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CONTRACTORS POLLUTION LIABILITY PROPOSAL FORM

NOTICE: CERTAIN POLICIES PROVIDE CLAIMS MADE COVERAGE. PLEASE READ CAREFULLY.

NOTICE: THE CPL POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Instructions

- Please complete this application. All questions applicable to each coverage applied for must be answered.
- If space is insufficient to complete answers, please continue on your firm's letterhead.
- Have this form signed and dated by an owner, partner or director/officer of your firm.
- See page 7 for list(s) of required submission information.

Applicant

Broker

- Name _____ Name _____

Post Office Address _____ Address _____

Phone Number _____
- Address of Headquarters _____

Telephone Number of Headquarters _____

Contact and Title _____
- Attach a list of proposed Named Insureds to be covered by this policy (only those entities performing the services and/or operations as proposed will be designated as Named Insureds).
- Please provide information on the below:

[] Contractor's Pollution Liability (CPL)

Limit of Liability _____

SIR/Deductible _____

Proposed Effective Date _____
- How long has the Named Insured been in business? _____

6. During the past five years has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check):

Yes () No ()

If yes, give full details. _____

7. Are any Joint Ventures being proposed for coverage under this policy? Yes___ No___

If yes, please describe. _____

9. Does any one project or contract represent more than 25% of annual fees? Please check: Yes() No ()

If yes, give full details _____

10. Please provide prior year's total gross revenue

11. Profile of Operations

- (1) In column A, please provide % of firm's sales performed by in house operations and services.
- (2) In column B, please provide % of firm's sales in subcontracted operations and services.
- (3) Columns A+B should equal 100%.
- (4) Projected sales = 12 months from anticipated date of coverage for operations and services.

CATEGORY. CPL	A + _____ % In House	B=100% _____ % Sub-Contracted Out	C Projected \$\$ Sales
1. Remedial Action Contracting			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner Contractors			
Emergency Haz Material Clean-Up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling/Recovery			
Dredging			
Asbestos/Lead Abatement			
Other (explain)			
2. Non-Environmental Contracting			
Carpentry			
Demolition/Dismantling			
Drilling			

Electrical			
Excavation (Non Haz)/Grading			
General Contracting			
HVAC/Mechanical			
Industrial Cleaners (incl. Sewer/Septic)			
Insulation			
Logging			
Masonry/Concrete			
Marine			
Oil Lease			
Painting			
Pipeline Construction/Cleaners			
Plumbing			
Roofing			
Steel Erection			
Street and Road Construction			
Other (explain)			

Total Projected Sales for Category B _____

- 12. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients?
Yes ___ No ___
- 13. Does your company own, operate or lease licensed waste treatment, storage or disposal facilities?
Yes ___ No ___
- 14. Are updated certificates of insurance from subcontractors kept on file? Yes ___ No ___
- 15. Are these certificates required to show environment liability insurance? Yes ___ No ___ Indicate % Yes ___
- 16. What are the minimum limits of liability you require for your subcontractors?
General Liability _____
Environmental Liability _____
Professional Liability _____
- 17. Do you require subcontractors policies to name you as an additional insured? Yes ___ No ___ %Yes ___
- 18. Do your contracts with subcontractors contain an indemnification provision? Yes ___ No ___ %Yes ___
If yes, attach copies of all insurance requirements and indemnification clauses.
- 19. Does your company enter into written contracts where you assume liability? Yes ___ No ___ %Yes ___
If yes, attach copies of all insurance requirements and indemnification clauses.
- 20. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retrodate, if any
General Liability					
Contractors Poll, Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

The following two questions must be answered for all coverages.

21. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution or Professional Liability Policies? Yes___ No___

If yes, state 1) the date when claim was made; 2) the date the incident, act or omission giving rise to the claim took place; 3) name of the claimant; 4) nature of the claim; 5) amount paid or estimated may be paid; and 6) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement. (Please initial) _____ Yes

22. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought?

Yes___ No___

If, yes, give full details_____

It is agreed that if such knowledge exists, any claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement. (Please initial) _____ Yes

23. **SUBMISSION REQUIREMENTS**

A. The following information is required for the Contractors Pollution Liability policy.

- Brochure/statement of qualification
- Resumes of Key Personnel including all Project Managers
- Hard copy of loss runs applicable to these coverages including pollution loss information.
- Audited financial statements (last 2 Years) and current interim financial (may be unaudited)

If project policy, also include copy of fully executed contract with client.

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

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue 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.

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

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

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

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

BROKER _____ DATE _____
(print name of firm)

(address of brokerage firm)

(contact person & telephone number)

(agent license number)

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in the E&O, CPL or COPS policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Signed: _____
(signature of partner or officer)

(print name and title)

Date: _____