

CHUBB

Illinois Union Insurance Company
ACE American Insurance Company

**Contractors Pollution Liability
Insurance Policy Application**

- Claims-Made Coverage
 Occurrence-Based Coverage

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of the Applicant on or prior to the inception date of coverage.

Required Attachments:

- Please provide a copy of your Statement of Qualifications (should include, at a minimum, key personnel resumes, representative project listing, etc.).
- Please provide copies of your past two (2) years of audited financial statements and annual reports.

NOTICE TO APPLICANT FOR CLAIMS-MADE COVERAGE: *The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on a CLAIMS-MADE AND REPORTED BASIS. Only claims first made against the Insured and reported to the Insurer, in writing, during the policy period or extended reporting period, if applicable, are covered, subject to the policy provisions. This policy also provides coverage for emergency response costs on a DISCOVERED AND REPORTED BASIS, which covers only pollution conditions first discovered and reported to the Insurer, in writing, during the policy period, subject to the policy provisions.*

NOTICE TO APPLICANT FOR OCCURRENCE-BASED COVERAGE: *The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage on an OCCURRENCE BASIS, thereby covering loss that occurs during the policy period arising from pollution conditions resulting from covered operations that are performed during the policy period. This policy also provides coverage for emergency response costs that is limited by SPECIFIC REPORTING CRITERIA, which covers only emergency response costs reported to the insurer, in writing, within the specific timing requirements identified in this policy, subject to the policy provisions.*

1. Name of Applicant: Green Affordable Energy LLC
Principal Contact: Sheldon Smith E-mail Address: ess302001@yahoo.com
Mailing Address: 31 Verchild Street
Quincy, MA 02169
Telephone #: 774-327-4903 Fax #: N/A
URL: http://N/A Date Established: 09/2020
Company is: Corporation Partnership Joint Venture LLC/LLP
 Other: _____
Home State: MA (as defined in the Nonadmitted and Reinsurance Reform Act (NRRRA) of 2011)

2. Subsidiary, predecessor, acquired, parent, affiliated, or merged firms for which coverage is requested:

Name of Firm:	Date of Formation or Transaction:	# of Professional Staff that joined the Insured:	% of Firm Annual Billings Assigned to the Insured:
Green Affordable Energy LLC	09/2020	0	100%

3. Breakdown of professional staff:

Position:	Number of Personnel:	Turnover % Rate in Last Year:
Principals	1	
Professional Geologists	0	
Certified Industrial Hygienists	0	
Project Managers	0	
Total Overall Staff	5	

4. a. What is the geographical extent of operations? US 100% Canada % Other %

b. Provide list of states and/or countries: MA

5. Insured's total gross revenues in the last filed tax return, excluding recovered expenses:

\$ 4105,328.44 for the period ending: month 12 year 22

6. Insured's estimated gross revenues for the current fiscal year: \$ 1,050,000.00

7. Please provide the estimated sales associated with the following activities for the current fiscal year:

Activity:	Sales	% Sub-contracted
Soil excavation		
Soil/ groundwater treatment		
Bioremediation		
Underground/ subsurface remediation		
Dredging		
PCB handling		
Emergency spill response		
Landfill construction		
Liner installation		

Monitoring well drilling		
Potable well drilling		
Soil/ groundwater boring		
Lab packing		
UST installation		
UST removal		
Tank cleaning		
Pipeline installation		
Pipeline/ sewer/ septic maintenance		
Industrial cleaning		
Hydroblasting		
Demolition		
Asbestos/Lead Abatement		
Mold remediation services		
Electrical		
HVAC		
Plumbing		
Water/ sewer		
Road construction/ maintenance		
Excavation		
Site development/ grading		
Concrete work		
General construction		
Other (explain) Weatherization	\$ 650,000.00	0%
TOTAL:	\$ 650,000.00	0%

8. Does the Applicant currently perform or plan to perform any contracting operations associated with, in whole or in part, hydraulic fracturing and/or the handling, transportation, disposal of hydraulic fracturing fluid?

YES NO

9. Does the Applicant have a standard contract to use with its subcontractors?

YES NO

a. If "Yes", do they contain hold harmless or indemnification agreements in favor of your Company?

YES NO

10. If applicable, what are the Applicant's minimum insurance requirements for subcontractors?

General Liability \$ N/A
Auto \$ _____
Contractor's Pollution Liability \$ _____

11. Within the past five (5) years, has any of the professional staff provided services to a client which represented greater than 10% of the company's revenue? YES NO

a. If "Yes", please complete the information below for each client:

Client:	Revenue % :	Fees Earned \$:	Type of Project:	Current Client:
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

12. a. Desired effective date of coverage: TBD

b. Desired retroactive date: _____ Pollution Liability (if applicable)
 _____ Mold Liability (if applicable)

13. Limits of Liability and Self Insured Retention requested:

Limits of Liability:	Self Insured Retention:
Per Pollution Condition: \$ <u>250,000.00</u>	Per Pollution Condition: \$ _____
Aggregate: \$ _____	

14. Within the past five (5) years has the Applicant purchased this type of insurance coverage? YES NO

a. If "Yes", please provide information regarding any such coverage and all available loss information.

15. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? YES NO

16. Within the past five (5) years has the Applicant or any other party to the proposed Insurance been involved in any pollution incidents on or at projects where the Applicant or any other party to the proposed insurance performed contracting operations? YES NO

17. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed contracting operations? YES NO

18. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to this insurance? YES NO

19. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? YES NO

20. At the time of signing this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or (b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them? YES NO

If "Yes" to either 15., 16., 17., and/or 18. above, provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, 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 PERSON TO CRIMINAL AND CIVIL PENALTIES.

Smedonagh

Signature of Authorized Applicant

Signature of Broker/Agent

Sinead McDonagh

Print Name

Print Name

Office Manager

Title

Date

03/30/23

Date

Signed by Licensed Resident Agent
(Where Required By Law)