



Contractors and Consultants Application

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.

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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

1. Qualification including resumes, brochures and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs including pollution and professional, if applicable
4. Completed Accord Application

A) APPLICANT INFORMATION

Applicant: _____ Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zipcode: _____
 Company is: Individual___ Partnership___ Corporation___ Joint Venture___ Other_____

B) REQUESTED COVERAGE

1. **Please clearly state what coverage(s) you are requesting:**
 New Business _____ Renewal _____
 Commercial General Liability Occurrence, or Claims Made
 Contractors Pollution Liability Occurrence, or Claims Made
 Professional Liability (Claims Made Only)
 Environmental Impairment Liability (Claims Made Only)

2. Proposed Effective Date: ____/____/____
 Proposed Retroactive Date: ____/____/____
 3. Limits of Liability/Deductible
 Limits Requested _____
 Deductible Requested _____
 4. Other Coverages and Endorsements _____

C) HISTORY of COMPANY

1. Date Company was Established: _____
2. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below (page 2). Yes___ No___
3. 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? If yes, please provide an explanation in the area below (page 2). Yes___ No___
4. Is the applicant a successor of any other business? If yes, please provide an explanation in the area below (page 2). Yes___ No___

5. 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? If yes, please provide an explanation in the area below (page 2). Yes___ No___
6. Has the applicant, or any affiliated, related predecessor entity ever been (or currently) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below (page 2). Yes___ No___
7. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below (page 2). Yes___ No___



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C) HISTORY of COMPANY cont.

8. If you answered "Yes" to any of the questions listed above (page 1), please include a detailed explanation:

D) PRIOR LIBABILITY CARRIER INFORMATION (Past Three Years)

	Coverage Form	Carrier	Receipts	Limits of Liability	Deductible	Type of Policy	Rate	Premium
1.								
2.								
3.								

Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? Yes ___ No ___

(If yes, please explain): _____

E) GROSS RECEIPTS

1. Prior Year No. 1 (\$) _____

2. Prior Year No. 2 (\$) _____

3. Prior Year No. 3 (\$) _____



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

Asbestos Abatement _____	\$ _____	Environmental Compliance _____	\$ _____
Bio Remediation _____	\$ _____	Environmental Permitting _____	\$ _____
Drilling (not oil/gas) _____	\$ _____	Air Monitoring _____	\$ _____
Emergency Response _____	\$ _____	Environmental Sampling _____	\$ _____
Haz Mat Cleanup _____	\$ _____	Expert Witness _____	\$ _____
Haz Mat Packing/Pickup _____	\$ _____	Litigation Support _____	\$ _____
Lead Abatement _____	\$ _____	Environmental Impact Studies _____	\$ _____
Liquid Waste Remediation _____	\$ _____	Safety Training _____	\$ _____
Above Ground Storage Tank Installation \$ _____		Underground Storage Tank Testing _____	\$ _____
Above Ground Storage Tank Removal \$ _____		Manual Preparation _____	\$ _____
Underground Storage Tank Installation \$ _____		Phase I Environmental Assessments _____	\$ _____
Underground Storage Tank Removal \$ _____		Phase II & III Environmental Assessments \$ _____	
PCB Removal/Remediation _____	\$ _____	Remedial Investigation/Studies _____	\$ _____
Soil Removal/Remediation _____	\$ _____	Remedial Design _____	\$ _____
Soil Excavation (other than petroleum) \$ _____		Remediation Oversight _____	\$ _____
Tank and/or Pipe Cleaning _____	\$ _____	Analytical Laboratories _____	\$ _____
Wetlands Contracting _____	\$ _____	Haz Mat Consulting _____	\$ _____
Mold Remediation _____	\$ _____	Mold Evaluation/Consulting _____	\$ _____
Fire/Water _____	\$ _____	Civil Engineering _____	\$ _____
Roofing _____	\$ _____	Geotechnical (i.e. slope stability, etc.) _____	\$ _____
Carpentry _____	\$ _____	Hydrogeological Investigation _____	\$ _____
Demolition _____	\$ _____	Wetlands _____	\$ _____
Plumbing _____	\$ _____	Project Management _____	\$ _____

Other – Contracting

Other – Consulting/Laboratory

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Total Projected Contracting

Total Projected Consulting/Laboratory

Gross Receipts: \$ _____

Gross Receipts: \$ _____



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F) SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:

2. Applicable cost:

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

Describe: _____ \$ _____

3. Are all subcontractors licensed and accredited? Yes _____ No _____

4. Does the applicant collect certificates of insurance from all subcontractors? Yes _____ No _____

5. Are all subcontractors required to name the applicant as an additional insured? Yes _____ No _____

6. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? Yes _____ No _____

G) GENERAL INFORMATION

1. Does the applicant directly or indirectly perform work on residential properties? Yes _____ No _____

If yes, please answer the following:

a) What percentage of the applicants overall sales is associated with this operation? _____ %

2. Are more than 50% of the applicants 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 applicants revenues generated by contracting services performed in New York City? If yes, please answer the following: Yes _____ No _____

a) What percentage of the applicants 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 applicants overall sales is associated with this operation? _____ %

b) Are the installed tanks precision tightness tested before being released to the customer? Yes _____ No _____

c) Does the applicant apply any type of corrosion protection? -0 Yes _____ No _____

d) Are the tanks tested and certified by a registered professional before use? Yes _____ No _____

6. Does the applicant install any type of liner, i.e., landfill, lagoons, etc.? Yes _____ No _____

If yes, please answer the following:

a) What percentage of the applicants 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 liner.

7. Does the applicant conduct more than 10% geotechnical or geophysical operations? Yes _____ No _____

If yes, please answer the following:

a) What percentage of the applicants 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 liner



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G) GENERAL INFORMATION cont.

8. Does the applicant conduct any Phase I or Real Estate Transfer Assessments? Yes _____ No _____

If yes, please answer the following:

a) What percentage of the applicants overall sales is associated with this operation? _____%

b) Does the applicant follow ASTM-1527 guidelines? Yes _____ No _____

If no, please attach a sample contract of the applicant's format.

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 applicants contracting operations, please complete and attach a Supplemental Mold Application.

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

a) Architects, Engineers, Geologists, Hydrologists _____

b) Industrial Hygienists, Toxicologists, CIHs or CSPs _____

c) Supervisors, Foreman, Leadmen _____

d) Draftsmen, Technicians _____

e) Laborers _____

f) AHERA, Hazwopers _____

g) Other (please specify primary function and count per primary function):

11. 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:

12. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against (s)he, the firm, his/her 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 IN ALL STATES

Any person who knowingly and with the 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, (s)he (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 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 act, which is a crime.

Signature: _____ Print Name: _____

Title: _____ Date: _____