

**ROCKHILL - LEAD SAFE CPL  
Supplemental Questionnaire**



**UNDERWRITERS**

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

**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: Applicable Cost  

	\$	
	\$	
	\$	
	\$	

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:** \_\_\_\_\_