	<input type="checkbox"/>
<input type="text"/>	--- Select ---	<input type="checkbox"/>

13. Similarly, on question six, you are given the option list up to five requested additional named insureds for the proposed coverage.

6. Please list any requested additional named insureds for the proposed coverage.

Add

Additional Named Insured	Relationship to First Named Insured	
ProProtect Owner Corp	Entity owns the First Named Insured	<input type="checkbox"/>

Additional Named Insureds will be limited to related entities whose services, revenues and all other representations are included in this application.

Please note each additional named insured needs to have a relationship to the First Name Insured selected or added.

6. Please list any requested additional named insureds for the proposed coverage.

Add

Additional Named Insured	Relationship to First Named Insured	
ProProtect Owner Corp	Entity owns the First Named Insured	<input type="checkbox"/>
<input type="text"/>	--- Select ---	<input type="checkbox"/>
<input type="text"/>	--- Select ---	<input type="checkbox"/>
<input type="text"/>	--- Select ---	<input type="checkbox"/>

Additional Named Insureds will be limited to related entities whose services, revenues and all other representations are included in this application.

14. The remaining questions, seven through twelve, are a series of “Yes” or “No” questions. For some of these questions, if you select “Yes,” an additional dialogue box will be generated so you can provide additional details regarding the question’s response.

	Yes	No
7. Are any operations performed outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Within the last five (5) years has the applicant purchased Professional Liability or Contractor Pollution Liability Insurance coverage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. Are any operations performed outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Within the last five (5) years has the applicant purchased Professional Liability or Contractor Pollution Liability Insurance coverage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please Explain		
First Named Insured sued by EPA for polluting stream with concrete and resulting fish kill. Matter is settled and insured paid \$100,000 fine.		
10. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please Explain		
First Name Insured polluted a stream with 10,000 lbs of concrete.		
11. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please Explain		
First Name Insured polluted a stream with 10,000 lbs of concrete on 1/1/2022 which resulted in property damage to adjoining jobsite stream. EPA fined First Name Insured and matter is settled.		
12. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please Explain		
First Name Insured polluted a stream with 10,000 lbs of concrete on 1/1/2022 which resulted in property damage to adjoining jobsite stream. EPA fined First Name Insured and matter is settled.		

15. Once you have answered all questions, you can complete the application process by clicking “Submit Application” in the bottom right corner.

Please complete warranty, authorized signature and continuing duty to update on following page.

Warranty, Authorized Signature and Continuing Duty To Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American and made a part of this application:

- Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
- Are true, accurate and complete; and
- Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

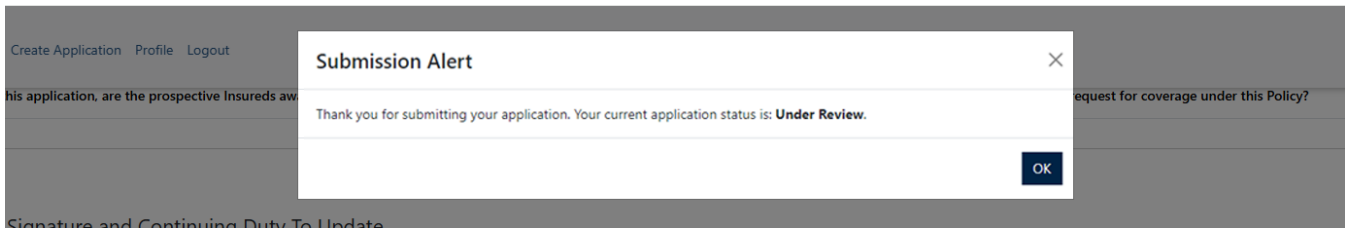
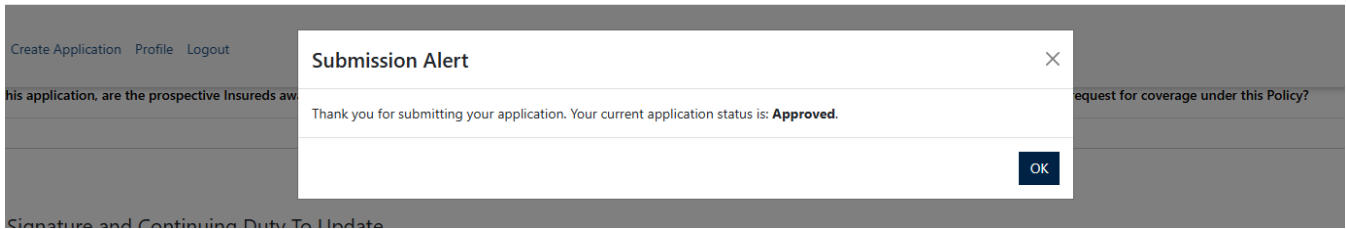
Insurance Fraud Warning Statement

NEW JERSEY
§17:33A-6
All insurance claim forms:
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

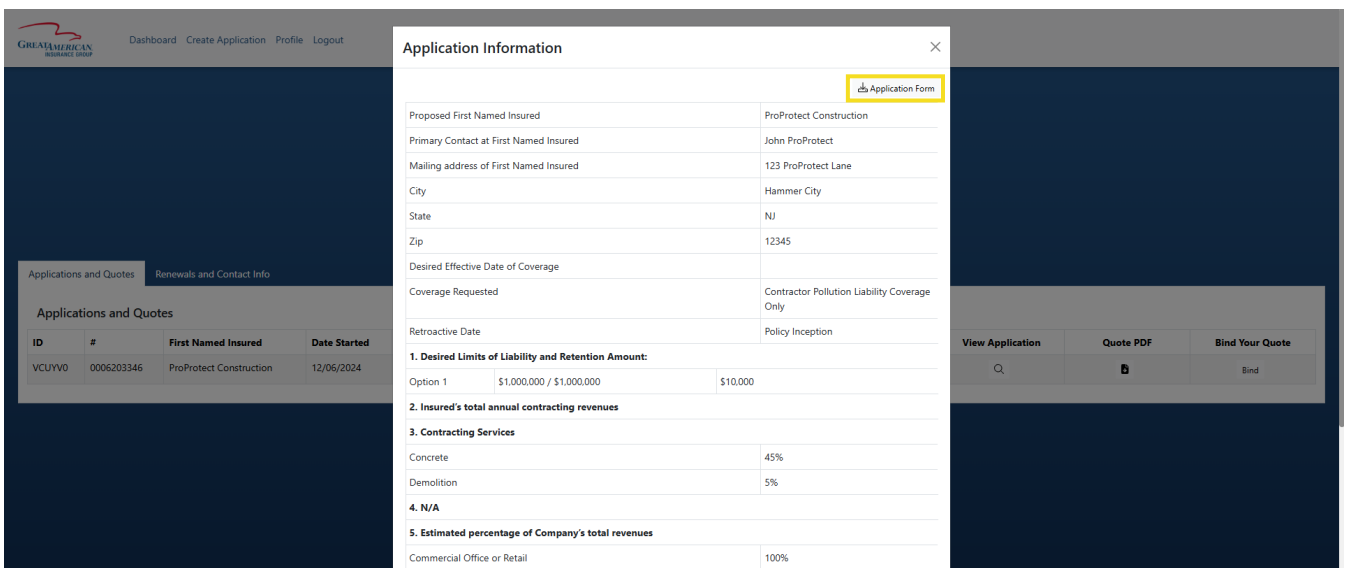
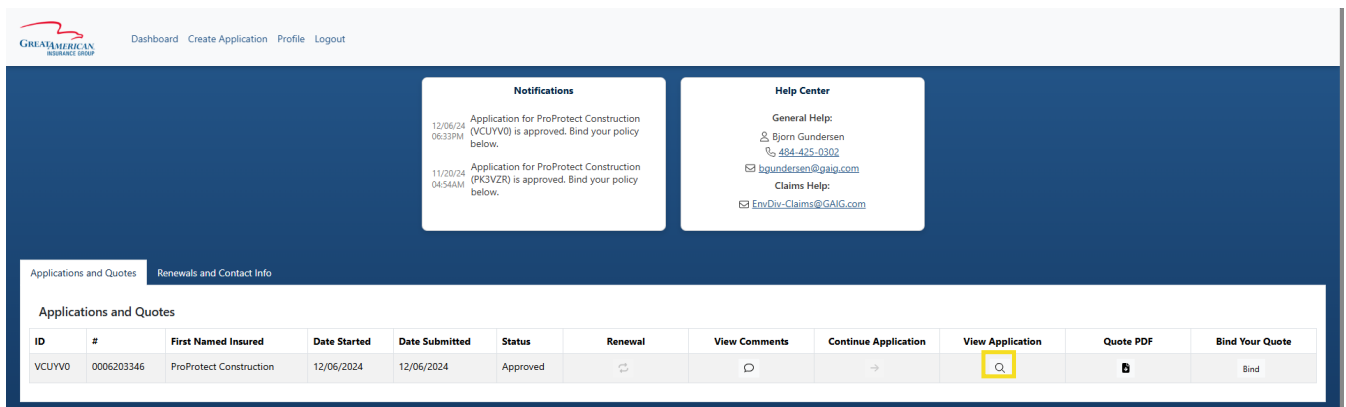
NIAC 11:16-1.2
All insurance application forms:
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Submit Application

16. Upon submission, a pop-up will alert you as to whether the application is Approved or Under Review.



17. When you return to the Dashboard, you will see your submitted application. You can view your application by clicking the magnifying glass icon in the "View Application" column on the line item for the submission. A pop-up version of the application will appear, with the option to download a PDF file in the top right corner by clicking "Application Form."



18. If you'd like to proceed with binding coverage, click "Bind" under the "Bind Your Quote" column on the line item for the submission. A pop-up will appear, which will allow you to select which quote option you wish to bind, upload multiple subjectivities needed to bind, and choose a binder effective date.

Dashboard Create Application Profile Logout

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Applications and Quotes

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VCUYV0	0006203346	ProProtect Construction	12/06/2024	12/06/2024	Approved						Bind

Bind Your Quote

Coverage*
--- Select ---

Upload Signed Application*
Choose File No file chosen

Upload Loss Runs* (multiple unlocked PDF or Excel files are accepted)
Choose File No file chosen

Upload Surplus Lines Form
Choose File No file chosen

Bind Effective Date*

Close Send

Please note coverage is **not** bound until a binder is sent by an underwriter and an underwriter has confirmed coverage is bound. This tool is a quoting platform **only**.

19. If your application was marked as Under Review rather than Approved, an underwriter will reach out to assist you regarding any issues. You can also continue to monitor your Dashboard for comments. If a new comment has been added, a red blinking alarm icon will appear in the "View Comments" column on the line item for the submission.

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VCUYV0	0006203346	ProProtect Construction	12/06/2024	12/06/2024	Approved						Bind

GAIG.com/ProProtect

For agent/broker use only. Online portal may not be available at all times. All coverage is subject to underwriting guidelines. Policies are underwritten by Great American Insurance Company, an authorized insurer in all 50 states and the D.C., and Great American E&S Insurance Company, an OH domiciled surplus lines company eligible to underwrite surplus lines insurance in all 50 states and the D.C. This is not intended as a solicitation or offer to sell an insurance product in a jurisdiction in which the solicitation, offer, sale, or purchase thereof would be unlawful. © 2024 Great American Insurance Company, 301 E. Fourth St., Cincinnati, OH 45202. All rights reserved. 5823-ENV (12/24)

