

CONTRACTORS AND CONSULTANTS APPLICATION
PLEASE ANSWER ALL QUESTIONS IN FULL

NOTICE: If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

APPLICANT		DATE	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE #
Company is an: Individual _____ Partnership _____ Corporation _____ Joint Venture _____ Other (describe) _____			
1. COVERAGE REQUESTED New Business Renewal		2. Proposed Effective Date: Proposed Retroactive Date:	
Commercial General Liability Occurrence Claims Made Optional Endorsements: Contractors Pollution Liability Pollution Liability Professional Liability		3. LIMITS OF LIABILITY/DEDUCTIBLE Limits Requested: Deductible Requested:	
Contractors Pollution Liability Professional Liability		4. Other Coverages and Endorsements:	
5. HISTORY OF COMPANY			
Date Established:			
Have there been any acquisitions, consolidations, dissolutions, mergers? Yes No			
If yes, explain:			
Does the firm have: Subsidiaries A parent company Other related entities			
If yes, explain:			
Do you share employees? Yes No If yes, explain:			
6. PRIOR LIABILITY CARRIER INFORMATION			
COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY DEDUCTIBLE TYPE OF POLICY RATE PREMIUM
Any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes No If yes, explain:			
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:			
1) Qualifications including resumes, brochures and a listing of previous projects.			
2) Most recent income statement and balance sheet.			
3) Five years of valued loss runs including pollution and professional, if applicable.			
4) Completed Acord Application.			
7. Total personnel (List each person only once by primary function):			
a. Architects, Engineers, Geologists, Hydrogeologists		_____	
b. Industrial Hygienists, Toxicologists, CIHs or CSPs:		_____	
c. Draftsmen, Technicians:		_____	
d. Supervisors/Foremen/Leadmen:		_____	
e. Laborers:		_____	
f. AHERA, Hazwopers:		_____	
g. Other (specify): _____		_____	
Please attach all key persons resumes, certifications and licenses.			

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

Receipts for the past 3 fiscal years: _____ / _____ / _____ /
 Dates: _____ / _____ / _____ /

9. Please list your estimated receipts for the next 12 months next to the appropriate category:

Contracting:	Est. Gross Receipts:	Consulting/Laboratory	Est. Gross Receipts:
a) Asbestos Abatement:	\$ _____	a) Environmental Compliance:	\$ _____
b) Bio Remediation:	\$ _____	b) Environmental Permitting:	\$ _____
c) Drilling (not oil/gas):	\$ _____	c) Air Monitoring:	\$ _____
d) Emergency Response:	\$ _____	d) Environmental Sampling:	\$ _____
e) Haz Mat clean Up:	\$ _____	e) Expert Witness:	\$ _____
f) Haz Mat Packing/Pickup:	\$ _____	f) Litigation Support:	\$ _____
g) Indoor Air/Radon:	\$ _____	g) Wildlife Studies	\$ _____
h) Lead Abatement:	\$ _____	h) Environmental Impact Studies:	\$ _____
i) Liquid Waste Remed:	\$ _____	i) Safety Training:	\$ _____
j) Medical Waste Pickup:	\$ _____	j) Manual Preparation:	\$ _____
k) Medical Waste Remed:	\$ _____	k) Phase I & II Audits/Assessment:	\$ _____
l) PCB- light Ballast Removal:	\$ _____	l) Remedial Investigation/Studies:	\$ _____
m) PCB-Removal/Remed:	\$ _____	m) Feasibility Studies	\$ _____
n) Phyto Remediation:	\$ _____	n) Phase III/Project Consulting:	\$ _____
o) Soil Removal/Remed :	\$ _____	o) Haz Mat Consulting:	\$ _____
p) Tank & Pipe cleaning:	\$ _____	p) UST Testing:	\$ _____
q) UST/AST Installation:	\$ _____	q) Environmental Laboratories	\$ _____
r) UST/AST Removal:	\$ _____	r) Wetlands:	\$ _____
s) Wetlands Contracting:	\$ _____	s) Geotechnical/Geophysical:	\$ _____
t) Mold Remediation:	\$ _____	t) Other Professional Services	\$ _____
u) Fire/Water Restoration	\$ _____	Describe: _____	\$ _____
v) Other Contracting / Please describe:		Describe: _____	\$ _____
Describe: _____	\$ _____	Describe: _____	\$ _____
Describe: _____	\$ _____	Describe: _____	\$ _____
Describe: _____	\$ _____	Describe: _____	\$ _____
Describe: _____	\$ _____	Describe: _____	\$ _____
Total Contracting Receipts: \$ _____		Total Consulting Receipts:	\$ _____

10. Subcontractors / Subconsultants / Independent Contractors

What is your estimate Cost of Subcontracted Operations for the next 12 months? \$ _____

Please identify the services that you subcontract:

Applicable Cost

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

Does your firm collect Certificates of Insurance from All Subcontractors? Yes No

11.	Do you use a standard indemnity contract with your clients and subs? Yes No If no, please detail your contract procedures: _____ _____ _____ _____ _____
12.	Do you conduct tank installation work? Yes No If yes, please answer the following: What percentage of your overall sales are associated with this operation: _____ Are the installed tanks precision tightness tested before being released to owner? Yes No Do you apply any type of corrosion protection? Yes No Are tanks tested and certified by a registered professional before use? Yes No Please submit the following: Resumes and certifications of all tank installation employees, type of tanks you install, type of corrosion protection you install, installation procedures.
13.	Do you install any type of liner, i.e. landfill, lagoons, etc. Yes No If yes, please answer the following: What percentage of your overall sales are associated with this operation: _____ Please submit the following: Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.
14.	Do you operate an in-house laboratory? Yes No If yes, please answer the following: What percentage of your overall sales are associated with this operation: _____ Do you conduct regular in-house training courses? Yes No If yes, how often?: _____ Are all laboratory employees properly certified and/or licensed? Yes No Please submit the following: Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.
15.	Do you conduct any type of geotechnical or geophysical operations? Yes No If yes, please answer the following: What percentage of your overall sales are associated with this operation: _____ Please submit the following: A detailed list of your geotechnical and geophysical operations, Detailed resumes of employees who conduct these operations.
16.	Do you conduct any Phase I or Real Estate Transfer Assessments? Yes No If yes, please answer the following: What percentage of your overall sales are associated with this operation: _____ Do you follow ASTM-1527 guidelines? Yes No If no, attach a sample contract of your format.
17.	Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No If yes, please attach full details on each incident. _____ _____ _____ _____ _____ _____ _____

18. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? Yes No If yes, please attach full details on each incident. _____

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)