



Main Office  
397 Eagleview Blvd.  
Suite 100  
Exton, PA 19341

# Supplemental Application for Project Specific Contracting Services Environmental Liability Insurance

**Instructions:**

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

**Required Attachments:**

- Please provide copies of the prime contractor's or joint venture parties last five (5) years of Environmental loss runs. If they have not have prior environmental coverage please provide the last five (5) years General Liability loss runs.
- Please provide a copy of the contract including scope of work, insurance requirements and general terms.

Name Insured     OCIP: \_\_\_\_\_     CCIP: \_\_\_\_\_

**Supplemental Information**

1. Name Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Principal Contact: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Project Owner/Client: \_\_\_\_\_

2. Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Total Project Revenues: \_\_\_\_\_  
 Environmental Remediation Revenue: \_\_\_\_\_  
 Project Duration: \_\_\_\_\_

3. Project Type and Description:  
 Copy of the Contract Scope of Services INCLUDED or;  
 Project Description: *(including description of project type and scope of services)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Known Environmental Conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Contract Insurance Requirements:  
 Copy of Insurance Requirements INCLUDED or;  
 Specify:

Limits of Liability	Minimum Retentions
Completed Operations	Occurrence CPL

Other: \_\_\_\_\_

**Supplemental Information *Continued***

**Yes      No**

6. Annual Gross Revenues for Contractor (if a joint venture, include all parties):

Estimated Next Year: \_\_\_\_\_

Current Year: \_\_\_\_\_

Last Year: \_\_\_\_\_

7. Claims/Circumstance History:

Within the last five (5) years has the applicant purchased this type of insurance coverage?      

**If yes**, please provide information regarding any such coverage and all available loss information:

Within the last five (5) years have any claims been made or legal actions (including regulatory actions) been brought against any prospective Insureds?      

Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?      

Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people that was or may in any way have been attributable to them?      

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?      

If any answer to question 7. above was yes, please provide a description of the circumstance or claim (detail the actual or alleged incident, location, date, type of injury, and/or damage, etc.). In addition, provide information as to what actions have been taken by the proposed Insured(s) to mitigate or avoid a similar loss from occurring again:

**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:

1. Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. 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.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

**Signature of Authorized Applicant** \_\_\_\_\_

**Signature of Broker/Agent** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signed by Licensed Resident Agent** \_\_\_\_\_  
*(Where Required By Law)*