



Environmental Liability Insurance
Contractors Pollution Liability (CPL) Occurrence
Proposal form



NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

- 1 Name of applicant including trading names:

- 2 Names of subsidiaries:

- 3 Names of any other parties required to be insured (including their relationship with the applicant):

- 4 Postal address:
- 5 Website address:
- 6 During the past five years has the business name been changed, any other business been purchased, any merger or consolidation taken place or has the nature of the business changed significantly? Yes No
If Yes, please provide full details:

- 7 Advise the number of years that the business has been operating:

STAFF DETAILS

- 8 Please list the full details of all current directors and executive officers:

Name	Qualifications	Date Appointed

- 9 Indicate the number of personnel in each applicable category:

Category	Number	Category	Number
Principals, partners and directors		Qualified professionals	
Other technical staff		Administrative and clerical	
Other (please describe):			

FINANCIAL INFORMATION

10 Please provide total gross revenue split as follows:

Country	Last financial year (actual)	Current financial year (projected)
New Zealand	\$	\$
Australia	\$	\$
Pacific Islands	\$	\$
Asia	\$	\$
UK & Europe	\$	\$
USA & Canada	\$	\$
Other. Please specify:	\$	\$
Total	\$	\$

11 Enter your **Estimated Gross Revenue** for the next 12 month period by the appropriate **Contracting Operations** listed below. The sum of **Environmental** and **Non-Environmental Contracting Operations** should equal the **Estimated Gross Revenue** entered in Question 10 above.

Environmental contracting operations	Estimated gross revenue	% subcontracted
Asbestos/lead abatement	\$	%
Residential mould abatement	\$	%
Commercial mould abatement	\$	%
Construction or project management	\$	%
Dredging (remedial)	\$	%
Emergency response clean-up	\$	%
Testing and sampling	\$	%
Hazardous material remediation	\$	%
Landfill construction/expansion/capping	\$	%
UST installation/removal & maintenance	\$	%
AST installation/removal & maintenance	\$	%
Transportation associated environmental contracting operations	\$	%
Other environmental contracting operations. Describe below.	\$	%
Total environmental contracting revenue	\$	%

Non-environmental contracting operations	Estimated gross revenue	% subcontracted
Carpentry/framing	\$	%
Construction or project management	\$	%
Demolition/dismantling	\$	%
Dredging	\$	%
Drilling / tunneling	\$	%
Electrical	\$	%
Excavation or grading	\$	%
Residential construction	\$	%
HVAC/mechanical	\$	%
Industrial cleaning	\$	%
Commercial construction	\$	%
Energy or utility service / maintenance	\$	%
Marine construction and service	\$	%

Operation & maintenance of facilities owned by others	\$	%
Painting/coatings application	\$	%
Pesticide/herbicide/fertilizer application & landscapers	\$	%
Pipeline/railroad construction or maintenance	\$	%
Plumbing	\$	%
Roofing/insulation	\$	%
Transportation	\$	%
Steel erection	\$	%
Street / road /other infrastructure	\$	%
Other non-environmental contracting operations. Describe below.	\$	%
Total non-environmental contracting revenue	\$	%

OWNED OR OPERATED FACILITIES:

- 12 Are any of your owned or operated locations utilised for operations other than equipment parking/storage (no maintenance)? Yes No
- 13 Please enter the number of owned or operated facilities by type:

SAFETY PRACTICES:

- 14 Do you have a written procedure for avoiding underground hazards? Yes No
If Yes, please attach a copy of your underground hazards procedure.
- 15 Do you have a written Employee Health and Safety Plan? Yes No
If Yes, please attach a copy of your Employee Health and Safety Plan.
- 16 Do you have a written Quality Control or Quality Assurance programme in place? Yes No
If Yes, please attach a copy of your Quality Control or Quality Assurance programme.

SUB-CONTRACTORS:

- 17 Do you obtain certificates of insurance from your subcontractors? Yes No
- 18 Do you require a subcontractor’s insurance policy to add you as an additional insured? Yes No

CONTRACTS:

- 19 Percentage of jobs performed under the following types of agreements?
Written Contract: % Letter Agreement: % Oral Agreement: %

TEMPORARY OR CASUAL EMPLOYEES:

- 20 Do you use temporary or casual employees? Yes No
If Yes, please describe:

INSURANCE HISTORY

- 21 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? Yes No
If Yes, please provide details in a separate attachment.

22 Please provide details of any current Environmental Liability insurance coverage that you have in place:

Current insurer:

Expiry Date:

Limit of indemnity: \$

Excess: \$

Premium: \$

CLAIMS HISTORY

23 Has any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct?

Yes No

If Yes, please provide full details:

24 Have any claims ever been made against you, your predecessors in business, or any present or former partner, principal, director or employee of the business under any Contractors Pollution policies?

Yes No

If Yes, please provide full details of for each matter including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

If a current loss summary is available from your present and past insurers please attach a copy.

25 Are you, or any partner, principal, director or employee, after enquiry, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business?

Yes No

If Yes, please provide full details for each matter including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability.

COVER REQUIRED

26 Limit of indemnity required: \$1m \$2m \$5m \$10m Other:

27 Level of excess required: \$5,000 \$10,000 \$15,000 \$20,000 \$50,000 Other:

28 Term required (years):

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

(a) I/We am/are obliged to advise Delta Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.

(b) Failure to provide this information may result in Delta Insurance New Zealand Limited refusing to provide the insurance.

(c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:



Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers