

# ENVIRONMENTAL APPLICATION

## CONTRACTORS & CONSULTANTS

### SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT:			DATE:		
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER
PROVIDE BRIEF DESCRIPTION OF OPERATIONS:					

### SECTION II: COVERAGE REQUESTED

<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made					
<input type="checkbox"/> Contractors Pollution Liability		<input type="checkbox"/> Occurrence		<input type="checkbox"/> Claims Made	
		<input type="checkbox"/> Mold		Retro:                      Mold Retro:	
<input type="checkbox"/> Professional Liability		Claims Made Form Only		<input type="checkbox"/> Mold	
				Retro:                      Mold Retro:	
<input type="checkbox"/> Transportation Pollution Liability					
<input type="checkbox"/> Site Pollution Liability				Retro:	
Do you need any additional coverage's (e.g. Crawford, Alacrity, TPL Endorsement):					
PROPOSED EFFECTIVE DATE:		LIMITS REQUESTED (Occurrence/ Aggregate)		Deductible Requested:	
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### SECTION III: COMPANY INFORMATION

1. Does the applicant have <input type="checkbox"/> Parent Company <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Other related entities, if yes please explain:					
2. Date Established:		3. Do you Share Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
4. Number of Directors/ Officers:		5. Number of Other Key Personnel:		6. Total Personnel:	
7. Do you or any employee have at least of 3 years' experience in the field in which you operate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, then please submit Resume of key personnel.					

### SECTION IV: SUPPLEMENTAL COVERAGES

1. Do You Transport Laboratory Samples? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
A. Do You Store Laboratory Samples? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
B. Handle The Disposal Of Laboratory Samples? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
2. Do you transport products or materials for others for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
A. Do you transport products and materials only used in your operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
3. Do you Store Hazmat at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
A. Do you generate Hazmat at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					

**Section V: Gross Receipts**

Estimated Gross Revenue for the next 12 months:		New Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 <sup>st</sup> Prior Year:	2 <sup>nd</sup> Prior Year:	3 <sup>rd</sup> Prior Year:

**Section VI: Environmental Service Revenue** (\*) Indicates The Need For A Supplemental Application

Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Asbestos Abatement		Environmental Trucking (Hazardous)		PCB Contractors	
Lead Abatement		Emergency/Spill Response (Rolling stock)		Radon Mitigation	
Mold Abatement		Environmental Trucking (Non- Hazardous)		*Recycling	
Air Duct Cleaning		Fuel System Contracting		Renewable Energy	
Bio Remediation		Ground Water Remediation		Soil Remediation Contractors	
Debris Removal		Indoor Air Quality		Soil Removal	
Debris Removal (Hazardous)		Landfill Construction		*UST/AST Contractors	
Drilling (Environmental)		Liquid Waste Management and Treatment		Waste Water Facility Operators	
EFIS		*Livestock Waste Contractors		Water Extraction – Drying	
Erosion Control		Crime Scene Cleanup		Wetland Restoration & Construction	
Emergency/Spill Response (Fire & Water)		Fire & Water Damage Restoration		Other (Specify)	
<b>Subtotal</b>					

**Environmental Consulting / Professional Service Revenue**

Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Analytical Laboratories (not mold)		Environmental Regulatory & Compliance		Mold Project Design/Supervision	
Mold Analytical Laboratories		Remediation Project Design/Supervision		Radon Testing	
Air Monitoring		Environmental Sampling		Renewable Energy Consulting	
Audits, Assessments (Phase I & II Surveys)		Environmental Training Providers		UST Consulting and Testing	
Expert Witness & Litigation Support		Geotechnical/Geophysical Consulting		Wetlands Delineations	
Environmental Feasibility Studies		Hazardous Material Consulting		Wetlands Project Design/Consulting	
Environmental Impact Studies		Health and Safety Training		Wildlife Impact Studies	
Environmental Investigations/Studies		Industrial Hygiene Consulting		Other (Specify)	
Environmental Manual Preparations		Mold Air Monitoring & Inspections		Other (Specify)	
Permitting & Compliance		Mold Post Remediation Sampling		Other (Specify)	
<b>Subtotal:</b>					

Non Environmental Service Revenue					
Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Appliance Installation		Gas Mains or Connections		Pile Driving	
Bridge or Elevated Highway Construction		General Contracting		Plastering or Stucco (No EIFS)	
Carpentry		Glass Dealers & Glaziers – < 3 Stories In Height		Plumbing	
Carpet, Rug, Furniture or Upholstery Cleaning		Glass Dealers & Glaziers – > 3 Stories In Height		Refrigeration Systems or Equipment	
Concrete – Foundation		Grading of Land		Roofing	
Dredging		HVAC		Salvage Operations	
Drilling (Not Oil/Gas)		Industrial Cleaners, Maintenance		Sewer Mains or Connections	
Driveway, Parking Area or Sidewalk -Paving Or Repaving		Insulation Work – (ALL)		Street Cleaning	
Drywall or Wallboard Installation		Interior Demolition / by hand		Trucking	
Electrical		Landscaping / Landscape Gardening		Utility Contracting - Cable, Telephone	
Equipment Sales		Machinery & Equipment (Inst, Service & Repair)		Waterproofing	
Excavation		Maintenance/janitorial		Water Mains or Connections Construction	
Exterior Demolition		Masonry (No EIFS)		Weatherproofing	
Fencing		Metal Erection		Welding or Cutting (No Oil/Gas Pipeline)	
Fire & Water Damage Reconstruction		Millwright / Welders		Exterior Demolition of 1 & 2 Story buildings	
Floor Covering Installation		Painting – Exterior		Other (Specify)	
Framing		Painting – Interior		Other (Specify)	
<b>Subtotal:</b>					

**SECTION VII: CURRENT/PRIOR LIABILITY CARRIER INFORMATION**

COVERAGES	CARRIER	LIMITS	DEDUCTIB	MOLD	RETRO	PREMIUM
<input type="checkbox"/> General Liability						
<input type="checkbox"/> CPL				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Professional Liability				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> TPL						
<input type="checkbox"/> Site Pollution						
<input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
PREMIUM						

**Section VIII : Subcontracted Operations**

1. Do you subcontract any work to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the percentage:			
2. What percentage of your subcontracted work is performed by contractors hired under a standard written contract? <b>Please attach contract used</b>			
Please describe the minimum insurance requirements held by your subcontractors/consultants:			

General Liability:		Contractors Pollution		Professional Liability	
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**Section IX: Claims Information**

1. Are you aware of any claims, both closed and opened, that have been made previously against the insured?  
 Yes  No If yes, please provide additional information below.

2. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities?  Yes  No If yes, please explain:

3.	Number of Claims	Total Incurred / Reserved	Please provide explanation of incident
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			

**FRAUD WARNING: APPLICABLE TO ALL 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 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 Five thousand dollars and the stated value of the claim for each such violation.

**WARRANTY STATEMENT**  
The undersigned authorized officer of the applicant declares that the statements set forth herein are True. The undersigned authorized officer agrees that if the information supplied on the application Changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**Notice to applicants:**  
a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.  
b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_