



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

Contractors Environmental Liability Proposal Form

Please read the Important Notes (last page) prior to completing this proposal form

1. GENERAL INFORMATION

Named insured _____

Address _____

Telephone _____

Fax _____

Email _____

Named insured is a:

Partnership Corporation Joint Venture Other

List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured

Other insured	Relationship to named insured

2. INSURANCE PROGRAMME:

(a) Limit of liability. Please indicate limit of liability required:

Each incident: _____

Aggregate: _____

(b) Excess. Please state required options for the each incident excess to be retained by the proposer:

(c) Has the proposer purchased this type of insurance in the last five (5) years?

Yes No If "yes" please provide details:

3. COVERED OPERATIONS:

(a) Revenues:

Please provide details of annual revenues for the last three years of account and an estimate for the forthcoming year:

Year	Revenue

(b) Schedule of covered operations;

All activities should be detailed in the Covered operations schedule attached to this proposal form. Please complete this in full ensuring monetary values are entered in the 'revenue' column and a percentage in the 'subcontracted' column where applicable.

(c) Offshore:

Please provide details of any covered operations undertaken on offshore rigs, platforms or other permanent structures.

(d) Do you have a written emergency spill response procedure?

Yes No

(e) What levels of insurance do you require subcontractors to carry:

General liability: _____

Contractors environmental / pollution liability: _____

Professional liability: _____

(f) Do you require a written contract with subcontractors containing hold harmless and indemnification provisions with respect to environmental / pollution incidents prior to them commencing work for you?

Yes No

NOTE

For the purposes of questions 4 a) to d) "you" means the named insured entity and any Director, Officer or Partner thereof.

4. CLAIMS/CIRCUMSTANCES:

(a) Have you in the last five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?

Yes No If "yes" please describe

(b) Have you in the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted for any offense directly or indirectly arising out of a release during any covered operations into any surface water, air, or into land or groundwater?

Yes No If "yes" please describe

(c) List all the claims made against you during the last five (5) years for clean-up, bodily injury, property damage or nuisance, resulting from the release of hazardous substances, hazardous waste or other pollutants from any covered operations into the environment.

(d) At the time of signing this proposal, are you aware of any facts or circumstances which may reasonably be expected to give rise to a claim or claims being asserted against you for clean-up, bodily injury, property damage or nuisance arising from a release of pollutants into the environment or for environmental damage?

Yes No If "yes" please describe

5. DECLARATION

I/we declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf are complete and true and that I/we have not withheld any material information.

If this proposal has been completed on my/our behalf, I/we agree the person is deemed to be my/our agent and not an agent for QBE Insurance (Europe) Limited, QBE Underwriting Limited or QBE Underwriting Services (UK) Limited and that I/we have read the information provided before signing the form.

I/we confirm that I/we have read and understood the above declaration and the important noted overleaf.

Proposer's Signature _____ Date _____

If in company name, state position held _____

The proposal must be signed by a principal, director or partner of the proposed named insured

Covered operations schedule

Covered operation	Revenue (please indicate currency)	Percentage Subcontracted
Environmental operations		
Contaminated soil excavation		
Soil & groundwater sampling		
Soil & groundwater treatment / remediation		
Dredging & marine activities		
Emergency spill response		
Landfill construction		
Landfill liner installation		
Drilling of monitoring wells		
Drilling of potable wells		
Soil / groundwater boring		
UST installation		
UST removal / decommissioning		
Pipeline installation		
Pipeline / sewer / septic maintenance		
Industrial cleaning		
Asbestos / lead abatement		
Mould remediation		
Management of waste treatment / recycling sites		
Landfill management		
Waste collection		
Other (please detail)		
Total environmental		
Non-environmental operations		
Electrical contracting		
HVAC / mechanical contracting		
Water / sewer		
Road construction / maintenance		
Excavation / site grading		
Demolition		
General construction		
Piling / foundation works		
Telecommunications		
Residential construction		
Construction management		
Tunneling		
Roofing / insulation		
Bridge construction / maintenance		
Carpentry		
Flooring		
Facilities management		
Steel erection		
Concrete work		
Brickwork / masonry		
Painting / exterior finishing		
Other (please detail)		
Total non-environmental		
Total all covered operations		

IMPORTANT NOTES

Company information

QBE Insurance (Europe) Limited (company number 1761561) is authorised and regulated by the Financial Services Authority (registration number 202842).

QBE Underwriting Limited is the managing agent of QBE Casualty Syndicate 386 at Lloyd's; QBE Syndicate 1886 at Lloyd's and QBE Property Syndicate 200 at Lloyd's.

QBE Underwriting Services (UK) Limited (company number 02262145) is an Appointed Representative of QBE Underwriting Limited (company number 01035198) and is authorised and regulated by the Financial Services Authority (registration number 204858).

The registered address for all the above is: Plantation Place, 30 Fenchurch Street, London EC3M 3BD.

Statement on completion

You must answer all questions correctly and provide all material information. Failure to do so may prejudice you under the policy or the premium that you are requested to pay. Answers such as 'see presentation' or 'see your records' should not be used. If there is insufficient space to answer questions, please use an additional sheet and attach to this form.

If you are unclear as to what is required in response to any question please contact your intermediary.

If there be any material change in, or material addition to, the information given in this proposal form you must notify us writing as soon as practical after you become aware of any such change or addition.

Full details of the policy cover, terms and condition are available on our website at www.qbeeurope.com Alternatively please ask you intermediary for a full copy of the policy.

Choice of contract law

UK law allows both you and us to choose the law applicable to the contract. The contract will be subject to English law and to the exclusive jurisdiction of the English Courts unless you and we agree otherwise.

Data Protection

Your information may be disclosed to agents and service providers appointed by us, such as claims handling agents and investigative agents. Your information may also be transferred to any country including countries outside the European Union, for the purpose of administration. Your information may be shared with other members of QBE Insurance Group. We are committed to ensuring that our customers' personal information is protected. All personal information is treated in compliance with the Data Protection Act 1998 and we are registered on the Data Protection Register.

If at any time you wish to contact us with any enquiry relating to our practices governing the use of your personal information or for a copy of our data protection policy, you can do so by writing to:

The Compliance Officer, QBE Insurance (Europe) Limited, Plantation Place, 30 Fenchurch Street, London EC3M 3BD.

Complaints

If You have a question or complaint about this application for insurance or the conduct of its intermediary You should contact that intermediary in the first instance. If You wish to contact the us directly you should write to the address above. Please quote the quote reference or policy number as appropriate in any correspondence.

In the event that you remain dissatisfied and where the insurer is or includes a Lloyd's syndicate it may be possible in certain circumstances to refer the matter to the Policyholder and Market Assistance Department at Lloyd's, One Lime Street, London EC3M 7HA; Tel: 020 7327 5693.

If, after making a complaint you feel that the matter has not been resolved to your satisfaction then if you are an eligible complainant you may contact: The Financial Ombudsman Service, South Quay Plaza 2, 183 Marsh Wall, Docklands, London E14 9SR.

A summary of our complaint handling procedure is available on request and will also be provided to you when acknowledging a complaint.