

Mutual Benefit Insurance Company
A member of Mutual Benefit Group
Huntingdon, Pennsylvania 16652-0577

**CONTRACTORS ERRORS AND OMISSIONS AND
LIMITED JOB SITE POLLUTION LIABILITY APPLICATION**

Complete all questions in this application. The information contained in this application and any other applications for general liability coverage made to our company constitute your representations for all coverages that you apply for herein. Provide any additional explanations on Page 3.

APPLICANT INFORMATION (Section A)

1) Named Insured(s): _____ 2) City / State: _____

3) Web site: _____ 4) Year operations started for Named Insured: _____

5) Have you conducted operations under a different name within last five years? Yes No
If yes, name of entity? _____

6) Is applicant a subsidiary of another entity? Yes No If yes, name of entity? _____

7) Do you have any subsidiaries not listed above? Yes No If yes, name of entity? _____

COVERAGE REQUESTED (Section B)

1) Check the box that applies:	Contractors Errors and Omissions <input type="checkbox"/>
	Contractors Errors and Omissions and Limited Job Site Pollution Liability <input type="checkbox"/>
2) Limits Requested – Contractors E&O: (Cannot be greater than CGL Limits)	Each Claim \$ _____ Aggregate \$ _____ Deductible (min. \$1,000) \$ _____
3) Limits Requested: - Job Site Pollution: (Cannot be greater than CGL Limits)	Each Pollution Incident \$ _____ Aggregate \$ _____ Deductible (min. \$1,000) \$ _____
4) Deductible Amount (minimum \$1,000)	Per Claim or Each Pollution Incident \$ _____

5) Proposed Effective Date: _____

6) Do you currently have Contractors Errors and Omissions Coverage? Yes No If yes, Retroactive Date? _____

PRIOR HISTORY (Section C)

1) Has any insurer denied, canceled, or non-renewed any policy providing:
Contractors Errors and Omissions? Yes No Pollution Liability? Yes No
If yes to either, provide details: _____

2) In the last 5 years have you had any claims, losses, or reported incidents against you for:
Contractors Errors and Omissions, including defective products or materials, design errors, or construction defects? Yes No
Pollution Liability, including spillage of chemicals or fuels at any job site? Yes No
If yes to either, provide details including amount of damages paid: _____

3) Have you been subject to any regulatory action for a violation of any environmental law within the last 5 years? Yes No
If yes, provide details: _____

APPLICANT'S OPERATIONS (Section D)			
1) Three-year history of:	<u>Receipts</u>	<u>Payroll</u>	<u>Subcontractor Costs</u>
Prior year	\$ _____	\$ _____	\$ _____
Current year	\$ _____	\$ _____	\$ _____
Next year	\$ _____	\$ _____	\$ _____
2) Are all projects subject to a written contract of the work you will perform? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, skip to Question 6 of this Section)			
3) Do you use a standard written contract that has been approved by legal counsel or provided by a trade organization? Yes <input type="checkbox"/> No <input type="checkbox"/>			
4) Are changes to the original contract documented in writing by you and owner/general contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
5) Do your contracts require written sign-offs of completion by owner/general contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>			
6) Name of entities that have provided more than 40% of your receipts in any one of the last 3 years. _____			
7) For what kind of work do you use subcontractors? _____			
8) Do you require subcontractors to provide Certificates of Contractors Errors and Omissions Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what are the minimum limits you require? (each claim/aggregate) _____			
9) Do you directly import any products or building materials incorporated into your work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, details of products or materials and country of origin: _____			
10) Have you or your subcontractors performed or will you or your subcontractors perform construction operations for new residential structures (<i>single-family dwellings or multi-unit residential structures</i>)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the information as follows:			
a. Number of new single-family dwellings for which construction operations were or will be conducted for the: Prior year: _____; Current year: _____; Next year: _____			
b. If you or your subcontractors have performed or will perform construction operations for new multi-unit residential structures, provide the information as follows:			
1. The maximum number of living units at any one job site location for which construction operations were or will be conducted by you or your subcontractors for the: Prior year: _____; Current year: _____; Next year: _____			
2. Total number of living units for which construction operations were or will be conducted by you or your subcontractors for the: Prior year: _____; Current year: _____; Next year: _____			
11) Have you or your subcontractors performed or will you or your subcontractors perform remodeling or reconstruction operations for multi-residential structures (<i>excluding such operations conducted for individual living unit owners</i>)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the information as follows:			
a. The maximum number of living units at any one job site location for which remodeling or reconstruction operations were or will be conducted by you or your subcontractors for the: Prior year: _____; Current year: _____; Next year: _____			
b. Total number of living units for which remodeling or reconstruction operations were or will be conducted by you or your subcontractors for the: Prior year: _____; Current year: _____; Next year: _____			
12) Do you currently have any licensed design professional in your direct employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
13) In the last five years, have you performed any design work for a fee? Yes <input type="checkbox"/> No <input type="checkbox"/>			
14) In the last five years, have you performed any designs for work completed by others? Yes <input type="checkbox"/> No <input type="checkbox"/>			

POLLUTION LIABILITY EXPOSURES (Section E)		
<i>(Complete only if you are requesting Limited Job Site Pollution Liability)</i>		
1) Other than building materials; list materials, chemicals or fuels used at job sites and list the typical quantity of each at a job site	Name of material, chemical, or fuel	Typical Quantity at Job Site
_____	_____	_____
_____	_____	_____
2) Do you have one person responsible for securing and managing storage of the above materials, chemicals, and fuels? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide name and contact information _____		
3) Do you have a written pollution incident response plan? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, skip to Question 4 of this Section)		
If yes, are your employees trained on the plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, are your subcontractors required to use the plan or submit an acceptable plan prior to work? Yes No

4) Describe disposal methods employed by you for the items listed in 1) above:

5) Do you plan any work at a waste disposal site or a site identified as a Superfund site, or do you provide pollution remediation service? Yes No

If yes, provide details: _____

ADDITIONAL INFORMATION (Section F)

Please provide any additional information to complete your answers to questions in Sections A-E of this Application.

APPLICANT'S CERTIFICATION (Section G)

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 the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto. 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. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant's Signature:

Printed name:

Title:

Date:

Agent/Broker Signature:

Agent Broker:

FRAUD WARNING

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 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.

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 the company's quotation is required prior to binding coverage and policy issuance.

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.