

**NEW BUSINESS APPLICATION**

**ENVIRONMENTAL CONTRACTORS AND CONSULTANTS APPLICATION**

**Instructions:**

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper
3. Have this Application signed and dated by an authorized owner, partner or director of the proposed first Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. The following items must be included for a complete submission:
  - a. This Application
  - b. At least two years financial statements including profit and loss statement, balance sheet, and notes.
  - c. Currently valued general liability and contractor's pollution liability loss runs for the past four years.
  - d. Brochures/statement of qualifications
  - e. Sample contract used with clients, subcontractors and sub consultants including indemnity provision

Section 1. General Information	
Named Insured:	
Mailing Address:	
Web site:	Year Business Started:
Inspection Contact:	Phone Number:
Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please give details</b>	
Has the Applicant's name or form of business entity changed, or has any other person or entity been purchased by or merged with or consolidated into the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes" Please give details</b>	

Section 2. Coverage Requested			
Proposed Effective Date:	Proposed Expiration Date:		
Limits of Liability: [Select] Per Occurrence / [Select] Aggregate			
Deductible Amount: [Select]			
Is the currently a Retro Date on the Applicant's policy? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If YES: Retroactive Dates: Contractor's Pollution:		Professional:	
Coverage Requested:	General Liability	Contractor's Pollution Liability	Professional (E&O) Liability
	[Select]	[Select]	[Select]

Section 3. Current Liability Coverage Information							
Coverage Type	Carrier	Per Occ Limit	Aggregate Limit	Exp. Date	Retro Date	Deductible	Premium
General Liability		[Select]	[Select]			[Select]	
Contractors Pollution Liability		[Select]	[Select]			[Select]	
Professional Liability		[Select]	[Select]			[Select]	

**Section 4. Company Information**

Is the applicant a start-up?  Yes  No  
 If YES, enter total expected revenue for the next 12-month period:  
 If NO, please provide total expected revenue for the next 12-month period:  
 Total revenue for first prior year:  
 Total revenue for second prior year:  
 Total revenue for third prior year:  
 Total revenue for fourth prior year:

Has applicant sold acquired or discontinued any operations in the last 4 years?  Yes  No  
 If YES, please explain:

Are there any OTHER named insureds to be covered by this policy?  Yes  No  
 If YES, please list other named insureds:

<u>Named Insured</u>	<u>Relationship</u>

**Section 5. Environmental Contracting**

Does the applicant provide Environmental Contracting Services?  Yes  No  
 If YES, please complete this page, otherwise skip to the next page.

Provide a detailed description of all Environmental Contracting Services performed.

**Enter Projected Sales for Each Environmental Contracting Category**

	Sales	% Subcontracted	% Habitational (homes, condos, apartments)
Asbestos Abatement*		%	%
Asbestos Abatement in NY City performed in the 5 borough's area		%	%
Drilling (environmental)		%	%
Emergency Spill Control		%	%
Fire/Water Restoration		%	%
Ground Water Remediation		%	%
HazMat Cleanup		%	%
Indoor Air/Radon		%	%
Industrial Cleaning		%	%
Lab Packing		%	%
Landfill Liner Installation		%	%
Lead Abatement*		%	%
Liquid Waste Remediation		%	%
Medical Waste Pickup		%	%
Medical Waste Remediation		%	%
Mobile Distillation		%	%
Mobile Incineration		%	%
Mold Abatement**		%	%
PCB Removal/Remediation		%	%
Phyto Remediation		%	%
Soil Remediation		%	%
Soil/Ground Water Sampling		%	%
Superfund Remediation Contracting		%	%
Tank & Pipe Cleaning		%	%
Tanks - AST Installation		%	%
Tanks - AST Removal		%	%

<b>Section 5. Environmental Contracting</b>			
Tanks - UST Installation		%	%
Tanks - UST Removal		%	%
Waste Disposal		%	%
Water Treatment		%	%
Other Environmental Contracting		%	%
<b>Total Projected Sales</b>			
*Contractors performing asbestos/lead abatement please include licenses with application.			
**Contractors performing mold abatement please include training certifications with application.			

<b>Section 6. Environmental Consulting</b>			
Does the applicant provide <u>Environmental Consulting Services</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please complete this page, otherwise skip to the next page.			
Provide a detailed description of all Environmental Consulting Services performed.			
<b><u>Enter Projected Sales for Each Environmental Consulting Category</u></b>			
	Sales	% Subcontracted	% Habitational (homes, condos, apartments)
Air Quality Monitoring		%	%
Asbestos/Lead Assessments/Design		%	%
Mold Assessments/Design		%	%
Regulatory Consulting-Permitting & Audits		%	%
Phase I-Site Assessments		%	%
Phase II – Surface Investigations		%	%
Phase III – Remedial Design		%	%
Lab Testing/Analysis		%	%
Landfill Liner Design		%	%
Remediation Oversight-Management		%	%
Health & Safety Training OSHA Compliance		%	%
PCB Consulting		%	%
Hazardous Materials Consulting		%	%
Environmental Sampling		%	%
Tank – UST/AST Design		%	%
Tanks – UST/AST Testing		%	%
Waste Arranging & Brokering		%	%
Other Environmental Service		%	%
<b>Total Projected Sales</b>			
Number of Professionals on staff:			
Engineers:			
Certified Industrial Hygienists:			
Geologists & Chemists:			
Please attach Resumes and Statement of Qualifications for these employees.			
Please include safety/training documentation, and mold/water intrusion plan.			

**Section 7. Non-Environmental Operations**

Provide a detailed description of all Non-Environmental Operations performed that are associated with **Section 5.** and **6.** above. Please enter **Classification, Revenues** and **Percentage Subcontracted**:

Classification	Revenue	Percentage Subcontracted
		%
		%
		%
		%
		%
What percentage of your operations is not directly associated with <b>Section 5.</b> and <b>6.</b> above?.		%
Please provide a brief description of those activities:		
<b>Total Projected Sales</b>		

**Section 8. Subcontractor Controls**

Are subcontractors required to name the Applicant as an additional insured?  Yes  No  
 Is a standard written contract used with the Applicants clients/subcontractors including hold harmless and indemnification wording?  Yes  No  
 What are the minimum limits the Applicant require from subcontractors?

**Section 9. Operations Continued**

Specify the percentage of gross receipts in the U.S. attributable to each state:

Transportation Pollution Coverage  Yes  No  
**If “Yes” Please explain:**

Total number of vehicles hauling hazardous waste:

Light Truck	Medium Truck	Heavy Truck	Extra Heavy Truck/Tractor

Does the Applicant select or arrange, for clients, the disposal site of hazardous or non-hazardous waste?  
 Yes  No  
**If “Yes” Please explain:**

**Section 10: Claim Information:**

Has the insured ever subject to any claim by any client or third party?  Yes  No  
 If YES, please explain:

Is the Applicant aware of any circumstance or foreseeable potential claim arising from any contracting activities ever provided by the Applicant?  Yes  No  
 If YES, please explain:

**Section 11. Notes**

Enter any additional details you would like to be considered and included with this application

**Section 12. List 10 Largest Projects**

**FRAUD STATEMENT**

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.

**WARRANTY STATEMENT**

The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the Policy of insurance and deemed incorporated therein if the Company accepts this application by issuance of a Policy. It is hereby agreed and understood that this warranty constitutes a continuing obligation to report to the Company, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of firm, areas of business engaged in by the firm and information contained on each supplemental application by the Applicant.

The Applicant hereby authorizes the release of all claims information from any prior insurer to the Company. The Applicant agrees that the organization releasing the information, its agents, servants or employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information.

**NOTE:** In applying for coverage, the Applicant agrees that in the event of covered losses, the Applicant will be required to be defended by an attorney appointed by the Company.

The Applicant hereby acknowledges that the Applicant is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and in such event, the Company shall not be liable for claim expenses or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability.

The Applicant hereby further acknowledges that the Applicant is aware that claim expenses that are incurred shall be applied against the deductible amount.

The Applicant understands and accepts that the Policy applied for provides coverage on a "Claims-Made and Reported" basis for only those claims made against the Insured and reported to us while the Policy is in force and that coverage ceases with the termination of the Policy.

Applicant's Name (Print):		Applicant's Signature:	
Title:		Date:	
City:	State:	Zip code:	Telephone Number:
Producer:			
Producer Signature:			