

**ROCKHILL - LEAD SAFE CPL
Supplemental Questionnaire**



1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

INSURED: _____

ADDRESS: _____

- 1) Does your company perform any environmental remediation or environmental consulting work as a General Contractor, Contractor, Sub-contractor, and/or Consultant? Yes No If yes, you are not eligible for our Lead Safe Program. Please obtain and complete our Monoline CPL application and submit to your Rockhill underwriter.
- 2) Does your company perform any work on government owned, operated or subsidized housing? Yes No If your answer is "yes", you are not eligible for our Lead Safe Program. Please obtain and complete our Monoline CPL application and submit to your Rockhill underwriter.
- 3) Gross Receipts \$ _____ (Please list your estimated annual gross receipts **including any subcontracted work** for the next 12 months) Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind.
Gross Payroll \$ _____ (Please list your estimated annual gross payroll **including any subcontracted work** for the next 12 months) Note: Gross Payroll is the total of all payrolls, including subcontracted work without any deductions of any kind.
- 4) Limits of Liability Requested \$250,000/\$250,000 \$500,000/\$500,000
 \$750,000/\$750,000 \$1,000,000/\$1,000,000
 Other, please list \$ _____
- 5) Coverage Form Requested Occurrence Form Claims Made Form
Deductible Requested \$500 per claim \$1,000 per claim
- 6) Does your company perform renovation, repair, and/or painting work as a General Contractor or Sub-contractor? Yes No
- 7) If yes to question 6, are all employees responsible for directly supervising renovation and/or repair, and/or painting projects certified by an accredited EPA training provider, per EPA's 40 CFR Part 745 regulations? Yes No If yes, are all supervisor certifications current? Yes No
- 8) Subcontractors / Sub consultants / Independent Contractors
Please identify the services that you subcontract:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Does your firm collect certificates of insurance from all subcontractors? Yes No

LIST ANY ADDITIONAL INSURED REQUESTS AND INTEREST(S):

The undersigned authorized officer of the Applicant declares that the preceding statements and particulars contained in this application are true and the undersigned has not suppressed or misstated any material facts and agrees that this declaration shall be the basis of any contract between the Applicant and Rockhill Insurance Company. The undersigned authorized officer understands that Rockhill will rely on the information provided herein and agrees that if any information supplied on the application changes between the date of the application and the effective date of the insurance, the undersigned will immediately notify Rockhill of such changes. Rockhill has the sole and absolute discretion, at any time, to accept or reject this application.

SIGNING THIS FORM OR SUBMISSION OF PAYMENT DOES NOT BIND THE APPLICANT OR ROCKHILL TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION AND ANY ADDITIONAL INFORMATION PROVIDED BY THE APPLICANT BECOMES A PART OF THE POLICY.

FORM COMPLETED BY: _____ **DATE:** _____