**ENVIRONMENTAL SERVICES APPLICATION: CONTRACTORS AND CONSULTANTS**

**INSTRUCTIONS:**

* Please print or type clearly.
* Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer “N/A.”
* If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
* The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
* Three (3) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

**IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)**

|  |
| --- |
| **COVERAGE REQUESTED** |

COMMERCIAL GENERAL LIABILITY

CONTRACTORS POLLUTION LIABILITY

PROFESSIONAL LIABILITY

TRANSPORTATION POLLUTION LIABILITY

|  |  |
| --- | --- |
| **GENERAL APPLICANT INFORMATION (MANDATORY)** | |
| Named insured: |  |
| Mailing address: |  |
| Contact name: |  |
| Telephone #: |  |
| Fax #: |  |
| Email address: |  |
| Company website: |  |
| Year established: |  |
| EPA ID # (if applicable) |  |
| Business type: | Corporation Individual Joint Venture LLC/LLP Partnership Other |
| FEIN or SSN: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. List other entities requesting coverage under this policy and their relationship with the named insured: | | | |
| 1. Are there any additional insureds? | | | YES  NO |
| If yes, list the entities and their relationship to the named insured and services performed: | | | |
| 1. Description of named insured’s operations: | | | |
| 1. **REVENUES (for all entities to be insured):** | **Revenue** |  | |
| Current estimated annual revenue: | $ |  | |
| 1st Prior year’s annual revenue  2st Prior year’s annual revenue | $ |  | |
| 1. States in which you conduct operations: | | | |
| 1. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may result in a claim against the applicant or any other person or entity for which coverage is being sought? | | | YES  NO |
| If yes, please describe and provide currently values loss runs if prior coverage existed: | | | |
| 1. Has any general liability and/or environmental coverage been declined, cancelled or non-renewed in the last 5 years? If yes, please explain | | | YES  NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REQUESTED** **COVERAGE DETAILS** | | | | | |
|  | | **GENERAL LIABILITY** | **CONTRACTORS’ POLLUTION LIABILITY COVERAGE** | **PROFESSIONAL LIABILITY** | **TRANSPORTATION POLLUTION LIABILITY** |
| **CHECK IF APPLICABLE:** | |  |  |  |  |
| Occurrence / claims made | |  |  |  |  |
| Limits | |  |  |  |  |
| Deductible | |  |  |  |  |
| Effective dates | |  |  |  |  |
| Retroactive date | |  |  |  |  |
| **EXISTING COVERAGE DETAILS** | | | | | |
|  | **GENERAL LIABILITY** | | **CONTRACTORS’ AND CONSULTANTS’ POLLUTION COVERAGE** | **PROFESSIONAL LIABILITY** | **TRANSPORTATION POLLUTION LIABILITY** |
| **CHECK IF APPLICABLE:** |  | |  |  |  |
| Occurrence / claims made |  | |  |  |  |
| Carrier |  | |  |  |  |
| Limits |  | |  |  |  |
| Deductible |  | |  |  |  |
| Premium |  | |  |  |  |
| Effective dates |  | |  |  |  |
| Retroactive date |  | |  |  |  |

**CONTRACTORS’ AND CONSULTANTS’ POLLUTION LIABILITY (including Professional if needed)**

**CONTRACTED OPERATIONS AND PROFESSIONAL SERVICES - *COMPLETE USING ANNUALIZED REVENUES OR***

***ENTIRE PROJECT***

|  |  |  |
| --- | --- | --- |
| **ENVIRONMENTAL CONTRACTING SERVICES OR OPERATIONS** | **ESTIMATED SUB- CONTRACTED**  **%** | **ESTIMATED ANNUALIZED REVENUE** |
| Asbestos / lead abatement  Asbestos/ lead assessments or oversight |  |  |
| Barrier and liner installation/ landfill construction  Bioremediation |  |  |
| Crime Scene/Drug Lab Contracting/Cleanup |  |  |
| Emergency / hazardous materials response – spill cleanup  Environmental Drilling (non oil & gas)  Fire or water damage restoration contracting |  |  |
| Groundwater remediation treatment and recovery  HazMat Cleanup Contracting  HazMat packaging/pickup |  |  |
| Industrial Cleaning |  |  |
| Laboratory packing / hazardous materials clean-up |  |  |
| Liquid waste remediation contracting  Medical waste contracting |  |  |
| PCB Removal/Contracting |  |  |
| Mold abatement contracting \*  Mold abatement assessment or oversight \*  Mold prevention contracting \* |  |  |
| On-site hazardous waste treatment and storage |  |  |
| PCB oil / equipment retro-fill and removal |  |  |
| Phase II site assessment- soil / groundwater sampling / drilling |  |  |
| Phase III remediation- soil / groundwater clean-up |  |  |
| Pipeline cleaning or maintenance |  |  |
| Radon Mitigation Contracting  Septic System Contracting  Soil Remediation Contracting – Petroleum  Soil Remediation (other) |  |  |
| Transportation – Hazardous material |  |  |
| Thermal Treatment |  |  |
| Underground Storage Tank installation  Underground Storage Tank removal/repair/cleaning |  |  |
| Wastewater treatment systems installation/maintenance |  |  |
| Wetlands restoration |  |  |
| Other environmental contracting (please describe): |  |  |
| **SUBTOTAL** |  |  |

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8

|  |  |  |
| --- | --- | --- |
| **ENVIRONMENTAL CONSULTING / PROFESSIONAL SERVICES** | **ESTIMATED SUB- CONTRACTED**  **COST** | **ESTIMATED ANNUALIZED REVENUE** |
| Air quality testing/monitoring  Alternative Energy Consulting – solar  Alternative Energy Consulting (other) |  |  |
| Asbestos/ lead assessments |  |  |
| Civil Engineering  Environmental Expert Witness and Litigation Support  Environmental Feasibility Studies  Environmental Impact Studies  Environmental Permitting and compliance  General Consulting (please describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Geophysical Consulting  Geotechnical Consulting/Engineering  HVAC Engineering  Indoor Air Quality Consulting  Industrial Hygiene/ Health and Safety Consulting |  |  |
| Laboratory analysis and testing (excluding mold, mildew, fungus)  Laboratory analysis and testing (including mold) |  |  |
| Land surveying |  |  |
| Landscape architecture |  |  |
| Mold abatement assessment or oversight \*  Mold Inspections \*  Mold air monitoring \*  Mold indoor air quality consulting \*  Mold remediation testing and consulting \*  Mold Services – Other (please describe) \*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Process Engineering |  |  |
| Phase I environmental risk assessments |  |  |
| Phase II site assessment- soil / groundwater sampling / remedial design  Phase III environmental assessments  Project Management  Radon Testing |  |  |
| Safety Training (please describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Waste Brokering  Wetlands Consulting/Restoration  Wildlife Consulting  Other design / consulting / engineering operations (please describe):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **SUBTOTAL** |  |  |

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8

|  |  |  |
| --- | --- | --- |
| **NON- ENVIRONMENTAL CONTRACTING / CONSULTING / PROFESSIONAL SERVICES OR OPERATIONS** | **ESTIMATED SUB- CONTRACTED COST** | **ESTIMATED ANNUALIZED REVENUE** |
| Carpentry / framing |  |  |
| Civil engineering  Construction Debris Removal |  |  |
| Construction Management |  |  |
| Demolition - Interior Only  Demolition – Exterior (less than 4 stories)  Demolition – Exterior (greater than 4 stories) |  |  |
| Disposal |  |  |
| Dredging |  |  |
| Drilling (non-environmental)  Electrical Contracting |  |  |
| Excavation / grading / landscaping |  |  |
| Fire / water damage restoration/build back contracting |  |  |
| Fire sprinkler contracting |  |  |
| General contracting / project management |  |  |
| Glazer |  |  |
| Heavy/highway bridge construction |  |  |
| Industrial and sewer cleaning |  |  |
| Insulation Installation/Removal |  |  |
| Janitorial |  |  |
| Laboratory analysis and testing - non-environmental |  |  |
| Masonry / concrete |  |  |
| Mechanical engineering |  |  |
| Operations / maintenance - for third parties |  |  |
| Painting- non abatement  Pesticide/Herbicide Contracting |  |  |
| Plumbing |  |  |
| Residential builder / developer (please describe)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Roofing – Commercial  Roofing - Residential |  |  |
| Steel erection |  |  |
| Street and road Contracting |  |  |
| Utility construction |  |  |
| Other contracting operations (please describe) |  |  |
| Other design / consulting / engineering operations (please describe):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **SUBTOTAL** |  |  |
| **TOTAL FOR ALL SERVICES (pages 3-5)** |  |  |

**SERVICES AND STAFF INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Please provide a general description of and % of revenues by client services type: | | | | | | | | |
|  | **CLIENT TYPE** | | **DESCRIPTION** | | | | | **% OF REVENUE** |
|  | Industrial | |  | | | | |  |
|  | Commercial / retail | |  | | | | |  |
|  | Residential / habitational  Single Family  Multi-Family | |  | | | | |  |
|  | Contractors | |  | | | | |  |
|  | Governmental  Utilities  Design Professionals | |  | | | | |  |
|  | Other | |  | | | | |  |
| 1. Were any projects in last three (3) years greater than 25% of the annual revenues? | | | | | | | | YES  NO |
| If yes, please describe: | | | | | | | | |
|  | **CLIENT NAME** | | | **REVENUE** | | **OPERATIONS PERFORMED** | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
|  |  | | |  | |  | | |
| 1. Staffing | | | | | | | | |
|  | **POSITION** | **# OF PERSONNEL** | | | **POSITION** | | **# OF PERSONNEL** | |
|  | Principals |  | | | Supervisors/foremen | |  | |
|  | Architects/ environmental engineers |  | | | Field personnel | |  | |
|  | General Engineers other than above  Geologists or Hydrologists |  | | | Industrial Hygienists, Toxicologists, CIH’s, CSP’s, Project Managers  Clerical and Accounting Employees  Administrative Management  Number of Principals (including any listed above) | |  | |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | **TOTAL PERSONNEL** | |  | |

**OPERATION PROCEDURES:**

|  |  |  |
| --- | --- | --- |
| 1. Do you have a written health and safety plan? | | YES  NO |
| 1. Do you have a written QA/QC plan? | | YES  NO |
| 1. Do you have a standard written contract to use with your subs? | | YES  NO |
| 1. Do you have a standard written contract to use with your clients? | | YES  NO |
| A. If yes, does your contract include indemnity wording limiting your liability?  B. Does the form contain a Hold Harmless Clause? | | YES  NO  YES  NO |
| 1. Does the applicant have an in-house continuing education program? | | YES  NO |
| 1. What percentage of your projects are contracted using: | | |
| |  |  | | --- | --- | | The applicants standard contract | **%** | | A letter of agreement | **%** | | A client’s contract form | **%** | | Verbal agreement | **%** | | Other (describe) | **%** | | | |
| 1. Do you require subs to add you as additional insured on their insurance policies? | | YES  NO |
| 1. Do you require certificates of insurance from your subs? | | YES  NO |
| If so, what are the minimum insurance requirements for your subs? | | |
| |  |  | | --- | --- | | General liability |  | | Pollution liability |  | | Professional liability  Transportation Pollution Liability |  | | | |
| 1. Do you have any discontinued operations in the past 5 years? | YES  NO | |
| If yes, please describe: | | |
| 1. Have you ever been cited or prosecuted for any environmental related standard or law? | YES  NO | |
| If yes, please explain. | | |
| 1. Have you ever caused any pollution releases while performing contracting operations at a job site? | YES  NO | |
| If yes, please describe. | | |
| 1. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years? | YES  NO | |
| If yes, please explain: | | |

**COVERAGE ENHANCEMENTS** **(TRANSPORTATION and MOLD)**

COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

**TRANSPORTATION POLLUTION**

|  |  |  |
| --- | --- | --- |
| 1. Does the applicant have any operations that require the transportation of hazardous materials? | | YES  NO |
| * 1. **1st party** | | |
| If yes, and the applicant transports the materials themselves, please complete the table below. | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **VEHICLE TYPE** | **# OF VEHICLES** | **MAX. DISTANCE**  **DRIVEN** | **MATERIAL(S) HAULED** | **CARRIER TYPE (BULK, CONTAINER,**  **TANKER, ETC.)** | | Private passenger |  |  |  |  | | Light truck |  |  |  |  | | Medium truck |  |  |  |  | | Heavy/extra heavy truck |  |  |  |  | | Heavy/extra heavy truck tractors |  |  |  |  | | | |
| * + 1. Total vehicles hauling hazardous materials: | | |
| * + 1. Do you have an auto safety & training program and check MVR’s regularly? | YES  NO | |
| * + 1. Do you have a vehicle maintenance program in place? | YES  NO | |
| * 1. **3rd party** | | |
| If yes, and the hazardous materials are transported by a third-party, please complete the table below. | | |
| |  |  |  |  | | --- | --- | --- | --- | | **WASTE HAULER NAME** | **MATERIAL(S) HAULED** | **CARRIER TYPE (BULK, CONTAINER,**  **TANKER, ETC.)** | **MAX. DISTANCE**  **TRAVELED** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| * + 1. Do you verify that the transporter’s insurance includes both a pollution endorsement and a MCS-90 endorsement? | | YES  NO |
| * + 1. Has the applicant had any pollution claims from transported cargo in the past five years? | | YES  NO |
| If yes, explain: | | |

**MOLD – *CONTRACTORS’ AND CONSULTANTS’ POLLUTION LIABILITY COVERAGE***

|  |  |
| --- | --- |
| 1. Are all building materials inspected upon delivery for pre-existing mold contamination? | YES  NO |
| 1. Do you perform training for laborers and/or subs on microbial matter prevention? | YES  NO |
| 1. When using subcontractors, do you obtain written verification that the sub is certified in mold remediation or mold awareness? | YES  NO |
| 1. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors? | YES  NO |
| 1. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold? | YES  NO |
| If yes, please describe: | |
| 1. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law? | YES  NO |
| 1. Do you subcontract the analysis of mold to an outside laboratory? | YES  NO |
| If yes, please describe: | |

For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry , the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO **ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND** & **WEST VIRGINIA** APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO **COLORADO** APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory authorities.

NOTICE TO **DISTRICT OF COLUMBIA** APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO **FLORIDA** APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO **KENTUCKY** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO **LOUISIANA** APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO **MAINE** APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO **NEW** **JERSEY** APPLICANTS: Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO **OHIO** APPLICANTS: Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO **OKLAHOMA** APPLICANTS: WARNING: any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-10, 36 §3613.1).

NOTICE TO **PENNSYLVANIA** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

NOTICE TO **TENNESSEE, VIRGINIA AND WASHINGTON** APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO **VERMONT** APPLICANTS: 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO **NEW YORK** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 be subject to a civil penalty not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violations.

NOTICE TO **ALL OTHER STATE** APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| APPLICANT’S NAME |  |
| TITLE |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS |  |