



Kinsale Insurance Company
P. O. Box 17008
Richmond, VA 23226
(804) 289-1300
www.kinsaleins.com

COMBINED CONTRACTOR'S POLLUTION LIABILITY APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS AND SIGN APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE.

If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:	J.B. Redding & Son Inc t/a Redding's Plumbing, Heating, Air Conditioning
Brokerage/Broker:	Arthur J Gallagher Risk Management Services, Inc.
Agency/Agent:	
Renewal?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Policy Number:	
Effective Date:	1/1/2021
Website:	https://www.reddings.com/

2) Current Carrier Information:

Coverage	Carrier	Limit of Insurance	Deductible	Premium	Retroactive Date
General Liability	Selective Insurance	1,000,000			
Contractors Pollution Liability	Kinsale	1,000,000			
Pollution Legal Liability	Kinsale	1,000,000			
Non-Owned Disposal Sites					
Transportation Pollution					
Professional Liability (E&O)	Kinsale	1,000,000			
Mold Liability					

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's product brochures or catalog if a website is not available

- 3) Mailing Address: 234 Nassau Street
City: Princeton State: NJ Zip Code: 08542
- 4) Your premise address (if different from above): _____
City: _____ State: _____ Zip Code: _____



5) Requested Coverages

- ☒ Contractor's Pollution Liability
 ☐ Transportation Pollution Liability
☐ Pollution Legal Liability from a Covered Location
 ☒ Professional Services Liability
☐ Non-Owned Disposal Site Coverage
 ☒ Mold Liability

6) During the past three years, has the applicant had any coverage non renewed, cancelled or declined? If yes, explain: ☐ Yes ☒ No

7) Limits Requested: ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000 ☒ \$1,000,000/\$2,000,000 ☐ Other: _____

8) Deductible Requested: ☐ \$1,000 ☐ \$2,500 ☒ \$5,000 ☐ \$10,000 ☐ Other: \$ _____

9) History and Projections:

	Estimated Upcoming Year	Current Year	Prior Year
Gross Annual Receipts	6,000,000	6,000,000	6409661
Employee Payroll	1,000,000	1,000,000	1,047,200
Cost of Subcontracted Work	500,000	500,000	614,000
Number of Employees	15	18	20

SUBCONTRACTING INFORMATION

10) Are all your subcontractors licensed? ☒ Yes ☐ No

11) Please list subcontracted services and applicable cost: _____

12) Is a standard written contract used with clients and subcontractors using a limitation of liability clause and hold harmless clause? (Please provide a copy.) ☒ Yes ☐ No

13) Are subcontractors required to have pollution liability insurance? ☐ Yes ☒ No
If required by trade only, please identify trades: _____

14) Does your firm collect certificates of insurance from all subcontractors? ☒ Yes ☐ No
How long do you retain those certificates? _____

15) Are you named as an additional insured on all subcontractors' policies? ☒ Yes ☐ No

16) How often and under what circumstances will you use uninsured subcontractors? Never

17) What general liability limits do you require your subcontractors to carry? \$1mil/\$2mil

18) Does your contract require that your subcontractors have a Waiver of Subrogation endorsement in your favor on their General Liability and Worker's Compensation policies? ☒ Yes ☐ No



OPERATIONAL INFORMATION

19) Indicate which environmental services apply and the total gross receipts for the next 12 months. (Including subcontracted work)

	Expected Revenue		Expected Revenue
Drilling Services (not oil/gas)	0	Analytical Laboratories	0
Asbestos Remediation	0	Mold investigation/consultant	0
Lead Remediation	0	Civil Engineering	0
Mold Remediation	0	Environmental Compliance	0
Bio Remediation	0	Environmental Sampling	0
Underground Tank Installation	0	Environmental Impact Studies	0
Underground Tank Removal	0	Environmental Permitting	0
Above Ground Tank Installation	0	Expert Witness Services	0
Above Ground Tank Removal	0	Hydrogeology Consulting	0
Emergency Response	0	Geotechnical (foundation, soils etc.)	0
Hazardous Materials Cleanup	0	Remedial Investigation	0
Liquid Waste Remediation	0	Remedial Design	0
Dredging	0	Remediation Oversight	0
PCB Handling	0	Field Sampling & Testing	0
Soil Excavation & Treatment	0	Project Management	0
Mobile Incineration	0	Asbestos Analysis	0
Wastewater Treatment	0	Lab Packing	0
Water extraction/drying residential	0	Phase I & II Assessments	0
Water extraction/drying commercial	0	Other:	0
Other:	0		

20) Indicate which non-environmental services apply and the total gross receipts for the next 12 months. (Including subcontracted work)

	Expected Revenue		Expected Revenue
Airport Runways	0	Electrical	0
Blasting	0	Excavating	100000
Bridge Building	0	Gas Mains	0
Carpentry	0	Insulation	0
Concrete	0	Landscaping	0
Demolition	0	Maintenance	0
Drilling	0	Masonry	0
Dry Wall	15000	Mechanical	
Painting	0	Steel (Structural)	0
Plastering	0	Street/road construction	0
Plumbing	& heating, air \$5.9M	Supervision only	0
Roofing	0	Traffic signals/traffic control	0
Sewer/water mains	0	Tunneling	0
Sheet metal	0	Other	0
Steel (ornamental)	0	Project Management	0



- 21) Does your firm have an in-house continuing education/training program? ☒ Yes ☐ No
If yes, please describe. If no, please describe how your professionals receive continuing education/training? _____
- 22) Does your firm have written health and safety procedures? ☐ Yes ☐ No
If yes, please provide a copy of the table of contents.
- 23) Do you provide a watchman or security at job sites? ☐ Yes ☒ No
- 24) Does your firm perform work on residential properties? ☒ Yes ☐ No
If yes, what percentage? 50 %
- 25) Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired. _____
- 26) Does the applicant own, operate, or lease a treatment, storage, or disposal facility? ☐ Yes ☒ No
If yes, please provide details. _____
- 27) Is the applicant providing any new services not provided last year? ☐ Yes ☒ No
If yes, please provide details. _____
- 28) Does the applicant or any person or organization for whom the applicant is or may be liable engage in now or in the past in Design/build activities? ☐ Yes ☐ No
- 29) If applicable, please submit a copy of company's lead and asbestos handling licenses.
- 30) Disposal of Hazardous Materials:
- | | |
|--|---|
| <input type="checkbox"/> Transported by applicant? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Transportation by independent hauler? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Manifested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Disposal Forms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Drummed/over pack? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Bagged and labeled? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Wastes liquid or solid? | <input type="checkbox"/> Liquid <input type="checkbox"/> Solid |
| <input type="checkbox"/> Treatment on site or off site? | <input type="checkbox"/> On site <input type="checkbox"/> Off site |

COMPLETE THIS SECTION IF MOLD OR HAZARDOUS MATERIAL ABATEMENT WORK IS PERFORMED OR CONTEMPLATED

- 31) Do you require certificates of insurance from subcontractors as evidence of mold coverage? ☐ Yes ☐ No
- 32) What limits do you require of your subcontractors for mold coverage? _____
- 33) Do you have and utilize a written protocol for handling mold reports and complaints? ☐ Yes ☐ No
- 34) Do you advise the client that mold problems will reoccur if moisture problems are not corrected? Please describe how this is documented. _____
- 35) Do you diagnose, correct, or warrant against moisture problems creating mold problems? ☐ Yes ☐ No
Please provide a copy of the documentation given to the client.



- 36) Does the firm use a disclaimer or limitation of liability in contracts for work related to mold investigation or removal? ☐ Yes ☐ No
- 37) What percentage of revenues can be attributed to mold/hazardous material abatement at commercial structures? _____
- 38) What percentage of revenues can be attributed to mold/hazardous material abatement at residential structures? _____
- 39) Is surface sampling/testing done before and after remediation? ☐ Yes ☐ No
Who conducts this and what are their qualifications? _____
- 40) Is air quality testing done before and after remediation? ☐ Yes ☐ No
Who conducts this and what are their qualifications? _____
- 41) Are remediation alternatives offered and carefully explained to the client prior to remediation being performed? How is this documented? ☐ Yes ☐ No

SITE POLLUTION

- 42) If pollution legal liability is being applied for, please provide location, address, state and zip code for all locations needing coverage.

Facility Address	Brief Description of Operations	Historical Operations

- 43) Are all of the locations listed above currently in compliance with federal, state, and local environmental regulations? If not, please describe. ☐ Yes ☐ No

- 44) Are any of these locations currently undergoing corrective action or active remediation, or have any locations had corrective action or active remediation performed in the past? If yes, please explain. ☐ Yes ☐ No

- 45) Have any of these locations received an environmental violation? ☐ Yes ☐ No
If yes, please provide details. _____
- 46) Are there structures on these properties? ☐ Yes ☐ No
If so, please describe. _____
- 47) Have these structures been tested for and found to be free of asbestos, radon, and lead paint? If "no", please explain. ☐ Yes ☐ No



HAZARDOUS WASTE TRANSPORT/TRANSPORTATION POLLUTION LIABILITY

- 48) Please describe types of hazardous waste or materials transported. _____
N/A
- 49) Of the total amount hauled, what percentage of materials are liquid? _____ %
- 50) Average radius of trip? _____ Miles
- 51) Vehicle maintenance program in effect? ☐ Yes ☐ No
- 52) Does insured own or have insurable interest in hazmat disposal facility? ☐ Yes ☐ No

CLAIMS HISTORY

- 53) Please describe any pollution claims that have occurred in the last five years. _____

- 54) At the time of signing this application, are you aware of any circumstances that may ☐ Yes ☐ No
reasonably be expected to give rise to a claim under this policy? If so, please provide
details. _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.



NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 and subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: Michael Title: President
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: 21-0701273

Applicant's Signature:  Date: 2-2-21
Michael Redding (Feb 2, 2021 11:01 EST)

Agent/Broker Name: Arthur J Gallagher

Signature: 
Michael Redding (Feb 2, 2021 11:01 EST)

Email: mike@reddings.com

Title: President

Company: J.B. Redding & Sons Inc.

