

CNA / SCHINNERER CONTRACTORS POLLUTION INCIDENT E-Z QUESTIONNAIRE

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you a General, Specialty or Environmental Contractor? _____

Please provide, on an additional sheet, a brief description of the firm's services and major project types.

Number of licensed architects/engineers on staff : _____ Total staff: _____

Are you responsible for Design, Construction or Project or Program Management? Yes No If yes, need details

The firm has the following risk management procedures in place:

Written safety plan Yes No Use of written health and safety manual Yes No

Written spill containment plan Yes No Is there a health and safety audit program Yes No

Do you have a quality assurance plan in place to prevent the growth of mold? Yes No If yes, specify major points of the plan on a separate sheet of paper.

Contracting Revenues (for past 12 months) _____

Contracting services provided:	% Gross Revenue	% Subcontracted Revenue
Total	100%	
Total construction values		

What insurance coverage and limits does the firm require from subcontractors? _____

• Please provide an explanation to any following "YES" answer. Use additional sheet if necessary:

Does the firm or any related company own or lease any licensed waste treatment, storage or disposal facility? Yes No _____

Is the firm responsible for transportation or removing waste from the job site? Yes No _____

Does the firm ever select the waste disposal site? Yes No

Is the firm responsible for asbestos abatement? Yes No _____

Has the firm ever been involved in a pollution incident or environmental claim including but not limited to mold? Yes No If Yes, Details: _____

Is any firm principal, partner, officer, director, or member aware of any claim or circumstance that could give rise to a pollution incident or environmental claim? Yes No _____

Does the firm currently carry pollution incident liability insurance? Yes No Retro date: _____

Carrier/Limits of Liability/Self Insured Retention/Renewal Date: _____

Please provide the firm's GL and Umbrella carrier, limits of liability, and policy effective/expiration dates:

Does your CGL policy have an exclusion for mold, fungi or microbes? Yes No If yes, please attach a copy of the exclusion.

Please provide the firm's GL loss ratio for the past five years: _____ % And current WC mod: _____ %

Name of person completing this form: _____

Business Phone Number: _____ Email Address: _____

Are you the: Broker or Contractor

Note: A completed CNA Contractors Pollution Incident application will be required in order to issue a policy.

Victor O. Schinnerer & Co., Inc. Tel: 301/961-9800 Fax: 301/951-5444

Warning – Kentucky, Minnesota, Pennsylvania, New York and Ohio Residents

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.

For New York Residents Only: And shall also be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for each such violation.

I/We hereby declare that the above statements and particulars are true to the best of my Knowledge and that I/we have not suppressed or misstated any material facts and I/we Agree that this questionnaire shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this questionnaire does not bind the Insurance company to sell nor the person completing the form to purchase the insurance.

Name of Principal, Partner or Officer _____
(Type or Print)

Title _____

Signature _____ Date _____
(Principal, Partner or Officer)

NOTE: This questionnaire must be reviewed, signed and dated by a principal, partner or officer.

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BROKER MUST COMPLETE THE FOLLOWING

Broker Name _____ Brokerage Name _____

Address _____

Phone _____ Fax _____ E-mail _____

E+S License Number _____ State _____ Renewal Date _____

This program is only available to Licensed Excess & Surplus Lines Agents/Brokers
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