



ace westchester  
specialty group

## BUILDERS RISK POLLUTION LIABILITY APPLICATION

<b>SECTION I: APPLICANT</b>					
NAME OF APPLICANT:				DATE:	
MAILING ADDRESS:					
CITY:		STATE:		ZIP CODE:	
MAIN TELEPHONE:			WEB ADDRESS:		
PRINCIPAL CONTACT:			TITLE:		
TELEPHONE:		FAX:		EMAIL ADDRESS:	
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER:_____
Applicant is an:	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> SUBCONTRACTOR	<input type="checkbox"/> OWNER	<input type="checkbox"/> DEVELOPER	<input type="checkbox"/> OTHER:_____
<b>SECTION II: COVERAGE REQUESTED</b>					
<input type="checkbox"/> COVERAGE A – BUILDERS RISK ONSITE CLEANUP COSTS					
<input type="checkbox"/> COVERAGE B – BUILDERS RISK POLLUTION LIABILITY (BODILY INJURY OR PROPERTY DAMAGE)					
<input type="checkbox"/> COVERAGE C – FUNGI, MOLD OR MICROBIAL MATTER					
PROPOSED EFFECTIVE DATE: _____				<i>RETROACTIVE DATE WILL BE THE SAME AS THE ACTUAL EFFECTIVE DATE</i>	
EXPECTED JOB TERM:		ESTIMATED START DATE: _____			
ESTIMATED COMPLETION DATE: _____					
PROPOSED LIMITS:					
<input type="checkbox"/> \$100,000 PER OCCURRENCE / \$100,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$250,000 PER OCCURRENCE / \$250,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$500,000 PER OCCURRENCE / \$500,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$1,000,000 PER OCCURRENCE / \$1,000,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$1,000,000 PER OCCURRENCE / \$2,000,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$3,000,000 PER OCCURRENCE / \$3,000,000 GENERAL AGGREGATE					
<input type="checkbox"/> \$5,000,000 PER OCCURRENCE / \$5,000,000 GENERAL AGGREGATE					
<input type="checkbox"/> OTHER: \$ _____ PER OCCURRENCE / \$ _____ GENERAL AGGREGATE					
PROPOSED RETENTION AMOUNT: \$ _____					
JOB VALUES		TOTAL "SOFT" COSTS: \$ _____			
		TOTAL "HARD" COSTS: \$ _____			
		TOTAL PROJECT VALUE: \$ _____			

**COVERED LOCATION INFORMATION**

PROJECT / JOB NUMBER:

PROJECT ADDRESS (OR LEGAL DESCRIPTION):

PROJECT OWNER:

PROJECT OWNER'S ADDRESS:

PROJECT DESCRIPTION, INCLUDING SCOPE OF WORK:

ADDITIONAL INTERESTS REQUESTED (ATTACH ADDITIONAL SHEET IF NECESSARY)

NAME & ADDRESS

INTEREST

KNOWN CURRENT AND HISTORICAL OPERATIONS AT THE PROPOSED COVERED LOCATION:

DESCRIBE PROPERTIES ADJACENT TO THE PROPOSED COVERED LOCATION:

NORTH:

SOUTH:

EAST:

WEST:

**PLEASE PROVIDE COPIES OF ANY AVAILABLE ENVIRONMENTAL  
REPORTS, DATA OR STUDIES WITH THIS SUBMISSION.**

PLEASE COMPLETE THE FOLLOWING ADDENDUMS, IF APPLICABLE:

**ADDENDUM A – FUNGI, MOLD OR MICROBIAL MATTER**

**ADDENDUM B – STORAGE TANKS**

**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.**

**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. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

_____ <b>Name of Applicant</b>	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

**ACE Westchester Specialty Group - Environmental Division**  
 500 Colonial Center Parkway, Suite 200 Roswell, GA 30076



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## ADDENDUM A FUNGI, MOLD OR MICROBIAL MATTER

BUILDERS RISK POLLUTION LIABILITY APPLICATION

<p>1. Does the contractual language hold the applicant or any of the other Named Insured's responsible for diagnosing or correcting moisture problems that contribute to potential mold problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy of the wording)</p>
<p>2. Does the applicant or any of the other Named Insured's warrant against moisture problems that contribute to potential mold problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy of the wording)</p>
<p>3. How is an existing moisture problem or mold encountered during the performance of the work handled and documented?</p>
<p>4. How is it communicated and documented that mold may be or will be a problem if existing moisture problems are not resolved?</p>
<p>5. If a complaint is received regarding moisture problems due to the work, what steps are taken to correct the problem? What time frame does it take to complete the corrective actions?</p>
<p>6. How are potential health problems, allergic reactions, odor or physical complaints or claims handled and documented?</p>
<p>7. Have there been any incidents or claims involving mold reported to the applicant or any of the other Named Insured?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide details of each incident or claim)</p>



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## ADDENDUM B STORAGE TANKS

BUILDERS RISK POLLUTION LIABILITY APPLICATION

NAME, STREET ADDRESS, CITY, STATE, ZIP CODE:	
NUMBER OF ABOVEGROUND STORAGE TANKS:	NUMBER OF UNDERGROUND STORAGE TANKS:

### STORAGE TANK SCHEDULE

	ID No. ____	ID No. ____	ID No. ____	ID No. ____	ID No. ____
AST OR UST					
AGE					
CAPACITY (gallons)					
PRODUCT CODE					
CONSTRUCTION CODE					
PROTECTION CODE					
LEAK DETECTION CODE					
SECONDARY CONTAINMENT CODE					
MOST RECENT TANK TESTING DATE					
DID IT PASS OR FAIL?					
HAS THIS TANK BEEN UPGRADED TO THE 1998 STANDARDS?					
<b>ASSOCIATED PIPING</b>					
LENGTH OF PIPING (feet)					
AGE					
% OF PIPING UNDERGROUND					
CONSTRUCTION CODE					
PROTECTION CODE					
DISPENSER CODE					
OIL/WATER SEPARATOR IN USE?					

### CODES

PRODUCT CODE	CONSTRUCTION CODE	PROTECTION CODE
D – Diesel	DWS – Double Wall Steel	CP – Cathodic Protection
G – Gasoline	DWF – Double Wall Fiberglass	EC – Epoxy Coated
A – Aviation	STIP – STIP-3 Construction	V – Tank Vault
U – Used Oil	SWS – Single Wall Steel	PL – Pit Liner
O – Organic Chemicals	SWF – Single Wall Fiberglass	N – None
I – Inorganic Chemicals	LS – Lined Steel	P – Painted Tank
	UNK - Unknown	UNK - Unknown

LEAK DETECTION CODE	SECONDARY CONTAINMENT CODE	DISPENSING CODE
E – Electronic Monitoring	PC- Poured Concrete	S – Suction
DS – Dip Stick	CB – Concrete Block	P – Pressure
MW – Monitoring Well	E – Earth	
PT – Pressure Test	L – Lined	
SI – Statistical Inventory	N – None	
N - None	UNK - Unknown	
UNK - Unknown		