



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 had 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:

Supplemental Information Continued

Yes No

5. Contract Insurance Requirements:

- Copy of Insurance Requirements INCLUDED or;
- Specify:

Limits of Liability	Minimum Retentions	
Completed Operations	Occurrence CPL	

Other: _____

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? Yes No

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? Yes No

Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents? Yes No

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? Yes No

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? Yes No

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.

This document was issued or made by the Company in the course of its insurance business in Canada.

Signature of Authorized Applicant _____

Print Name _____

Date _____

Title _____

Signature of Broker/Agent _____

Print Name _____

Date _____

Signed by Licensed Resident Agent _____
(Where Required By Law)