

ABS Contractors Pollution Liability

For use in applying for the following coverages / products:

Combined Casualty:

- General Liability Environmental Exposure (CGL, CPL and E&O)
- Commercial Environmental Excess Follow Form Policy (CEEX)

Monoline Pollution:

- Contractors Professional, Protective and Pollution (CPL and E&O)
- Contractors Pollution Liability (CPL Only)
- Environmental Excess Follow Form Policy (EEFF)

Instructions:

1. Please answer all questions.
2. If space is insufficient, attach additional sheets of paper
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. Attach a list of Insured(s) to be covered under this policy, relationship to the Applicant and/or an organizational chart.
4. The following items must be included for a complete submission:
 - a. Resumes (Statement of Qualifications) of Corporate Officers, Partners / Owners, and Key Personnel
 - b. Statement of Values
 - c. Sample copy of Client Contract
 - d. Audited financial statements or 10-Ks for the past two fiscal years
 - e. Five (5) years of loss history (GL, pollution and professional liability). Include Auto, WC and Umbrella if applying for Umbrella
 - f. Abatement contractors please include Certificates of Training and Licenses

Section 1: Applicant Information				
Applicant				
Address				
City	State		Zip	
Year Established	Website			
Contact Name			Contact Title	
Contact Phone			Contact Email	
Company is a(n)	Individual	Partnership	Corporation	Joint Venture Other

List All Named Insureds/Subsidiary Companies for Which Coverage is Requested

Named Insured/Subsidiary	Description of Operations	Revenues

Personnel Breakdown

Personnel Type	Count	Personnel Type	Count
Principals		Certified Industrial Hygienists/Toxicologists	
Architects & Engineers		Supervisors/Foreman	
Field Personnel		All Other	

Section 2: Coverage Requested
Proposed Effective Date

Existing Coverage	General Liability	Contractors Pollution	Professional Liability
Limits			
Deductible (Check if Self-Insured Retention)			
Claims Made Retroactive Date (if applicable)			
Carrier			
Premium			

Requested Coverage	General Liability		Contractors Pollution		Professional Liability	
Coverage Requested?	Yes	No	Yes	No	Yes	No
Limits						
Deductible (Check if Self-Insured Retention)						
Claims Made Retroactive Date (if applicable)						

Section 2: Operations

1. Gross Revenues

	Revenue for the Most Recent 12-Month Period	Revenue for the Next 12-Month Period
Domestic		
Foreign		

State/Foreign Countries in which you conduct business:

2. Revenue Breakdown by Operation Classifications

- a. **Contracting Services:** Revenues derived from those services where applicant is present at a third-party site conducting physical services.
- b. **Professional Services:** Revenues derived from non-contracting services that involve the furnishing of advice, engineering, or consulting services for the benefit of a third party.
- c. **If shaded black, revenues associated with specific service, no applicable.**

Environmental Services	Contracting Services		Professional Services	
	Revenues	% Sub	Revenues	% Sub
Air Quality Testing				
Asbestos/Lead Abatement - Commercial/Public				
Asbestos/Lead Abatement - Industrial				
Asbestos/Lead Abatement - Residential				
Asbestos/Lead Assessment, Remedial Design & Monitoring: Commercial				
Asbestos/Lead Assessment, Remedial Design & Monitoring: Industrial				
Asbestos/Lead Assessment, Remedial Design & Monitoring: Residential				
Barrier/Liner Construction				
Barrier/Liner Design/Engineering				
Decommissioning Design for Radioactive & Nuclear Facilities				
Dredging – Remedial				
Emergency Response Cleanup of Haz Mat and Other Materials				
Environmental Site Assessments - Phase I				
Environmental Site Assessments - Phase II				
Environmental Site Assessments - Phase III				
Groundwater/Soil - Cleanup (Contracting Phase, No design)				
Hazardous Materials (HazMat) Soil/Groundwater Cleanup at a job site				
Health & Safety Training, OSHA Compliance				
Lab Analysis – Environmental				
Lab Packing				
Mold Abatement - Commercial/Public				
Mold Abatement - Industrial				

Environmental Services	Contracting Services		Professional Services	
	Revenues	% Sub	Revenues	% Sub
Mold Abatement – Residential				
Mold Assessment, Remedial Design & Monitoring: Commercial/Public				
Mold Assessment, Remedial Design & Monitoring: industrial				
Mold Assessment, Remedial Design & Monitoring: Residential				
PCB Removal				
Project Management - Environmental				
Regulatory Consulting - Permitting & Compliance Audits				
Sampling of Groundwater/Soil at a Job Site				
Waste Arranging & Brokering				
Wetlands Contracting				
Other:				

Non-Environmental Services	Contracting Services		Professional Services	
	Revenues	% Sub	Revenues	% Sub
Bridge Construction Contracting				
Building Conditions Inspector/Real Estate Audits				
Carpentry/Framing				
Civil Engineering				
Cleaning/ sandblasting – exterior surfaces/buildings				
Cleaning/ sandblasting - Professional Project Design				
Construction Management (General Contracting (GC) Oversight)				
Demolition/Dismantling - Commercial				
Demolition/Dismantling - Design Engineering				
Demolition/Dismantling - Industrial				
Design/Engineering for Trade Contractors				
Dredging - Design/Engineering				
Dredging - Non-Remedial				
Drilling - Directional/Utilities				
Drilling - Oil/Gas				
Drilling - Water				
Drilling Design/Engineering				
Electrical Contracting				
Electrical Engineering/Design				
Energy or Utility Maintenance				
Excavation/Grading				
General Construction - Commercial				
General Construction - Industrial				
General Construction - Residential				

Non-Environmental Services	Contracting Services		Professional Services	
	Revenues	% Sub	Revenues	% Sub
Geotechnical Engineering				
HVAC/Mechanical Contracting				
Industrial Cleaning				
Lab Analysis - Non-Environmental				
Land Surveying				
Landfill - Design/Engineering				
Landfill Construction/Expansion/Capping				
Landscaping (No Pesticide/Herbicide/Fertilizer Application)				
Machinery or Equipment - installation, servicing, or repair				
Marine Construction & Other Marine Activities				
Masonry/Concrete				
Metal Erection – Non-Structural				
Metal Erection - Structural				
Oil & Gas Well Servicing (Downhole work)				
Oil & Gas Well Servicing (No Downhole work)				
Operations and Maintenance of Facilities				
Painting - steel structures or bridges				
Painting / coatings - exterior - buildings or structures				
Painting / coatings - interior - buildings or structures				
Pesticide/Herbicide/Fertilizer Application				
Pipeline Construction or Maintenance- natural gas (dry)				
Pipeline Construction or Maintenance- oil				
Pipeline Construction or Maintenance- other				
Plumbing				
Process Engineering - Wastewater or Potable				
Process Engineering - Other				
Project Management - Non-Environmental				
Quarries				
Railroad Construction Maintenance				
Renewable Energy Design/Engineering (Solar, Wind, etc.)				
Restoration Contractors - Non-Residential				
Restoration Contractors - Residential				
Roofing/Insulation				
Sand or Gravel Digging				
Sewage Disposal - Design/Engineering/Testing				
Sewage Disposal - Plant operations				
Sewer Cleaning				
Sewer Mains or Connections Construction				

Non-Environmental Services	Contracting Services		Professional Services	
	Revenues	% Sub	Revenues	% Sub
Software Design/Programming				
Solar Energy Contractors				
Solar Energy Farms				
Street & Road Contactors				
Street Cleaning				
Structural Engineering				
Tank Install/Removal & Maintenance (Aboveground Only/At Grade)				
Tank Install/Removal & Maintenance (Aboveground Only/Erection Hts)				
Tank Install/Removal & Maintenance (Underground Only)				
Tank System Design & Testing				
Traffic Management Services (PL ONLY)				
Utility Maintenance				
Wind Turbine Contractors - Installation, Service or Repair - off-shore				
Wind Turbine Contractors - Installation, Service or Repair - on-shore				

3. Percent (%) Revenue Breakdown by Client Type

Industrial	%	Infrastructure	%	Commercial/Public	%
Manufacturing/Chemical Plants		Airport/Runways		Shopping Centers	
Petrochemical/Refineries		Street/Roads		Office/Warehouses	
Upstream Oil & Gas		Bridges/Tunnels		Parking Structures	
Midstream Oil & Gas		Harbors/Piers/Ports/Dams		Churches	
Wastewater Sewage Plants		Offshore Marine		Schools/Colleges	
Potable Water Systems		Landfills/Disposal Facilities		Hospitals	
Other Processing Plants		Mass Transit/Railroad		Motels/Hotels	
Power Plants (Non-Nuclear)		Nuclear Facilities		Community Centers	

Residential/Habitational	%	Municipal/Governmental	%	Other (Not Listed)	%
Apartments		Homeland Security			
Single Family		DOD/DOE (Federal)			
Condo/Townhomes		State/Local			
Nursing Homes					
Prisons/Correctional Facilities					
Dormitories					

4. List of Three (3) Largest Projects in the Last Three (3) Years

Project Name					
Gross Revenue		Start Date		Completion Date	
Services Provided					
Project Name					
Gross Revenue		Start Date		Completion Date	
Services Provided					
Project Name					
Gross Revenue		Start Date		Completion Date	
Services Provided					

5. Discontinued Operations

Have you acquired, merged, or discontinued any operations including obligations for any liabilities in the past 5 years? (If Yes, please describe, including revenue from operation.) Yes No

6. Owned or Operated Facilities

Do any of your owned or operated locations include the following: Yes No
 Landfill, storage, transfer site, fixed base operations (FBO), operation & maintenance of a facility for others? (If Yes, please describe.)

7. Safety Practices

Do you have a full-time safety manager?	Yes	No	Do you have a written procedure for avoiding underground hazards?	Yes	No
Do you have a written Employee Health & Safety Plan?	Yes	No	Do you have a written QA/QC Program in place?	Yes	No
Any use of scaffold, height exposure (above 4 feet) or below groundwork?	Yes	No	Any use of lease equipment, cranes/booms, or explosives?	Yes	No
What measures are employed to protect personnel and the public at the proximity to the job site?					
Discuss other safety protocols in place and include any controls for professional (On the job safety procedures, toolbox meetings, etc.)					

8. Sub-Consultants/Sub-Contractors

Do you obtain certificates of insurance from your subs?	Yes	No
Do you require a sub's insurance policy to add you as an Additional Insured?	Yes	No
What are the minimum limits of liability you require of your subs?		
General Liability		
Contractors Pollution		
Professional Liability		

9. Contracts

Percentage of jobs performed under the following types of agreements:					
Written Contract		Letter Agreement		Oral Agreement	
How are non-standard client and/or subcontract agreements reviewed?					
Attorney: Outside	Attorney: In-House	Agent Reviews	Staff (Describe):		
Do you provide any written warranties for your work?				Yes	No
Do you use a Standard Indemnity limitation wording in your contracts?				Yes	No
Do you use a Limitation of Liability of a specified dollar amount?				Yes	No
If consulting, does your contract include a disclaimer regarding 3 rd party use of your report product?				Yes	No

Section 3: Coverage Extensions

1. Microbial Matter

Is coverage for microbial matter being sought? <i>(If Yes, complete section 3-1.)</i>	Yes	No
Is there a written reporting procedure for water leaks or mold issues at a job site? If Yes, describe:	Yes	No
Do you have an established Standard Operating Procedure (SOP) and/or written Quality Assurance Plan/Protocols designed to prevent microbial matter growth and detailing microbial matter inspections or removal/remediation of any microbial matter contamination? If Yes, please attach.	Yes	No
Is there a written procedure for handling mold or mold-related complaints? If Yes, please attach.	Yes	No
Are all building materials inspected upon delivery for pre-existing mold contamination?	Yes	No
Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law?	Yes	No

2. Transportation Pollution Coverage

Is coverage for Transportation Pollution being sought?	Yes	No
If Yes, do you transport any wastes, non-hazardous, hazardous or petroleum based materials (greater than 5 gallons or 5 pounds) on or within any owned or operated vehicle? <i>(If Yes, please complete supplemental TPL section at the end of this application.)</i>	Yes	No
Does your Auto Liability include CA 9948?	Yes	No
Do you use third parties to transport materials on your behalf? (If Yes, please include your standard contract used with any third-party transporter.)	Yes	No

Section 4: Employers Liability (STOP GAP) Coverage (GLESS and CEEX Only)

List all states where coverage is to be afforded:		
Do you currently have a Workers' Compensation policy in a non-monopolistic state?	Yes	No
What is your current Workers' Compensation premium?	\$	

Section 5: Follow Form Excess (CEEX)

Excess Limits Requested	
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Underlying Policy Information

	General Liability	Auto Liability	Employers Liability	Umbrella
Carrier Name				
Limits				
Deductible				
Policy Dates				
Premium				
Occurrence or Claims Made				
Retro Date (if applicable)				

Has any follow form excess (or umbrella) carrier or excess insurer declined, cancelled, or refused to renew? (If yes, please explain.)	Yes	No
Missouri Residents Do Not Reply: Has any underlying policy had a loss over \$100,000? (If yes, please explain.)	Yes	No

Auto Liability Information (include appropriate ACORD applications or complete the following)

Vehicle Type	Number of Vehicles			Radius Traveled Miles No. of Vehicles			Material Hauled		
	Owned	Non-Owned	Leased	<50	50-150	>150	Haz/Petro	Non-Hazardous	
Private Passenger									
Trucks	Light								
	Medium								
	Heavy								
	Extra Heavy								
Truck/Tractor	Heavy								
	Extra Heavy								
What is the main purpose of the fleet?									
Do you have an Auto Safety & Training Program & check MVRs regularly?				Yes	No	Do you have a Vehicle Maintenance Program in place?		Yes	No
Do you have driver hiring criteria in place (physical exams, drug/alcohol testing and reference checks)?				Yes	No	Do your vehicles operate in metropolitan areas with populations greater than 500,000?		Yes	No
Does company allow employees and families to use company-insured vehicles for personal use?				Yes	No	Do you use any owner/operators?		Yes	No

Hired/Non-Owned Auto (if applicable)

What minimum personal auto liability limits is required of employees using their personal vehicles in the insured's business?		
Is personal auto insurance secured and tracked by the insured?		Yes No
Total number of employees who would be driving on the insured's behalf?		

Worker's Compensation Information

Are you a qualified self-insurer for Worker's Compensation coverage? (If yes, please explain.)		Yes	No
Are you qualified for any of the following?			
Jones Act		Yes	No
Longshoresman's & Harbor Workers Act		Yes	No
Federal Railroad Employee Act		Yes	No

Aircraft or Watercraft Information

Do you own or lease and aircraft or watercraft? If yes, please describe.)		Yes	No
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Section 6: Claims

Have any claims been previously made against you or reported under any of the following policies? (If Yes to any, please provide details.)	Contractors Pollution		Professional Liability		General Liability	
	Yes	No	Yes	No	Yes	No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought? (If Yes, please provide details.)					Yes	No
During the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes, or any other pollutants as defined by applicable environmental regulations? (If Yes, please provide details.)					Yes	No
During the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental regulations? (If Yes, please provide details.)					Yes	No
Provide a brief description of the claim(s) and their disposition for all claims made against the applicant during the past 5 years for clean-up or response action, "toxic tort" or other bodily injury or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutants, from i.) any insured location, ii.) covered operations/your work, iii.) non-owned locations, and/or iv.) transportation.					None to Report	
Provide a brief description of the claim(s) and their disposition all claims made against the applicant during the past 5 years for bodily injury, property damage, or environmental damage resulting from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products.					None to Report	
At the time of signing this application, is the applicant's manager or supervisor responsible for environmental affairs, control or compliance or any officer, director, or partner of the applicant aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the applicant for environmental clean-up, or for bodily injury or property damage arising from the release of pollutants into the environment? (If Yes, please provide details.)					Yes	No
At the time of signing this application, is the applicant's manager or supervisor responsible for environmental affairs, control or compliance or any officer, director, or partner of the applicant aware of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the applicant for bodily injury or property damage arising from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products?					Yes	No

Section 7: Fraud Warning

It is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to the policy. If an order is received, the application is attached to the policy, so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES BELOW:

NOTICE TO APPLICANTS OF CANADA, AS WELL AS ALL U.S. JURISDICTIONS EXCEPT COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA AND WASHINGTON: ANY PERSON WHO KNOWINGLY, AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSES OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO PUERTO RICO APPLICANTS: THE ENTITY UNDERSTANDS THAT ACCORDING TO THE INSURANCE CODE OF PUERTO RICO (ARTICLE 27.320): "ANY PERSON WHO KNOWINGLY AND WITH THE INTENTION TO DEFRAUD THAT PRESENT FALSE INFORMATION IN AN INSURANCE REQUEST OR, THAT PRESENT, MAKE OR HELP TO MAKE A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR ANOTHER BENEFIT, IT WILL PRESENT MORE THAN A CLAIM BY A SAME DAMAGE OR LOSS, WILL INCUR IN A SERIOUS CRIME AND COULD BE CONVICTED AND SANCTIONED, BY EACH VIOLATION WITH A PAIN OF NO SMALLER FINE OF FIVE THOUSAND (\$5,000) DOLLARS, NOR GREATER OF TEN THOUSAND (\$10,000) DOLLARS OR IMPRISONMENT BY A FIXED TERM OF THREE (3) YEARS, OR, BOTH PAINS. IF THERE ARE AGGRAVATING CIRCUMSTANCES, THE PAIN FIXES ESTABLISHED COULD BE INCREASED UNTIL A MAXIMUM OF FIVE (5) YEARS; TO MEDIATE EXTENUATING CIRCUMSTANCES, IT COULD BE REDUCED UNTIL A MINIMUM OF TWO (2).

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Section 8: Warranty Statement

The applicant represents that the above statement and facts are true and that no material facts have been suppressed or misstated.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. The applicant's acceptance of the insurer's Proposal and the insurer's written agreement to be bound are required to bind coverage and to issue a policy. It is agreed that this form shall be the basis of the contract should a policy be issued and will be attached to the policy and made a part thereof.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

If an order to bind coverage is received, the application will be attached to the policy, so it is necessary that all questions be answered in detail.

The applicant understands and recognizes that this Policy is issued based upon the insurer's reliance on the accuracy of the information disclosed and the truth of the statements made herein and in the disclosure process.

The applicant further recognizes that any breach of the foregoing warranties could have a material adverse affect on the insurer.

The applicant further declares, warrants and represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

I hereby certify to the truth of the foregoing and that I am authorized to execute the foregoing warranty and representation on behalf of the applicant.

Applicant

Signature of Owner or Officer

Date

Print Name

Title

ABS TRANSPORTATION POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

Complete the following table for Owned/Operated vehicles only:

Vehicle Type		# of Vehicles with de Minimis or No Materials Hauled	Number of Vehicles Used to Haul Hazardous/Petroleum or Non-Hazardous Material					
			Gas		Solid		Liquid	
			Haz/Petro	Non-Haz	Haz/Petro	Non-Haz	Haz/Petro	Non-Haz
Private Passenger								
Trucks	Light							
	Medium							
	Heavy							
	Extra Heavy							
Truck/Tractor	Heavy							
	Extra Heavy							
Tanker Truck								
Trailers	Service							
	Semi							
Railcar								
Watercraft	Small							
	Large							
Aircraft								

Please provide a % breakout (by total number of vehicles) on the manner which material is hauled:

Bulk:

Container: