# **Environmental Contractors and Consultants Application**

Please submit five (5) years loss runs, current financials, ACORD 125/126.

If new venture, please send resume and NKLL.

<ol> <li>Applicant Inf</li> </ol>	formation						
Date:							
Renewal of Policy N	No:						
Named Insured:	10.						
Mailing address:							
Website:							
Phone:							
Contact e-mail and	phone number	er:					
Company is: Individ	dual Partr	nership Corpo	oration	Joint Ventu	re	Other	
II. Coverage Re	auested						
Commercial Genera		Occurrence		Claims Made		Retroactive Date	2:
Contractor Pollutio	•	Occurrence		Claims Made		Retroactive Date	_
Professional Liabilit	ty	Claims Made	e Form (	Only		Retroactive Date	2:
Proposed Effective	Date:						
Limits Requested (0	Occurrence/A	ggregate):					
Deductible Request	ted:						
III. Expiring Insu	urance Informa	ation					
III. EXPITING ITISC	arance inform	ation					
		Comm	nercial (	General Liability			
Carrier	Limits	Deductib	le/SIR	Premium		Effective Date	Retroactive Date
		Contra	actors P	ollution Liability			
Carrier	Limits	Deductib		Premium		Effective Date	Retroactive Date
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		Di	rofossio	onal Liability			
Carrier	Limits	Deductib		Premium		Effective Date	Retroactive Date
Carrier	Lillits	Deddellb	10/ 3111	Treimain		Lifective Date	Neti odelive Date
				I			I

Yes

No

Has any policy or coverage been declined, cancelled, and/or non-renewed coverage?

#### **Company Information** IV. Date business was established Has applicant ever operated under another name? If, Yes No so, what? Has applicant acquired, merged, or discontinued Yes No operations in the last five (5) years Does applicant have subsidiaries, parent company, or Yes No related entities if so, do you share employees List the state(s) in which your work is performed and geographic location of any foreign projects Describe any operations that have been discontinued, sold, or abandoned?

# V. Revenue History

rojected:	
xpiring:	
irst Prior:	
econd prior:	

### VI. Operations and Services

Residential	Commercial	Industrial	Government

<sup>\*</sup>Percentage of estimated work for the next 12 months (total) in all boxes must equal 100%.

Environmental Contracting	Projected Gross Revenue	Projected Subcontracted Revenue
Asbestos/Mold/Lead Abatement		
Above and Below Ground Tank Testing, Installation and Removal		
Solar Power System Installation – Commercial or Industrial		
Solar Power System Installation – Residential		
Wind Power System Installation		
Other Alternative Energy Systems		
Energy Efficiency/Conservation Contracting		
Landfill Operation & Maintenance		
Waste Hauling and Disposal		
Carbon Sequestration Consulting and Contracting		
Soil Remediation		
Water/Groundwater Remediation		

Drilling for sampling and remediation purposes	
Emergency Response/Spill Cleanup	
Hazardous Materials Contracting	
Service Station Contracting including Electronic	
Vehicle (EV) Contracting/Construction	
Septic Tank Cleaning/Installation	
Industrial Cleaning	
Indoor Air Quality/Radon Remediation	
Liquid Waste Remediation	
Medical/Infection Waste/Crime Scene/Drug Lab	
Cleanings	
Sampling	
Tank and Pipe Cleaning	
Wastewater Treatment Plant Operation &	
Maintenance	
Wetlands Restoration/Construction	
Total	

Fire & Water Damage Restoration	Projected Gross Revenue	Projected Subcontracted Revenue
Emergency Response		
Build-back of fire or water damaged property		
Water Removal/Dry-out		
Mold Remediation		
Remodeling (not related to fire or water damage)		
Pack-out & Content Management/Storage/Cleaning		
Total		

Non-Environmental Contracting	Projected Gross Revenue	Projected Subcontracted
		Revenue
Boiler Inspections/installations		
Carpentry		
Carpet, Rug, Furniture or Upholstery Cleaning		
Concrete Construction Foundation Work		

Demolition – above 3 stories	
Demolition – below 3 stories	
Drywall or Wallboard Installation	
Electrical	
Fencing	
Floor Coverage Installation	
Framing	
Glass Dealers & Glaziers	
HVAC	
Insulation	
Landscape Gardening	
Maintenance/Janitorial	
Masonry	
Metal Erection	
Painting	
Plastering or Stucco Work	
Plumbing — Commercial & Industrial	
Plumbing — Residential or Domestic	
Roofing – Commercial	
Roofing – Residential	
Street Cleaning	
Street or Road Paving, Repaving, Surfacing,	
Resurfacing or Scraping	
Trucking	
Appliance Installation	
Drilling – non-environmental	
Equipment Sales	
General Contracting	
Grading of Land	
Utility Contracting	
Total	

Professional Services	Projected Gross Revenue	Projected Subcontracted Revenue
Air Monitoring		
Analytical Laboratories		
Architectural Engineering		
Phase I Environmental Assessments		
Phase II and Phase III Assessments		
Civil/Structural Engineering		
Environmental Training		
Asbestos/Mold/Lead Abatement Consulting		
Environmental Facilities Design & Engineering		
Environmental Impact Studies		
Expert Witness		
Mechanical Engineering		
Real Estate Audits/Assessment		
Regulatory Compliance/Permitting		
Remedial Design		
Remediation Oversight		
Surveying		
Environmental Permitting and Regulatory Compliance		
Feasibility Studies or Reports		
Groundwater Monitoring		
Hazardous Materials consulting		
Hydrogeological Investigations		
Indoor Air Quality Consulting		
Industrial Hygiene & Safety Consulting		
Waste Brokering		
Wastewater System Design		
Wetlands Declination Consulting		
Wildlife Studies		
Total		

what percentage of the applicant's work is subcontracted?  re the applicant's subcontractors and subconsultants hired under a written contract  What are the minimum insurance required for subcontractors?  What are the minimum insurance required for subcontractors?  identical Liability:  ontractors Pollution Liability:  rofessional Liability:  When hiring subcontractors does the applicant:  equire to be named as an additional insured?  When hiring subcontractors does the applicant:  equire to be named as an additional insured?  Yes No bitain Certificates of Insurance (COIs)?  Yes No bitain Waivers of Subrogation?  Yes No  I. Business Practices  oes the applicant use a standard written contract with clients?  oes the applicant use a standard contract include a limitation of liability clause and to what Yes No  oes the applicant have a written health and safety plan (provide table of contents)?  Yes No  Recent Projects  escribe the last 5 jobs performed by the applicant. Please include project name/client, services provided, project ross revenue and duration:  .  .  .  .  .  .  .  .  .  .  .  .  .			
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	ross revenue and duration:		
	l.		
	j.		

## X. Vehicle Pollution Exposure

Type of Vehicles	Total Number	Vehicle Make	Vehicle Model	Year	VIN Number	Radius Travelled	Cargo
Private passenger						Less than 50	
autos						50-100	
						More than 100	
Pickup						Less than 50	
Trucks						50-100	
						More than 100	
Vans						Less than 50	
						50-100	
						More than 100	
Stake and Flatbed						Less than 50	
trucks						50-100	
						More than 100	
Dump						Less than 50	
Trucks						50-100	
						More than 100	
Garbage						Less than 50	
Trucks						50-100	
						More than 100	
Vacuum						Less than 50	
Trucks						50-100	
						More than 100	
Tractor Trailer						Less than 50	
Units						50-100	
						More than 100	
Trailers – not						Less than 50	
attached to						50-100	
Tractor						More than 100	
Other						Less than 50	
(describe)						50-100	
						More than 100	

Does applicant have an auto safety program in place? If so, please attach a copy.	Yes	No
Does applicant check MVRs at least annually for each of its drivers?	Yes	No
Does applicant have a vehicle maintenance program in place?	Yes	No
Are applicant's drivers monitored via GPS and/or speed alerts?	Yes	No

#### XI. Claims and Circumstance

Within the Past five (5) years have any claims, suit, legal actions, regulatory proceedings or notice of incident been brought against the applicant or any other party to the proposed insurance?	Yes	No
At the time of signing this application, is the applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim, suit, legal action or proceeding against the proposed insurance?	Yes	No
Within the past five (5) years has the applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed bankruptcy, receivership, and/or insolvency or intends to commence any proceeding related to bankruptcy, receivership and/or insolvency?	Yes	No

<sup>\*</sup>If response is YES to any of the above, please provide details:

It is understood and agreed that if such claims exist, or any such circumstances exist which could give rise to a claim, then those claims are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.

By signing this application, the applicant warrants to the company that all statements made in this application are true and complete, that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties

Signature of application
Print name
Title
Date
Signature of broker
Print name

Date