



One Bala Plaza, Suite 100
 Bala Cynwyd, PA 19004

Name of Insurance Company to which **Application** is made (herein called the “**Insurer**”)

CONTRACTOR ENVIRONMENTAL COVERAGE APPLICATION SUPPLEMENTAL CLAIM INFORMATION

Submit one form for each claim or incident. If space is insufficient to answer any question completely, please use the Additional Information page attached to this application.

1. Full name of the Applicant Firm:
2. Full name of the firm which reported the claim (if different from above):
3. Full name of the claimant:
4. Indicate whether: Claim / Suit Incident / Potential claim Remediation Expense
5. Date / Period of pollution release or incident that led to claim:
6. Date the claim was reported to the insurance carrier:
7. Other parties against which this claim is made:
8. This claim is: OPEN CLOSED
9. If CLOSED, indicate the date closed:
10. Please complete the following:

If claim is still open:

- A. Remediation expenses incurred/estimate: \$
- B. Claimants settlement demand: \$
- C. Defendant’s offer for settlement: \$
- D. Insurance company’s loss reserve: \$
- E. Deductible: \$
- F. Total loss and expenses paid to date: \$

If claim is closed:

- A. Loss paid in excess of deductible: \$
- B. Expenses paid in excess of deductible: \$
- C. Deductible: \$

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Contractors Environmental Coverage application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal Partner or Officer)**

Signature

Date

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date