

ENVIRONMENTAL INSURANCE

PROJECT SPECIFIC APPLICATION

This application is for a new, project specific insurance policy limited to a specific project or customer.

1. Insured name/address/phone: _____

2. What are the insured's regular business operations? _____
3. What year did insured begin operations? _____
4. Project name: _____
5. Location of project: _____
6. Description of the overall project: _____
7. Description of work to be done (If different than in question 6.): _____
8. What are the insured's expected receipts for this project? _____
9. Estimated project start date: _____ Estimated project completion date: _____
10. Policy limits requested: _____ Deductible requested: _____
11. Please state name of owner the insured is working for: _____
12. Will any subcontractors be used? (If "No," please skip questions 13. & 14.) Yes No
13. If subcontractors are used, what percentage of work will be subcontracted out? _____ %
14. Is a written contract used with subcontractors which includes hold harmless/limitation of liability? Yes No

NOTICE TO APPLICANTS:

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSONS TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature _____
(Must be signed by an authorized owner, officer or partner of the insured.)

Applicant's Name (Please print) _____

Date Signed By Applicant _____

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