

**RENEWAL APPLICATION FOR ENVIRONMENTAL CONTRACTORS AND CONSULTANTS**  
**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 #																																																																																																												
<p>1. Have there been any acquisitions, consolidations, dissolutions, mergers or any other changes in your operations in the past 12 months?  <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, please attach full details _____                  _____                  _____</p>																																																																																																															
<p>2. Estimated Gross Receipts for the next 12 months? \$ _____                  Gross Receipts for the past 3 fiscal years \$ _____ / \$ _____ / \$ _____ /                  Dates: _____ / _____ / _____ /                  Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions</p>																																																																																																															
<p>3. Please list your estimated gross receipts <i>including subcontracted work</i> for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):</p> <table style="width:100%; border:none;"> <thead> <tr> <th style="text-align:left;"><u>Contracting:</u></th> <th style="text-align:left;"><u>Est. Gross Receipts:</u></th> <th style="text-align:left;"><u>Consulting/Laboratory</u></th> <th style="text-align:left;"><u>Est. 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4. Subcontractors / Subconsultants / Independent Contractors  
Please identify the services that you subcontract:

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

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

5. 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. 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)