



**CONTRACTOR ENVIRONMENTAL COVERAGE (CEC) WRAP APPLICATION**

- ▶ **OWNER CONTROLLED INSURANCE PROGRAM (OCIP)**
- ▶ **CONTRACTOR CONTROLLED INSURANCE PROGRAM (CCIP)**

**INSTRUCTIONS**

- Please answer all questions completely. If any question does not apply, please check “no” or state “N/A”.
- If additional space is required, please provide on separate sheet and reference the section and question number.
- This form must be signed and dated by an owner, partner, director / officer or principal of the Applicant.

**SUBMISSION REQUIREMENTS**

1. Complete copy of the **Project Contract and Scope of Work** (including all exhibits, drawings and specifications, and any special conditions sections.) If no contract has been finalized, provide the bid documents, scope of work, etc.
2. Copies of all **Environmental Studies**, reports, audits and / or remediation work plans prepared or issued for the project, if applicable.
3. Copies of **Contracts** between lead contractors and / or owner and all sub-contractors working on this project.
4. **Financial Statements** for the Named Insured (Lead Contractor or Owner), or for other member or equity partner on the project, as applicable and relevant. (Income Statement and Balance Sheet for the last two completed fiscal years).
5. Three (3) years of **currently valued Loss Runs** for any GL, CPL and Professional Liability policies held by the Lead Contractor. Also, provide loss specifics for any pollution contamination incidents at other projects, or at other properties developed or operated by the Owner, as applicable.

**SECTION I – GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Website: www. \_\_\_\_\_  
 Requested Policy Structure:    OCIP                    CCIP                    Project (Non-wrap up)  
 Risk Management Contact: \_\_\_\_\_ Risk Management's Phone: \_\_\_\_\_  
 Risk Management Email: \_\_\_\_\_

**SECTION II – PROJECT INFORMATION**

1. Project Name: \_\_\_\_\_
2. Contract Number: \_\_\_\_\_
3. Project Location: \_\_\_\_\_
4. Construction Start-up Date: \_\_\_\_\_ Date of Final Completion: \_\_\_\_\_
5. Estimated TOTAL CONSTRUCTION COST (TCC) for the Project: \$ \_\_\_\_\_
6. Project description – Nature of construction or contracting operations to be performed (or attach SOW as necessary): \_\_\_\_\_

7. Site description (include acreage, significant site features, body of water and immediate surrounding areas):

8. Project Details

	# Units	# Of Buildings	# Of Stories	Construction Type**
Single family dwellings*				
Multi-tenant residential*				
Commercial / Retail*				
Hospitality				
Industrial				
Medical				
Other:				
* Additional information will be required				

**\*\**(Example: stick-built frame, wood over concrete podium, concrete and steel)***

9. Will construction involve the use of Exterior Insulation Finish System (EIFS)? Yes No
10. Was / is the project site previously developed? Yes No  
 Please describe: (Include details on any previous site improvements which will remain a part of the final project)
11. Is there a demolition component to this project? Yes No  
 Please describe:
12. Will the project include any pollution conditions clean-up or remediation activities? Yes No  
 Please describe:
13. Are there any environmental reports for the project site or are any environmental assessments planned? Yes No  
 If yes, identify the environmental reports conducted or planned:
14. Is this a Superfund National Priorities list or DOD / DOE site? Yes No
15. Are there exposures to hillsides, slopes, landfills or other subsidence issues? Yes No
16. Are there any exposures to wetlands, waterways, or other environmentally sensitive areas? Yes No
17. Are there any exposures to pipelines, ASTs or USTs previously at the site, or to be developed? Yes No
18. Will there be an environmental consultant managing environmental affairs for this project? Yes No
19. Which of the following risk control or operational procedures will be implemented during the project:
- |   |   |
|---|---|
| Project Specific Health and Safety Plan | Excavation and Underground Utility Risk Plan      |
| Erosion Prevention and Sediment Control | Storm Water Pollution Prevention and Control Plan |
| Dust Control and Prevention Plan        | Soils Management Plan                             |
| Vapor Barrier or Radon Mitigation       | Cap or other Engineered Barrier                   |
20. Does any portion of your work involve excavation, grading, or otherwise involve placement or compaction of soil or involve subsurface conditions? Yes No  
**If yes, provide full details and documents.**

**SECTION III – ENVIRONMENTAL CONTRACTING TO BE PERFORMED**

1. Indicate projected construction cost, or % of TCC, for each of the following classes of operations (as applicable):

<b>Contracting Operations</b>	<b>Estimated Construction Cost or % of TCC</b>
Clean-up of Pollution in Soil or Groundwater	
Asbestos and / or Lead Based Paint Abatement	
UST Installation or Removal	
Hauling and Disposal of Haz-Mats or Contaminated Material	
Facility Decommissioning or Decontamination	

**SECTION IV – CONSTRUCTION QUALITY CONTROL**

1. Will a quality control program be implemented to monitor all construction activities on the project? Yes    No  
 a. Who is responsible for managing the program:  
 b. Briefly describe the program and / or attach a copy of the program to this application:
2. Will a written site inspection program be implemented on the project? Yes    No  
 a. When will the inspections be performed:  
 b. Will surprise inspections be conducted:  
 c. Who conducts the inspections:  
 d. Will there be established criteria for required follow-up:
3. Will independent inspection / assessments be performed? Yes    No  
 a. Who is providing the service:  
 b. Briefly describe the scope of their services (or attach a copy of their contract to this application):
- c. What percentage of units are to be inspected and how often: %

**SECTION V – PROJECT TEAM BACKGROUND / EXPERIENCE**

1. **Project Owner / Developer / Sponsor**  
 Name of Owner / Developer / Sponsor:  
  
 Describe past construction experience of the Owner / Developer / Sponsor with similar projects:
2. **Project General or Primary Contractor**  
 Name of General or Primary Contractor:  
 Number of years constructing similar projects:  
 Provide details of past similar construction experience (i.e. the number and types of similar structures built):
3. **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):



- |    |   |     |    |
|----|---|-----|----|
| 2. | Has the Applicant or any other party to the proposed insurance ever been subject to disciplinary action as a result of their professional services or contracting services?<br>If yes, give full details: | Yes | No |
|    |   |     |    |
| 3. | Within the immediate past three (3) years have any claims been made or legal actions been brought against the Applicant or other party to the proposed insurance?<br>If yes, provide full details.        | Yes | No |
|    |   |     |    |
| 4. | Within the immediate past three (3) years, has the Applicant reported any claims or circumstances to any other liability insurer?<br>If yes, provide full details and loss runs.                          | Yes | No |

If there have been any incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter or mold in that three (3) year period, please provide details regarding claimant, nature of claim, amount paid or estimated to be paid, and final disposition or current status.

**No application will be accepted unless signed by the Applicant**

The Applicant represents and warrants on its behalf and on behalf of each and every partner, officer, director, member, stockholder, and employee that the individual signing this application has authority to do so on behalf of and with the intent to bind the Applicant and that after reasonable investigation the information submitted in connection with this Application, whether attached hereto or in any supplement, as well as all answers to the questions on this application are complete, true and correct. Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any facts thereto commits a fraudulent insurance act, which is a crime. Breach of this provision can result in the forfeiture of any policy issued on reliance upon this application from policy inception.

**Application Addendum**

Philadelphia Insurance Companies or its authorized representatives are hereby authorized to conduct such inquiries as necessary to verify all information.

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN DISTRICT OF COLUMBIA:** 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OKLAHOMA:** 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN VERMONT:** 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.

**APPLICABLE IN NEW YORK:** 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO, OWNER, PARTNER, DIRECTOR/ OFFICER OR PRINCIPAL OF THE INSURED)

\_\_\_\_\_  
SIGNATURE

DATE

**PRODUCED BY: (SECTION TO BE COMPLETED BY THE PRODUCER/ BROKER)**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

ADDRESS (STREET, CITY, STATE, ZIP)

**Resident or Non-Resident Surplus Lines Licensee Information by Applicant's State of Domicile**

SL LICENSE STATE

SL LICENSE NO.

TAXPAYER I.D.