

American International Companies®

Name of Insurance Company to which Application is Made
(Herein called the Company)

PRO-PAC PROGRAM - APPLICATION COMMERCIAL GENERAL LIABILITY AND PROFESSIONAL LIABILITY POLICY

INSTRUCTIONS:

1. ALL questions must be answered. If "none or "not applicable" so indicate.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner, or director/officer of your firm.
4. The term "you," as used in this application, refers to any entity seeking insurance coverage.
5. **Attach the following submission information:**
 - Resumes
 - Brochure or Company Statement of Qualification
 - Current Financial Statement
 - Loss runs applicable to this coverage including Pollution loss information

Part I: APPLICANT

Proposed Coverage Effective Date: _____

1. Full Name of Entity(s) _____
Mailing Address _____
City _____ State _____ Zip code _____
Contact Person: _____ Telephone #: _____ Fax #: _____

Company is: Individual, Partnership, Corporation, Joint Venture, and Other _____
(Describe)

Date Entity was established: _____

List any prior entity names or affiliations: _____

2. Address of Any other Locations for Branch Offices or Subsidiaries:
Mailing Address: _____
City _____ State _____ Zip code _____
3. Does any location include Operations with an environmental exposure on site? YES NO
If yes, attach description: (Landfill, storage, transfer site, etc.) The pollution provided by this policy is limited to your work at a job site and not applicable to a location owned, occupied, rented, or loaned to you.

4. Total Staff of Personnel of Applicant: _____

Break Out of Personnel:

Principals	_____	Supervisors / Foremen	_____
Engineers & Architects	_____	Field Personnel	_____
Geologist & Chemists	_____	Clerical, Technical	_____
All Other:	_____	(Describe)	_____

3. Questions regarding Specific Operations in question 2 of previous page:

a. Sub-consultants/Sub-contractors: **Do you subcontract a part of your operations?** YES NO

If yes, What percentage of your receipts is associated with the use of subs? _____ Percent

Please identify and describe the services that your subcontract: _____

1. If yes, do you obtain certificates of insurance from your subcontractors? YES NO

2. If yes, do you require the subcontractor's policies to add you as an additional insured? YES NO

3. What are the minimum limits of liability you require for you subcontractors?

General Liability \$ _____ Contractors Pollution Liability \$ _____ Professional Liability \$ _____

b. Do your operations include Professionals conducting Phase I or Real- Estate audits? YES NO

If yes, answer questions below:

1. Please indicate if any of the following provisions are included in your Phase I Environmental Site Assessment agreements:

___ Limitation of Liability of specified dollar amount arising out of negligent act, error or omission on behalf of Insured. Indicate amount \$ _____

___ Statement prohibiting third party reliability of the report.

2. Do you utilize the ASTM standard Protocol for PESAs? If so, what version?

___ Original ASTM E 1527-93 ___ 1994 Revision E 1527-94

___ 1996 Revision E 1527-96 ___ 2000 Revision E 1527-00

3. If ASTM 2000 is utilized, what do you do to limit your liability with regard to "Business Environmental Risk" _____

c. If you indicate Waste Brokering Receipts/revenue, please complete the following:

1. Are the following a Part of Your Waste Brokering Operations:

a. Transportation of waste by transportation Company? YES _____% NO

If yes, do you verify that the transporter's insurance includes pollution coverage? YES _____% NO

b. Do you Take Title to any Waste or Cargo at any Time? YES _____% NO

c. Do you select or recommend the landfill/location on behalf of client? YES _____% NO

If yes, do you verify the Landfill/location is classified to accept the waste? YES _____% NO

If yes, do you verify that they are insured? YES _____% NO

d. Do you participate in Joint Ventures? YES NO If yes, describe: _____

_____ (This policy form does not provide coverage for joint ventures or your participation in them without prior approval and endorsement..)

e. **CONTRACTS**

1. What percentage of your jobs is performed under the following types of agreements?

Written Contract _____% Letter Agreement _____% Oral Agreement _____%

2. Do you use a standard indemnity contract with your clients and subcontractors? YES NO

If yes, attach a copy of the contract, and if no, please detail your contract procedures: _____

Part III: CLAIMS HISTORY

1. Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution, or Professional Liability Policies? YES NO

If yes, describe: _____

2. Is the applicant aware of any fact, circumstance or situation which could result in a claim being make against it or any other person or entity for whom coverage is being sought? YES NO

If yes, describe: _____

3. Has any staff member or employee been the subject of disciplinary action by authorities as a result of professional or contracting activities? YES NO If yes, describe: _____

Part IV: PRESENT INSURANCE COVERAGE

AIG PROPAC RENEWAL? YES NO if no; provide the following information for Present Insurance:

	General Liability	Pollution Liability	Auto Liability	Employers Liability	Water/Aircraft	Other
Carrier	_____	_____	_____	_____	_____	_____
Limits	_____	_____	_____	_____	_____	_____
Deductible	_____	_____	_____	_____	_____	_____
Policy dates	_____	_____	_____	_____	_____	_____
Premium	_____	_____	_____	_____	_____	_____
Occurrence or Claims Made	_____	_____	_____	_____	_____	_____
Retro Date	_____	_____	_____	_____	_____	_____
If applicable	_____	_____	_____	_____	_____	_____

Part VI: UMBRELLA INFORMATION

The Above Part IV- Chart must be completed in full or marked not applicable as it is also used for the Umbrella rating and underwriting.

1. Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? YES NO
If yes, explain: _____ (note: Missouri residents do not reply)

2. Auto Information: Total Number of Autos: _____ What is the radius of Auto operations: _____ miles
Please provide the breakout of Auto Fleet:
PP____, Light Truck _____, Medium Truck _____, Heavy Truck _____, Extra Hvy Truck/Tractor _____, Trailer _____

3. Workers Compensation Information:
a. Is statutory workers compensation coverage carried in all states or countries where the applicant is exposed? YES NO If NO, explain _____

b. Is the applicant a qualified self-insurer for workers compensation coverage? YES NO
If NO, explain _____

c. Is the Applicant Subject to any of the Following? YES NO Jones Act
 YES NO Federal Railroad Employee Act
 YES NO Longshoreman's & Harbor Workers Act

4. Does the applicant have any Aircraft or Watercraft exposure? YES NO
If yes, please provide the following details:
a. Provide number and description of all owned or leased aircraft or watercraft:
b. Does the applicant lease and watercraft or aircraft (with or without crew)? YES NO
If yes, describe: _____
c. Does applicant maintain or work at any airport or docking, pier, or wharf facilities? YES NO
If yes, describe: _____
d. Describe any cargo or passenger haulage: _____

NOTICE: PLEASE NOTE THIS APPLICATION MAY BE COMBINED AND BECOME A PART OF THE SUPPLEMENTAL PROPAC RENEWAL APPLICATION. PLEASE REVIEW YOUR COPY OF THIS APPLICATION WHEN COMPLETING ANOTHER RELATED APPLICATION TO ASSURE IT REMAINS ACCURATE. IF THIS APPLICATION IS ATTACHED TO THE RENEWAL APPLICATION, IT WILL BE COMBINED AND CONSIDERED A PART OF THE RENEWAL APPLICATION AND BE ATTACHED TO THAT POLICY AND REMAIN MATERIAL.

NOTICE: THE PROFESSIONAL LIABILITY COVERAGE (PART D), OF THIS POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS OR CLEANUP COSTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. 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 ON PAGE 5 and 6 OF THIS APPLICATION.

APPLICANT _____ DATE _____
(signature of officer of corporation)

APPLICANT _____
(print name & title)

NOTICE TO ARKANSAS 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 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

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

NOTICE TO KENTUCKY 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.”

NOTICE TO MAINE 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 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 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, 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO 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.”