



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

Application for Project-Specific Contractor Pollution Liability

Instructions:

This form must be dated and signed by a principal of your Company. Answer all questions completely. 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.

Application

1. Name of Applicant _____			
Principal Contact _____			
Mailing Address _____			
City _____	Province _____	Postal Code _____	
2. Desired effective date of coverage _____			
3. Desired Limits of Liability and Retention Amount:			
Each Loss Limit \$ _____	Aggregate Limit \$ _____	Retention Amount \$ _____	
4. Please provide the Insured's total project-specific contracting revenues \$ _____			
5. Project Location _____			
6. Project Duration _____			
7. Completed Operations Term _____			
8. <input type="checkbox"/> OCIP <input type="checkbox"/> CCIP			
9. Project Description			
		Yes	No
10. Does this project involve Type IV (<i>Heavy Timber</i>) or Type V (<i>Wood-Frame</i>) building construction?		<input type="checkbox"/>	<input type="checkbox"/>
11. Within the last five (5) years has the applicant purchased Contractor Pollution Liability Insurance coverage?		<input type="checkbox"/>	<input type="checkbox"/>
12. Within the last five (5) years have any claims been made or legal actions (<i>including regulatory actions</i>) been brought against any prospective Insureds?		<input type="checkbox"/>	<input type="checkbox"/>
13. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?		<input type="checkbox"/>	<input type="checkbox"/>
14. 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 type="checkbox"/>

Application Continued

Yes No

15. 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 the answer to question 12., 13., 14., or 15. 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.

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

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 Insurance Company and its affiliates and made a part of this application:

1. Will be relied upon by Great American Insurance Company and its affiliates 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)