



ace westchester
specialty group

Contractors Pollution Liability OCIP/CCIP Wrap-Up Application (Residential/Habitational or Commercial)

I. **GENERAL INFORMATION:** OCIP CCIP Date Completed: _____

1st Named Insured(s): _____

Mailing Address: _____

Project Name: _____

Project Address: _____

Project Start Date: _____ Date of Final Completion: _____

Period of COMPLETED OPERATIONS EXTENSION required (years): _____

II. **PROJECT DETAILS:**

Type of Construction: Stick-built frame Wood over Concrete Podium Concrete & Steel Other

Any construction to involve use of EIFS (Exterior Insulation Finish System)? Yes No
If yes, please provide EIFS details on separate sheet.

Project Description and Scope of Work (or attach as necessary):

<u>Project Details:</u>	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u> <small>(wood frame, cast-in-place concrete, etc.)</small>
Single Family Dwellings*:	_____	_____	_____	_____
Townhouses*:	_____	_____	_____	_____
Condominiums*:	_____	_____	_____	_____
Apartments:	_____	_____	_____	_____
Commercial/Retail:	_____	_____	_____	_____
Hotel/Hospitality or Medical:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please describe: _____

Estimated **TOTAL CONSTRUCTION COST** for project term: \$ _____

Estimated total sale prices for all units (if applicable): \$ _____ N/A

Total Construction Cost definition: The total cost of all work let or sublet in connection with each specific project including (1) the cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work; and (2) all fees, bonuses or commissions made, paid or due.

Do not include: The cost of the land, financing (including lender's fees), insurance charges, or permit fees.

* Additional information will be required

Was / is the site previously developed?

Yes No

Description: _____

Please include complete details of any previous site improvements which will remain a part of the final project.

Will the covered project involve any demolition of existing structures?

Yes No

Will the covered project include any abatement of asbestos or lead-based paint?

Yes No

Are you seeking coverage under the policy for the demolition and/or abatement operations?

Yes No

Are there any exposures to hillsides, slopes, landfills or other potential subsidence areas?

Yes No

Description: _____

Are there any exposures to wetlands, waterways, or other environmentally sensitive areas?

Yes No

Description: _____

Are any pipelines, USTs or ASTs previously on the site, or contemplated in the development?

Yes No

Description: _____

Describe surrounding exposures including proximity of any adjacent structures:

North: _____

South: _____

East: _____

West: _____

III. PROJECT TEAM – BACKGROUND/EXPERIENCE:

A. Project Sponsor or Owner

Name of Sponsor/Owner:

Describe past experience of the Executive Sponsor with similar projects:

B. Project General or Primary Contractor (direct contractual relationship with the client or owner of the project)

Name of General or Primary Contractor:

Number of years in business: _____

Number of years constructing similar projects: _____

Provide details of past similar construction experience (i.e.: the number and types of similar structures built):

C. Project Environmental Contractor/Engineer N/A

Name of Environmental Contractor or Firm:

Number of years in business: _____

Provide details of past Environmental experience on similar projects (i.e.: the number of years' experience with the specific types of environmental issues facing this project):

IV. RISK MANAGEMENT:

A. Environmental Information

1. Is there any known lead or asbestos contamination on the project site? Yes No
If yes, please provide details on separate sheet.
2. Are there any other known or suspected existing pollution exposures on jobsite? Yes No
If yes, please provide details on separate sheet.
3. Are there any Environmental reports for the project site? Or, is a Phase I / Phase II or other environmental site assessment planned? Yes No
If yes, identify the environmental investigations that have been conducted or are planned: _____
4. Will there be any environmental compliance planning and monitoring programs implemented for use by construction crews on this project? Yes No *If yes, indicate below:*
 - Spill Prevention, Countermeasure and Control Plan (SPCC)
 - Erosion and Sediment Control Protocols
 - Storm Water Pollution Prevention Plan (SWPPP)
 - Wetland Protection and Preservation Policy
 - Dust Control / Mitigation Procedures
 - Soil Management Plan
 - Other, if selected, please describe: _____
5. Is there an environmental consultant managing environmental affairs for this project? Yes No
If yes, please identify them. _____
6. Are any environmental bonds required for this project? Yes No
7. Were there any significant design or material selection decisions made to prevent mold claims? Yes No
If yes, please provide specific details of such decisions. _____
8. Will there be a Mold Mitigation/Control Plan for this project? Yes No

B. Construction Quality Control Program

1. Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?
 Yes No *If yes:*
 - a) Who is responsible for managing the program? _____
 - b) Briefly describe the program and/or attach a copy of the program to this questionnaire:

2. Does the Named Insured have a written Site Inspection Program? Yes No *If yes:*
 - a) When are the inspections performed? _____
 - b) Are surprise inspections conducted? Yes No
 - c) Who conducts the inspections? _____
 - d) Will there be an established criteria for required follow-up: Yes No
3. Does the Named Insured have any Independent Inspections/Assessments performed? Yes No *If yes:*
 - a) Who is providing this service? _____
 - b) Briefly describe the scope of their services or attach a copy of their contract to this questionnaire:

 - c) What percentage of units are to be inspected and how often? _____

V. **CLAIM AND LOSS EXPERIENCE:** For the General or Primary Contractor and Lead Design Professional – *provide 4 years of all MOLD & POLLUTION claim/loss history* (and attach currently valued CGL, CPL and Professional loss runs):

	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
	Current Year				
	1 st Prior Year				
	2 nd Prior Year				
	3 rd Prior Year				
	4 th Prior Year				
Total(s):					\$

For all large Mold or Pollution losses (any loss of \$20,000 and greater), please provide full details on a separate sheet.

VI. **NAMED INSUREDS and ADDITIONAL INSUREDS TO BE LISTED ON THE POLICY:**

<u>Name of Person or Organization</u>	<u>Interest in the policy</u> (i.e.: Project Owner, Project Sponsor, General Contractor, Environmental PM, etc.)	<u>Named Insured (NI) / Additional Insured</u>
		<input type="checkbox"/> NI <input type="checkbox"/> Add'l Insd
		<input type="checkbox"/> NI <input type="checkbox"/> Add'l Insd
		<input type="checkbox"/> NI <input type="checkbox"/> Add'l Insd
		<input type="checkbox"/> NI <input type="checkbox"/> Add'l Insd

VII. **ADDITIONAL INFORMATION TO ACCOMPANY THIS QUESTIONNAIRE**

1. Site Map
2. A copy of the Project Contract and Scope of Work - verifying nature of contracting activities and projected Start and Final Completion Dates.
3. Construction Budget – Confirming the “Total Construction Cost”
4. All Environmental Investigation or Assessment Reports conducted at the project property (i.e., Phase I or II Environmental Assessments, Asbestos / Lead-based Paint Survey, Soil Management Plan, etc.)
5. Recent Soil/Geotechnical Report
6. Currently valued GL, CPL, and Professional Liability Loss Runs for the Primary/General Contractor and Architect.

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT’S ACCEPTANCE OF THE COMPANY’S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

IN ADDITION, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICABLE FRAUD WARNINGS SET FORTH BELOW:

NAME OF APPLICANT

Signature of Applicant: _____ Date: _____

Name and Title: _____

Signature of Producer: _____ Date: _____

Name and Title: _____

FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA 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 restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA 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 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 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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of 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 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 submits an application or 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 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 knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

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 ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.