

Chubb Contractors Pollution Liability

Proposal Form

□ New Propo	sal Renewal						
General Inf	formation						
Proposer's Co	ompany Name:						
Key Contact:							
Address:							
			State		Postcode		
Telephone:							
Email:							
Website:							
Description o	f Business:						
Company is	☐ Public ☐ Private ☐ Partnership	☐ Joint Venture ☐ Other:					
Insured Fir	rms - Please list subsidiary, predec	essor, acquired, parent, affili	ated or m	erged entities for v	which cover	age is requested:	
Name of Firm		Date of Formation or Transaction	No. Pro	ofessional Staff	Annua Reveni	Percentage of Annual Gross Revenues Assigned to the Insured	
Professiona	al Staff - Please provide breakdow	vn of professional staff as foll	ows:				
Position			No. of	Personnel	Staff To in Last	urnover Rate Year (%)	
Principals							
Professional Engineers and Geologists							
Certified Industrial Hygienists							
Project Managers							
Field Staff							
Total Overall Staff							

Gross Revenues				
	Accounting Year			
Total Gross Revenues of Last Two (2) Accounting Years		\$		
Gross Revenues for Current Accounting Year		\$		
Estimated Gross Revenues for Proposed Insurance Year		\$		
Estimated Gross Revenues for Current Accounting Year		\$		

Residential Activities

Please indicate the percentage of your anticipated gross revenues derived from work performed at residential properties:

Activity Revenues

Please provide estimated sales revenues by activity for the current accounting year on the below "Activity Schedule."

Activity Schedule

Please provide estimated sales revenues by activities for the proposed insurance year on the below "Activity Schedule".

Activity	Sales	% Sub-contracted
Environmental Services:		
Soil excavation		
Soil/groundwater treatment/remediation		
Bioremediation		
Underground/subsurface remediation		
Dredging		
PCB handling		
Emergency spill response		
Landfill construction		
Liner installation		
Monitoring well drilling		
Potable well drilling		
Soil/groundwater boring		
Lab packing		
UST installation		
UST removal		
Tank cleaning		
Pipeline installation		
Pipeline/sewer/septic maintenance		
Industrial cleaning		
Hydroblasting		
Demolition		
Asbestos/lead abatement		
Mold remediation services		

Activity	Sales	% Sub-contracted		
Non-Environmental Services:				
Electric				
HVAC				
Plumbing				
Water/sewer				
Street & Road/Heavy Hwy				
Excavation				
Site Development/Grading				
Concrete Work				
General Construction				
Acoustical				
Communications				
Painting				
Civil Construction				
Construction Management				
Drilling				
Drywall Installation				
Industrial Construction				
Mechanical Construction				
Process Piping				
Roofing				
Bridge Work				
Carpentry				
Flooring/Tile/Marble				
Pipeline Construction				
Utility				
Masonry				
Other (explain):				
Total:				
Subcontractors				
Does your Company have a standard contract to use		□Yes □No		
If Yes, do they contain hold harmless or indemnificat		□Yes □No		
If applicable, what are your minimum insurance requirements for subcontractors?				
General Liability	\$			
Motor	\$			
Contractor's Pollution Liability	\$			

Projects				
Within the past five (5) years, has any project generated greater than 10% of the company's gross revenue?				
If Yes, please provide details				
Please provide details of your three largest projects during the	e previous accounting year:			
Client				
% Gross Revenue				
Project Cost				
Type of Project				
Current Client				
Inception Date				
Please state desired date for policy inception:				
Limits of Liability and Self-Insured Retentions (Ple	ase indicate requested limits and rete	ntion levels)		
Limits of Liability	Per Loss	\$		
	Aggregate	\$		
Excess/Self-Insured Retention	Per Loss	\$		
Previous/Other Insurance				
Within the past (5) years has the proposer purchased this type of insurance coverage?				
If Yes, please provide information regarding any such coverage and all available loss information.				
Transportation				
Is transportation coverage required?				
□1st Party □3rd Party				
Please describe details of materials transported, number of jo	urneys undertaken per month, and volum	es/quantities being trans	ported:	
Claims				
Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance for water damage, construction defect or mold?				
Within the past five (5) years has the proposer or other party to the proposed insurance been involved in any pollution incidents on or at projects where the proposer performed contracting operations?				
Does the proposer or other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the proposer performed contracting operations?				
At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against the proposer or other party to the proposed insurance?				

If YES to the four Claims questions above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

It is understood and agreed that if any such claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

By signing this application, the applicant warrants to the company that all statements made in this application including attachments, about the applicant and its operations are true and complete, and that no material facts have been misstated in this application or concealed. Completion of this form 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.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Authorised Applicant:		
Print	Date	
Title		

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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