

## ENVIRONMENTAL SERVICE PROVIDERS APPLICATION FOR CONTRACTORS AND CONSULTANTS

**INSTRUCTIONS:** Please complete all applicable sections of this Application. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

**NOTICE:** For certain policies and coverage parts 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.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:**

1. Statement of Qualifications (SOQ) to include resumes, brochures, and a listing of previous projects;
2. Five years of currently valued loss runs including pollution and professional, if applicable;
3. Most recent income statement and balance sheet;
4. If Commercial General Liability coverage is requested, please provide a completed CGL Acord Application.

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company is an:  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_  
*(please describe)*

**DESIRED COVERAGE**

1. Coverage Requested *(please clearly indicate what coverage(s) you are requesting)*  
 New Business  Renewal  
 Commercial General Liability ( Occurrence - or -  Claims Made)  Pollution Legal Liability  
 Contractors Pollution Liability ( Occurrence - or -  Claims Made)  Errors and Omissions
2. Proposed Effective Date: \_\_\_\_\_ Proposed Retroactive Date: \_\_\_\_\_
3. Limits Of Liability/Deductible Requested: Limits: \_\_\_\_\_  
 Deductible: \_\_\_\_\_
4. Other Coverages and Endorsements: \_\_\_\_\_  
 \_\_\_\_\_

**GROSS RECEIPTS**

1. Please indicate gross receipts for the prior three years:

Prior Year Revenues (Past 12 Months)	Current Year Revenues (Current 12 Months)	Estimated Revenues (Upcoming 12 Months)
Indicate Month/Date below: To	Indicate Month/Date below: To	Indicate Month/Date below: To

**Note:** Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind.

2. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

Contracting		Consulting/Laboratory	
Above Ground Storage Tank Installation	\$	Air Monitoring	\$
Above Ground Storage Tank Removal	\$	Analytical Laboratories	\$
Underground Storage Tank Installation	\$	Civil Engineering	\$
Underground Storage Tank Removal	\$	Environmental Compliance	\$
Asbestos Abatement	\$	Environmental Impact Studies	\$
Bio Remediation	\$	Environmental Permitting	\$
Drilling (not oil/gas)	\$	Environmental Sampling	\$
Emergency Response	\$	Expert Witness	\$
Hazardous Materials Clean Up	\$	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$
Hazardous Materials Packing / Pickup	\$		
Lead Abatement	\$	Geophysical (i.e. drilling, sampling, etc.)	\$
Liquid Waste Remediation	\$	Hazardous Materials Consulting	\$
Mold Remediation	\$	Hydrogeological Investigations	\$
PCB Removal / Remediation	\$	Litigation Support	\$
<b>Non-Environmental Contracting</b>		Manual Preparation	\$
Carpentry	\$	Mold Evaluation / Consulting	\$
Demolition	\$	Phase I Environmental Assessments	\$
Fire / Water Restoration	\$	Phase II & III Environmental Assessments	\$
Plumbing	\$	Project Management	\$
Roofing	\$	Remedial Design	\$
Soil Removal / Remediation	\$	Remedial Investigation / Studies	\$
Soil Excavation – other than petroleum	\$	Remediation Oversight	\$
Tank and/or Pipe Cleaning	\$	Safety Training	\$
Wetlands Contracting	\$	Underground Storage Tank Testing	\$
<b>Other – Contracting</b>		Wetlands	\$
Describe: _____	\$	<b>Other - Consulting / Laboratory</b>	
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$	Describe: _____	\$
<b>Total Projected Contracting Gross Receipts:</b> \$ _____		<b>Total Projected Consulting/Laboratory Gross Receipts:</b> \$ _____	

**PRIOR CARRIER LIABILITY INFORMATION (Past Three Years)**

1. Please indicate the following for your current and prior carriers:

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Policy Type	Rate	Premium

2. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

**HISTORY OF COMPANY (Please explain all "Yes" responses.)**

1. Date Company was established: \_\_\_\_\_
2. Is work done through or by any affiliated or related company(s)?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

3. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

4. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

5. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

6. Is the applicant a successor of any other business?  Yes  No  
 If Yes, please list predecessor: \_\_\_\_\_

7. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind?  Yes  No  
 If Yes, please explain: \_\_\_\_\_

**SUBCONTRACTED SERVICES (Please explain all "No" responses.)**

1. Please identify the services that are subcontracted:

Description	Applicable Cost
	\$
	\$
	\$
	\$

- 2. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause?  Yes  No
- 3. Are the subcontractors required to name the applicant as an additional insured?  Yes  No
- 4. Does the applicant collect certificates of insurance from all subcontractors?  Yes  No
- 5. Are all subcontractors licensed and accredited?  Yes  No

**GENERAL INFORMATION (Please explain all "Yes" responses.)**

- 1. Does the applicant directly or indirectly perform work on residential properties?  Yes  No  
 If Yes, what percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %
- 2. Are more than 50% of the applicant's services subcontracted?  Yes  No
- 3. Is the applicant applying for project specific coverage?  Yes  No  
 If Yes, please attach a copy of the contract for the project and project supplemental application.
- 4. Are any of the applicant's revenues generated by contracting services performed in New York City?  Yes  No  
 If Yes, what percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %
- 5. Does the applicant conduct tank installation work?  Yes  No  
 If Yes, please answer the following:
  - a. What percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %
  - b. Are the installed tanks precision tightness tested before being released to owner?  Yes  No
  - c. Does the applicant apply any type of corrosion protection?  Yes  No
  - d. Are tanks tested and certified by a registered professional prior to use?  Yes  No

**Please submit the following:** Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs and installation procedures.
- 6. Does the applicant install any type of liner, i.e., landfill, lagoons, etc.?  Yes  No  
 If Yes, what percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %  

**Please submit the following:** Resumes and certifications of employees installing the liners, installation procedures and testing procedures for the installed liners.
- 7. Does the applicant conduct more than 10% geotechnical or geophysical operations?  Yes  No  
 If Yes, what percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %  

**Please submit the following:** A detailed list of the applicant's geotechnical and geophysical operations and detailed resumes of employees who conduct these operations.
- 8. Does the applicant conduct any Phase I or Real Estate Transfer Assessments?  Yes  No  
 If Yes, what percentage of the applicant's overall sales is associated with this operation? \_\_\_\_\_ %  
 If Yes, does the applicant follow ASTM-1527 guidelines?  Yes  No  

**Please submit the following:** A sample contract if the applicant utilizes a different format than indicated in ASTM-1527 guidelines.
- 9. Does the applicant conduct any type of mold contracting or mold consulting work?  Yes  No  
 If Yes, please complete and attach a Supplemental Mold Contractors and Consultants Application.  
 If No, but the applicant is interested in being considered for claims-made mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.

10. Total personnel (list each person only once, by primary function):

- Architects, Engineers, Geologists, Hydrogeologists \_\_\_\_\_
- Industrial Hygienists, Toxicologists, CIHs or CSPs \_\_\_\_\_
- Supervisors/Foremen/Leadmen \_\_\_\_\_
- Draftsmen, Technicians \_\_\_\_\_
- Laborers \_\_\_\_\_
- AHERA, Hazwopers \_\_\_\_\_
- Other (please specify primary function and count per primary function): \_\_\_\_\_

**TRANSIT INFORMATION**  NOT APPLICABLE

1. What is the radius (in miles) of operations? \_\_\_\_\_
2. Are driver training and a MVR review policy in place?  Yes  No
3. If pollution coverage is desired, please indicate vehicle type and VIN below:

Vehicle Type	VIN

4. Does the applicant have EPA or State status required to transport and/or store waste materials generated from your work? (If Yes, attach an explanation and complete table below.)  Yes  No

MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME

**STORAGE TANK INFORMATION**  NOT APPLICABLE

1. What types of tanks are installed? \_\_\_\_\_
2. Number of years experience: \_\_\_\_\_
3. Approximately how many tanks will be removed over the next twelve (12) months? \_\_\_\_\_
4. Approximately how many tanks will be installed over the next twelve (12) months? \_\_\_\_\_

**SAMPLING AND MONITORING PROCEDURES**

Check appropriate boxes for applicant's typical sampling and monitoring procedures in work areas:

- Sampling done by Applicant's employees     Sampling done by independent laboratory/consultant
- Analysis done by Applicant's employees     Analysis done by independent laboratory
- Waste Characteristic Sampling     Closure Sampling: Type: \_\_\_\_\_     Clearance Sampling

**DISPOSAL PROCEDURES**  NOT APPLICABLE

Indicate procedures the applicant employs in the disposal of hazardous materials/substances:

- Manifested or Disposal Forms?  Yes  No    Drummed/over pack?  Yes  No
- Bagged in two 6 mil bags and labeled?  Yes  No    Transportation by independent hauler?  Yes  No
- Treatment (on/off site)?  Yes  No    Transported by Applicant?  Yes  No

**CLAIM INFORMATION (Please explain all "Yes" responses.)**

1. Has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No

If Yes, please provide full details on each incident: \_\_\_\_\_

\_\_\_\_\_

2. 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 and/or has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No

If Yes, please provide 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 to the insurer to complete the insurance.

**NOTICE TO APPLICANTS**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title