



**Worldwide Facilities®, Inc.**

[www.wwfi.com](http://www.wwfi.com)

APPLICATION FOR  
PROFESSIONAL LIABILITY  
CONTRACTOR'S POLLUTION LIABILITY and  
COMBINED CONTRACTOR'S AND PROFESSIONAL POLLUTION LIABILITY

INSTRUCTIONS

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal or other duly authorized person.
- Please submit the following with this application:
  - Firm's literature describing their services and qualifications; for example, a Statement of Qualifications or Standard Form 254
  - Current audited financials including balance sheet and income statement
  - Standard client and sub-contractor contract documents used
  - Resumes of Key Personnel
  - Representative Project Listing with descriptions
  - Attach a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations for each entity (Only those entities performing the services and/or operations as proposed will be included as Named Insured)

1. Named Insured & Address (Street & P.O. Box):	
2. FEIN:	
3. Telephone Number & Web Site Address:	
4. Fax:	
5. Contact Name & Title:	

<b>6. Locations of Branch Offices:</b>	
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<b>7. What policy is being requested?:</b>	<input type="checkbox"/> Professional Liability <input type="checkbox"/> Contractor's Pollution Liability (Occurrence) <input type="checkbox"/> Contractor's Pollution Liability (Claims Made) <input type="checkbox"/> Professional Liability (Claims Made) & Contractor's Pollution Liability (Claims Made) <input type="checkbox"/> Professional Liability (Claims Made) & Contractor's Pollution Liability (Occurrence)
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<b>8. What Limits &amp; Deductible are you requesting?:</b>	Limits:        occ./        agg.  Retention:  Retroactive Date(s):
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<b>9. Date Insured's firm was established?:</b>	
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<b>10. Insured is a:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, please specify
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<b>11. Operations performed in the:</b>	US        %    Canada        %    Other        %  If Other, Where?
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<b>12. Describe any pending corporate acquisitions or historical corporate name changes or mergers and acquisitions that have occurred in the past 5 years:</b>	
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<b>13. Total Gross Revenue:</b>	Fiscal Year is from:        to  Previous Fiscal Year: \$
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	Current Fiscal Year: \$
	Estimated for next Fiscal Year: \$

<b>14. Number of personnel:</b>	Principals/Owners:
	Licensed Professionals:
	Project Managers:
	Other (please describe):
	Total number of personnel:

15. Indicate which services apply and their total gross receipts: (Note: Section A + Section B must total 100%)

Section A – Professional Liability	% of Projected Revenue	% Sub Contracted
Analytical Testing and Analysis		
Asbestos/Lead/Mold Investigations and/or Remedial Design		
Civil/Structural Engineering		
Construction and Project Management		
Construction Materials Testing		
Environmental Risk Assessments		
Expert Witness Services		
Field Sampling and Testing		
Geology/Hydrogeology Consulting		
Geotechnical/Foundation/Soils		
Health and Safety Training		
HVAC/Electrical/Mechanical		
Observation and Inspection of Construction		
Process Engineering		
Regulatory Consulting and Permitting		
Remedial Design Plans and Specifications		
Remedial Investigations/Feasibility Studies/		
Software/IT/IS Design and Consulting		
Surveying		
Underground Storage Tanks Services (Testing/ Maintenance /Design)		
Waste Brokering Services		
Other (Please Specify)		
Other (Please Specify)		
<b>Total</b>	<b>%</b>	

Section B - Contractors Pollution Liability	% of Projected Revenue	% Sub Contracted
Asbestos/Lead/Mold Remediation Services		
Drilling Services		
Electrical Contracting		
Energy Service Contractors (Pipeline and Well)		
Excavation and Grading Services		
Field Sampling Services (Soil, Water etc)		
General Contracting Services – Nonresidential		
General Contracting Services - Residential		
General Construction Services		
HVAC Contracting		
Industrial Process Facility Services (Maintenance and Repair)		
Marine and Dredging Services		
Remedial Action Contracting Services		
Street and Road Services		
Underground Storage Tank Services		
Other (Please Specify)		
Other (Please Specify)		
<b>Total</b>	<b>%</b>	

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16. Key Personnel:

Name:	Title:	Degree/Major:	Years of Experience:
Name:	Title:	Degree/Major:	Years of Experience:
Name:	Title:	Degree/Major:	Years of Experience:
Name:	Title:	Degree/Major:	Years of Experience:
Name:	Title:	Degree/Major:	Years of Experience:

17. Type of Client by Percentage:	Federal Government:    %	State Government:    %
	Local Government:    %	Private:    %    Other    %
	If Other, please specify	

18. Types of Projects by Percentage:	Condominiums:    %	Other Residential:    %
	Commercial Buildings:    %	Transportation:    %
	Water/Wastewater:    %	Manufacturing:    %
	Power:    %	Petrochemical:    %
	Other Industrial:    %	Department of Defense:    %
	Other:    %    Please describe:	

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<b>19. Have you entered into any Joint Venture Agreements to which this insurance should apply? If yes, please explain and attach a copy of Articles of Joint Venture Incorporation.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Use of Written Contracts**

<b>20a. Does your contract contain a limitation of liability provision? If yes, please explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b. When do you work with no written contract?:</b>	
<b>c. Who reviews your clients' contracts on your behalf?</b>	

**Insured's Subcontracting Procedures**

<b>21a. By total amount of gross receipts, what contracting services do you subcontract?:</b>	
<b>b. Do you use written contracts with your subcontractors?:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c. Do you require your subcontractors to carry limits of at least \$1,000,000 of the following coverages?:</b>	General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Liability <b>with Pollution</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor's Pollution Legal Liability <input type="checkbox"/> Yes <input type="checkbox"/> No Professional Liability <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d. Do you request that subcontractors add you as an Additional Insured to the following?:</b>	General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No Automobile Liability <b>with Pollution</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Contractor's Pollution Legal Liability <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e. Are updated certificates of insurance from subcontractors kept on file?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>22. How do you address loss prevention?:</b>	
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<b>23. Do you have a dedicated Health and Safety Officer? If yes, please provide resume:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>24. Do you select, arrange for the transportation of, or transport hazardous waste to treatment, storage or disposal facilities? If yes, please explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>25a. Do you own, operate, rent or lease a treatment, storage or disposal facility? If yes, please provide details:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>b. Do you ever rent/lease equipment to others? If yes, list types of equipment and whether or not operations are included:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**26. Current Insurance Program:**

Coverage	Claims Made or Occurrence	Carrier	Limits	SIR/Ded.	Ex. Date	Retro Date	Premium
Prof. Liab	CM						
CPL							
GL							

<b>27. Has any application for Professional Liability and/or Contractor's Pollution Liability Insurance by the applicant, present owners, principals or partners ever been declined or coverage cancelled or non-renewed? If yes, please explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>28. Has any claim, suit, or demand for money or services ever been made against the applicant, its subsidiaries, or its principals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain including the following details: <ul style="list-style-type: none"> <li>a. Date of claim, suit, notice or request was made:</li> <li>b. Date of incident resulting in claim, suit, notice or request:</li> <li>c. Name of Claimant:</li> <li>d. Nature of claim, suit, notice or request:</li> <li>e. Amount of demand:</li> <li>f. Amount paid or estimation of payment including reserves:</li> <li>g. Current status or final disposition:</li> </ul>
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29. Is the applicant aware of the following: any circumstances or any allegations of the applicant's liability, or any allegations of an act, error, or omission in the performance of the applicant's services which may result in any claim, suit, or demand for money or services against the applicant or any person or entity for who, the coverage is sought? If yes, please explain:

Yes  No

**PLEASE NOTE THAT THE POLICY SHALL NOT APPLY TO SUCH REPORTED CLAIMS OR CIRCUMSTANCES, UNLESS SCHEDULED ONTO THE POLICY BY ENDORSEMENT.**

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30. What else would help us in underwriting your firm?:

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ANY PERSON WHO KNOWINGLY INCLUDED ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

APPLICANT \_\_\_\_\_ Date:  
(signature of owner or officer)

APPLICANT  
(print name & title):

BROKER Date:  
(print name of firm):

(address of brokerage firm):

(contact person & telephone number):