



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

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## CONTRACT BINDING CONTRACTORS POLLUTION LIABILITY SUPPLEMENTAL APPLICATION

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

**NOTICE:** For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

Please complete the following supplemental application and submit together with a completed ACORD Application

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#### A. APPLICANT NAME:

Date:

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#### B. GROSS RECEIPTS

1. Estimated Gross Receipts for the coming policy term: \$
2. Estimated Gross Receipts for: 1st Prior Year: \$      2nd Prior Year: \$      3rd Prior Year: \$

Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind.

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#### C. USA & CANADA EXPOSURES

1. Please List States/Provinces you are in or you plan to work in:
  
  
2. Are any of the applicant's revenues generated by contracting services performed in New York City?  Yes  No  
If yes, please provide the percentage of the applicants overall sales associated with this operation:

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#### D. CLAIMS AND LOSSES INFORMATION

1. Has any claim, suit or notice of incident been made against the firm, subsidiary or related entity or any staff member?  
 Yes  No  
If yes, please provide full details on each incident:
  
2. Is the applicant aware of any circumstance, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit, or notice of incident been made against the firm or any staff member?  Yes  No  
If yes, please provide full details on each incident:

**E. GROSS ANNUAL REVENUE (FOR THE NEXT 12 MONTH PERIOD)**

Please list your Estimated Gross Annual Revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

<b>Contracting &amp; Construction Services</b>		<b>Residential*</b>	<b>Commercial</b>	<b>Industrial</b>
91125	Aircraft Refueling			
91342	Carpentry			
91405	Carpet/Floor Covering Installation			
95410	Clearing of Land/Grounds Keeping Incl. Grading			
91560	Concrete			
96816	Crime Scene Clean Up Incl. Janitorial			
99986	Demolition (Non Structural)			
99987	Demolition (Structural under 3 stories)			
99986	Demolition (Structural over 3 stories)			
92338	Drywall/Gypsum Wallboard Install/Repair			
92478	Electrical Incl Electronics Installation & Maintenance			
94007	Excavation - Other Than Contaminated Soils			
94381	Fire Suppression Systems -Install/Maintain			
91324	Caisson, Cofferdam-Foundation			
95410	Grading of Land			
95648	HVAC			
97447	Masonry			
91583	Modular Construction			
98305	Painting			
96816	Plant Repair & Maintenance Incl, Janitorial			
99321	Paving & Asphalt Application			
98482	Plumbing			
98677	Roofing			
97653	Steel Erection Non Structural			
97655	Steel Erection Structural			
99315	Street & Road Incl Ice and Dirt Roads			
99571	Tank/Pipe Cleaning			
95233	Transportation-Medical Waste/Bio Hazard			
95233	Transportation-Refuse/Trash			
99955	Weatherization			
99969	Welding or Cutting			
89110	Professional – Engineer/Architects – Consulting			
<b>TOTAL</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

\* Residential-includes any work relating to a place of habitation, dwelling, or residence, including without limitation, single family, multi-family, communal living, condominium, and apartment buildings.

## **FRAUD WARNINGS:**

**Notice to Arkansas and West Virginia 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 claiming 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 Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Hawaii Applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 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, 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.

**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 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, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be 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 Tennessee, Virginia 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 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 Applicants of all other states:** 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 the person to criminal and civil penalties.

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**WARRANTY STATEMENT**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) 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. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_