



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

Supplemental Application for Contracting Services Environmental Liability Insurance General and Specialty Contractors

Named Insured: _____

NOTICE: This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- 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 subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your last five (5) years of Environmental loss history. If you have not had prior environmental coverage please provide your last five (5) years General Liability loss history.

Supplemental Information

1. Breakdown of your Company's staff:

Position	Number of Personnel
Project Managers	
Field Personnel	
Principals, Officers, Directors	
Supervisors/Foremen	
Total Overall Staff	

2. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects:

Category	Percentage	Category	Percentage
Apartments		Industrial/Manufacturing	
Condominiums		Local/State Government	
Townhouses		Federal Government	
Single Family Custom Homes		Retail	
Single Family Tract Homes		Road Work	
Hospitals/Healthcare		Water/Waste Treatment Plants	
Hotels/Motels		Other <i>(please describe)</i>	

Supplemental Information Continued

3. Contracting Services - Please provide information associated with the following Contracting Services for the twelve (12) months following the desired inception date for coverage:

Contracting Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Asbestos Abatement			
Carpentry			
Demolition			
Dredging			
Drilling			
Drywall			
Electrical			
Excavation/Grading			
General Contractor			
HVAC			
Industrial Cleaning			
Insulation Work			
Lead Abatement			
Masonry/Concrete			
Mechanical (non-HVAC)			
Painting			
Pile Driving			
Plumbing			
Road/Street			
Roofers			
Steel Erection			
Utility			
Other (please describe)			
TOTAL:			

Supplemental Information *Continued*

Yes No

4. During the last five (5) years has the prospective Insured purchased any other businesses? Yes No
 Have they been involved in any type of merger or consolidation? Has the prospective Insured's name changed?

If yes, please describe in detail: _____

5. Describe the three (3) largest contracts or projects performed in the past year. Please include the project revenue, services provided, client and current status: _____

Please describe any operations or services that have been abandoned or discontinued by your Company in the last five (5) years: _____

6. Are any operations performed outside of Canada? Yes No

If yes, please identify the countries and describe the type of work and associated revenues:

7. Please identify the primary Provinces in which you provide services:

Province _____ % Province _____ % Province _____ %

Province _____ % Province _____ % Province _____ %

8. Does your current policy provide any project specific excess coverage for any projects? Yes No

If yes, please describe: _____

9. Is 100% of your work performed under a written contract? Yes No

If no, what % of work is performed without a written contract: _____

10. Does your Company use written contracts with its subcontractors that contain indemnification and hold harmless provisions in your favor? Yes No

If no, please describe your Company's policy regarding hold harmless and indemnification requirements of subcontractors: _____

11. Does your Company have personnel trained in, and responsible for, environmental compliance? Yes No

If yes, please provide their name(s) and qualifications: _____

Supplemental Information *Continued*

	Yes	No
12. Does your Company have personnel trained in, and responsible for, site safety? If yes, please provide their name(s) and qualifications: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your Company have formal protocols for working in areas with contamination?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your Company have a formal quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases?	<input type="checkbox"/>	<input type="checkbox"/>

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

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

Applicant's Initials _____