

ENVIRONMENTAL SERVICES APPLICATION: CONTRACTORS AND CONSULTANTS

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer "N/A."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Three (3) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)

COVERAGE REQUESTED

- | | |
|------------------------------------|--------------------------|
| COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> |
| CONTRACTORS POLLUTION LIABILITY | <input type="checkbox"/> |
| PROFESSIONAL LIABILITY | <input type="checkbox"/> |
| TRANSPORTATION POLLUTION LIABILITY | <input type="checkbox"/> |

GENERAL APPLICANT INFORMATION (MANDATORY)

Named insured:	
Mailing address:	
Contact name:	
Telephone #:	
Fax #:	
Email address:	
Company website:	
Year established:	
EPA ID # (if applicable)	
Business type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other
FEIN or SSN:	

1. List other entities requesting coverage under this policy and their relationship with the named insured:		
2. Are there any additional insureds?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list the entities and their relationship to the named insured and services performed:		
3. Description of named insured's operations:		
4. REVENUES (for all entities to be insured):	Revenue	
Current estimated annual revenue:	\$	
1 st Prior year's annual revenue	\$	
2 nd Prior year's annual revenue		
5. States in which you conduct operations:		

6. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may result in a claim against the applicant or any other person or entity for which coverage is being sought?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe and provide currently values loss runs if prior coverage existed:	
7. Has any general liability and/or environmental coverage been declined, cancelled or non-renewed in the last 5 years? If yes, please explain	YES <input type="checkbox"/> NO <input type="checkbox"/>

REQUESTED COVERAGE DETAILS

	GENERAL LIABILITY	CONTRACTORS' POLLUTION LIABILITY COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made				
Limits				
Deductible				
Effective dates				
Retroactive date				

EXISTING COVERAGE DETAILS

	GENERAL LIABILITY	CONTRACTORS' AND CONSULTANTS' POLLUTION COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made				
Carrier				
Limits				
Deductible				
Premium				
Effective dates				
Retroactive date				



ENVIRONMENTAL INSURANCE APPLICATION

CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY (including Professional if needed)

CONTRACTED OPERATIONS AND PROFESSIONAL SERVICES - COMPLETE USING ANNUALIZED REVENUES OR ENTIRE PROJECT

ENVIRONMENTAL CONTRACTING SERVICES OR OPERATIONS	ESTIMATED SUB-CONTRACTED %	ESTIMATED ANNUALIZED REVENUE
Asbestos / lead abatement		
Asbestos/ lead assessments or oversight		
Barrier and liner installation/ landfill construction		
Bioremediation		
Crime Scene/Drug Lab Contracting/Cleanup		
Emergency / hazardous materials response – spill cleanup		
Environmental Drilling (non oil & gas)		
Fire or water damage restoration contracting		
Groundwater remediation treatment and recovery		
HazMat Cleanup Contracting		
HazMat packaging/pickup		
Industrial Cleaning		
Laboratory packing / hazardous materials clean-up		
Liquid waste remediation contracting		
Medical waste contracting		
PCB Removal/Contracting		
Mold abatement contracting *		
Mold abatement assessment or oversight *		
Mold prevention contracting *		
On-site hazardous waste treatment and storage		
PCB oil / equipment retro-fill and removal		
Phase II site assessment- soil / groundwater sampling / drilling		
Phase III remediation- soil / groundwater clean-up		
Pipeline cleaning or maintenance		
Radon Mitigation Contracting		
Septic System Contracting		
Soil Remediation Contracting – Petroleum		
Soil Remediation (other)		
Transportation – Hazardous material		
Thermal Treatment		
Underground Storage Tank installation		
Underground Storage Tank removal/repair/cleaning		
Wastewater treatment systems installation/maintenance		
Wetlands restoration		
Other environmental contracting (please describe):		
SUBTOTAL		

* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



ENVIRONMENTAL INSURANCE APPLICATION

ENVIRONMENTAL CONSULTING / PROFESSIONAL SERVICES	ESTIMATED SUB-CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Air quality testing/monitoring Alternative Energy Consulting – solar Alternative Energy Consulting (other)		
Asbestos/ lead assessments		
Civil Engineering Environmental Expert Witness and Litigation Support Environmental Feasibility Studies Environmental Impact Studies Environmental Permitting and compliance General Consulting (please describe)		
Geophysical Consulting Geotechnical Consulting/Engineering HVAC Engineering Indoor Air Quality Consulting Industrial Hygiene/ Health and Safety Consulting		
Laboratory analysis and testing (excluding mold, mildew, fungus) Laboratory analysis and testing (including mold)		
Land surveying		
Landscape architecture		
Mold abatement assessment or oversight * Mold Inspections * Mold air monitoring * Mold indoor air quality consulting * Mold remediation testing and consulting * Mold Services – Other (please describe) *		
Process Engineering		
Phase I environmental risk assessments		
Phase II site assessment- soil / groundwater sampling / remedial design Phase III environmental assessments Project Management Radon Testing		
Safety Training (please describe) Waste Brokering Wetlands Consulting/Restoration Wildlife Consulting Other design / consulting / engineering operations (please describe):		
SUBTOTAL		

* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



ENVIRONMENTAL INSURANCE APPLICATION

NON- ENVIRONMENTAL CONTRACTING / CONSULTING / PROFESSIONAL SERVICES OR OPERATIONS	ESTIMATED SUB-CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Carpentry / framing		
Civil engineering		
Construction Debris Removal		
Construction Management		
Demolition - Interior Only		
Demolition – Exterior (less than 4 stories)		
Demolition – Exterior (greater than 4 stories)		
Disposal		
Dredging		
Drilling (non-environmental)		
Electrical Contracting		
Excavation / grading / landscaping		
Fire / water damage restoration/build back contracting		
Fire sprinkler contracting		
General contracting / project management		
Glazer		
Heavy/highway bridge construction		
Industrial and sewer cleaning		
Insulation Installation/Removal		
Janitorial		
Laboratory analysis and testing - non-environmental		
Masonry / concrete		
Mechanical engineering		
Operations / maintenance - for third parties		
Painting- non abatement		
Pesticide/Herbicide Contracting		
Plumbing		
Residential builder / developer (please describe)		
Roofing – Commercial		
Roofing - Residential		
Steel erection		
Street and road Contracting		
Utility construction		
Other contracting operations (please describe)		
Other design / consulting / engineering operations (please describe):		
SUBTOTAL		
TOTAL FOR ALL SERVICES (pages 3-5)		

SERVICES AND STAFF INFORMATION

1. Please provide a general description of and % of revenues by client services type:			
CLIENT TYPE	DESCRIPTION	% OF REVENUE	
Industrial			
Commercial / retail			
Residential / habitational Single Family Multi-Family			
Contractors			
Governmental Utilities Design Professionals			
Other			
2. Were any projects in last three (3) years greater than 25% of the annual revenues?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:			
CLIENT NAME	REVENUE	OPERATIONS PERFORMED	
3. Staffing			
POSITION	# OF PERSONNEL	POSITION	# OF PERSONNEL
Principals		Supervisors/foremen	
Architects/ environmental engineers		Field personnel	
General Engineers other than above Geologists or Hydrologists		Industrial Hygienists, Toxicologists, CIH's, CSP's, Project Managers Clerical and Accounting Employees Administrative Management Number of Principals (including any listed above)	
Other _____			
		TOTAL PERSONNEL	

OPERATION PROCEDURES:

1. Do you have a written health and safety plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you have a written QA/QC plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do you have a standard written contract to use with your subs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	
5. Do you have a standard written contract to use with your clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A. If yes, does your contract include indemnity wording limiting your liability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. Does the form contain a Hold Harmless Clause?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Does the applicant have an in-house continuing education program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. What percentage of your projects are contracted using:	
The applicants standard contract	%
A letter of agreement	%
A client's contract form	%
Verbal agreement	%
Other (describe)	%



ENVIRONMENTAL INSURANCE APPLICATION

8. Do you require subs to add you as additional insured on their insurance policies?		YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Do you require certificates of insurance from your subs?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, what are the minimum insurance requirements for your subs?		
General liability		
Pollution liability		
Professional liability		
Transportation Pollution Liability		
10. Do you have any discontinued operations in the past 5 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:		
11. Have you ever been cited or prosecuted for any environmental related standard or law?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.		
12. Have you ever caused any pollution releases while performing contracting operations at a job site?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe.		
13. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:		

COVERAGE ENHANCEMENTS (TRANSPORTATION and MOLD)
COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

TRANSPORTATION POLLUTION

1. Does the applicant have any operations that require the transportation of hazardous materials?				YES <input type="checkbox"/> NO <input type="checkbox"/>
a. 1st party				
If yes, and the applicant transports the materials themselves, please complete the table below.				
VEHICLE TYPE	# OF VEHICLES	MAX. DISTANCE DRIVEN	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)
Private passenger				
Light truck				
Medium truck				
Heavy/extra heavy truck				
Heavy/extra heavy truck tractors				
i. Total vehicles hauling hazardous materials:				
ii.				
iii. Do you have an auto safety & training program and check MVR's regularly?				YES <input type="checkbox"/> NO <input type="checkbox"/>
iv. Do you have a vehicle maintenance program in place?				YES <input type="checkbox"/> NO <input type="checkbox"/>
b. 3rd party				
If yes, and the hazardous materials are transported by a third-party, please complete the table below.				
WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	MAX. DISTANCE TRAVELED	
i. Do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement?				YES <input type="checkbox"/> NO <input type="checkbox"/>
ii. Has the applicant had any pollution claims from transported cargo in the past five years?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain:				

MOLD – CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY COVERAGE

1. Are all building materials inspected upon delivery for pre-existing mold contamination?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you perform training for laborers and/or subs on microbial matter prevention?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. When using subcontractors, do you obtain written verification that the sub is certified in mold remediation or mold awareness?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:	
6. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Do you subcontract the analysis of mold to an outside laboratory?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:	

For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & WEST VIRGINIA 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory authorities.

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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

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 a denial of insurance benefits.

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

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.



ENVIRONMENTAL INSURANCE APPLICATION

NOTICE TO NEW YORK 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, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

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

Applicant's signature: _____

Date: _____

APPLICANT'S NAME	
TITLE	
TELEPHONE NUMBER	
EMAIL ADDRESS	