

**APPLICANT'S INFORMATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Applicant's Website \_\_\_\_\_

Year Business Was Started \_\_\_\_\_

Organization Type \_\_\_\_\_ Corporation  
\_\_\_\_\_ Individual  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Limited Liability Company  
\_\_\_\_\_ Joint Venture  
\_\_\_\_\_ Other

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**COVERAGE REQUESTED**

Proposed Effective Date \_\_\_\_\_

Proposed Expiration Date \_\_\_\_\_

(At least 12 months, not to exceed 18 months)

Limits of Liability \_\_\_\_\_ Per Occurrence  
\_\_\_\_\_ Aggregate

Deductible Amount \_\_\_\_\_

Is There Currently a Retro Date on the applicant's pollution policy? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES:

Retroactive Date Contractors' Pollution Liability \_\_\_\_\_

Retroactive Date Professional Liability \_\_\_\_\_

**COVERAGE REQUESTED, continued**

Commercial General Liability	_____	None
	_____	Occurrence
	_____	Claims Made
Contractors' Pollution Liability	_____	None
	_____	Occurrence
	_____	Claims Made
Professional (E&O) Liability	_____	None
	_____	Occurrence
	_____	Claims Made

**ADDITIONAL COVERAGES**

Do you want Hired and Non-Owned Auto Coverage?	Yes	_____	No	_____
Do you want Blanket Additional Insured Coverage?	Yes	_____	No	_____
Do you want Blanket Waiver of Subrogation?	Yes	_____	No	_____
Do you want Blanket Primary Wording?	Yes	_____	No	_____
Do you want Employee Benefits Liability?	Yes	_____	No	_____

Other Coverage Requests:

---

---

---

**COMPANY PROFILE**

Is the applicant a start-up? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, Total Revenue for the prior 12 month period \_\_\_\_\_

Does the Applicant have any branch locations? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list branch locations:

Address	City, State, Zip
_____	_____
_____	_____
_____	_____

Does any one project or contract generate more than 25% of gross receipts? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have a parent company, subsidiary or other related entity? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list all related entities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Applicant sold acquired or discontinued any operations in the last 5 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:

Named Insured	Address	City, State, Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COMPANY PROFILE, continued**

Has the Applicant ever operated under another name? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant participate in joint ventures? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant do any work in foreign countries? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS**

Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have a procedure requiring verification of education, qualifications, and experience of new employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have a written standard operating procedures or a quality control program? Yes \_\_\_\_\_ No \_\_\_\_\_

**OPERATIONS**

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

State	Estimated Percent of Gross Receipts
_____	_____
_____	_____
_____	_____
_____	_____

**PERSONNEL**

Account for each person once, by primary function:

Number of Principals

---

Number of Supervisors/Foreman

---

Number of Hydrogeologists, Geologists, Chemists

---

Number of Field Personnel

---

All Others

---

**SERVICES-ENVIRONMENTAL CONTRACTING**

Does the applicant provide Environmental Contracting Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Continue:

Provide a detailed description of all Environmental Contracting Services performed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the types of Environmental Contracting projects in which the applicant is typically involved.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENTER PROJECTED SALES FOR EACH ENVIRONMENTAL CONTRACTING CATEGORY**

	Sales	%SubContracted	%Habitational
Asbestos Abatement	_____	_____	_____
Collection of Soil/Groundwater Samples	_____	_____	_____
Emergency Spill Control	_____	_____	_____
Fire/Water Restoration	_____	_____	_____
Hazardous Materials/Remediation Removal	_____	_____	_____
Indoor Air/Radon	_____	_____	_____
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	_____	_____	_____
Sewage Treatment	_____	_____	_____
Soil Remediation	_____	_____	_____
Superfund Remediation Contracting	_____	_____	_____
Tank & Pipe Cleaning	_____	_____	_____
UST/AST Tank Removal	_____	_____	_____
UST/AST Tank Installation	_____	_____	_____
Water Treatment	_____	_____	_____
Wetlands Contracting	_____	_____	_____

Total Projected Sales: \_\_\_\_\_

Habitational includes homes, apartments, condominiums, etc.

**SERVICES-ENVIRONMENTALCONSULTING**

Does the applicant provide Environmental Consulting Services?      Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Continue:

Provide a detailed description of all Environmental Consulting Services performed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the types of Environmental Consulting projects in which the applicant is typically involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ENTER PROJECTED SALES FOR EACH CONSULTING CATEGORY**

	Sales	%SubContracted	%Habitational
Air Monitoring	_____	_____	_____
Asbestos/Lead Design and EOC	_____	_____	_____
Environmental Compliance Training	_____	_____	_____
Environmental Impact Studies	_____	_____	_____
Environmental Permitting	_____	_____	_____
Environmental Sampling	_____	_____	_____
Expert Witness/Litigation Support	_____	_____	_____
Feasibility Studies or Reports without Design	_____	_____	_____
Field Testing and Analysis	_____	_____	_____
Hazardous Materials Consulting	_____	_____	_____
Health and Safety Training	_____	_____	_____
Lab Testing/Analysis	_____	_____	_____
Mfg, Sales, or Distribution of Products	_____	_____	_____
Mold Inspection and Assessment	_____	_____	_____
Phase I-Transaction Screen	_____	_____	_____
Phase II-Surface Investigation	_____	_____	_____
Phase III-Remedial Design Plans	_____	_____	_____
Regulatory Consulting/Permitting	_____	_____	_____
Remediation Oversight/Management	_____	_____	_____
Surveying for Environmental Report	_____	_____	_____
Tank System Design	_____	_____	_____
UST/AST Tank System Design	_____	_____	_____
UST/AST Tank Testing	_____	_____	_____
Waste Brokering	_____	_____	_____
Wildlife Studies	_____	_____	_____

Total Projected Sales: \_\_\_\_\_

Habitational includes homes, apartments, condominiums, etc.

**SERVICES-NON-ENVIRONMENTAL WORK**

Does the applicant provide Non-Environmental Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Continue:

Provide a detailed description of all Non-Environmental Services performed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the types of Non-Environmental projects in which the applicant is typically involved.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENTER PROJECTED SALES FOR EACH NON-ENVIRONMENTAL CATEGORY**

	Sales	%SubContracted	%Habitational
Carpentry	_____	_____	_____
Civil or Structural Engineering	_____	_____	_____
Construction &/or Project Management	_____	_____	_____
Demolition	_____	_____	_____
Design of Potable Water Systems	_____	_____	_____
Design of Waste Water/Sewer Systems	_____	_____	_____
Dredging	_____	_____	_____
Drilling	_____	_____	_____
Electrical	_____	_____	_____
Excavation/Grading	_____	_____	_____
Exterior Scaffold Erection	_____	_____	_____
Feasibility Studies/Non-Environmental	_____	_____	_____
General Construction	_____	_____	_____
Health and Safety	_____	_____	_____
HVAC/Electrical/Mechanical Engineering	_____	_____	_____
Insulation	_____	_____	_____
Lab Testing-Non-Environmental	_____	_____	_____
Marine	_____	_____	_____
Masonry	_____	_____	_____
Other Process Engineering	_____	_____	_____
Painting	_____	_____	_____
Pipeline Cleaning and Maintenance	_____	_____	_____
Plumbing	_____	_____	_____
Roofing	_____	_____	_____
Sewer/Septic Cleaning & Maintenance	_____	_____	_____
Soils/Foundation/Geotechnical Engineering	_____	_____	_____
Surveying by a licensed Land Surveyor	_____	_____	_____
Tank/Refinery Cleaning	_____	_____	_____
Transportation	_____	_____	_____
Total Projected Sales:	_____	_____	_____

**SERVICES, continued**

Does applicant select or arrange, on behalf of clients, the disposal site of hazardous or non-hazardous wastes? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTS**

What percentage of the applicant's contracts are performed under the following types of agreements?

Written Contracts \_\_\_\_\_  
Letter Agreements \_\_\_\_\_  
Oral Agreements \_\_\_\_\_

**LEGAL CONTROLS**

Does the applicant's legal counsel review contracts before they are executed? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, how often: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been required by written contract to waive its rights of subrogation? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, how often: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many waivers of subrogation do you anticipate in the next 12 months? \_\_\_\_\_

**SUBCONTRACTOR CONTROLS**

Does applicant use Subcontractors or Sub-consultants? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Continue:

What service does applicant subcontract?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant enter into written contracts where it assumes liability for the actions of its subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant's contracts with subcontractors contain an indemnification provision? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant require subcontractors' policies to name them as an additional insured? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant always require at least \$1,000,000 general liability limits of its subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant always require at least \$1,000,000 pollution liability limits of its subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant always require at least \$1,000,000 professional liability limits of its sub-consultants? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant use environmental subcontractors on projects? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what is the percentage that does carry at least \$1,000,000 Pollution Limits? \_\_\_\_\_

Are updated certificates of insurance from subcontractors kept on file? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Do some of these certificates show environmental liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT GENERAL LIABILITY**

Carrier Name \_\_\_\_\_  
Per Occurrence Limit \_\_\_\_\_  
Aggregate Limit \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Deductible \_\_\_\_\_

**CURRENT CONTRACTORS' POLLUTION LIABILITY**

Does the applicant currently have CPL coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Is Contractors' Pollution Liability coverage provided on a combined form with the general liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not Combined Form:

Carrier Name \_\_\_\_\_  
Per Occurrence Limit \_\_\_\_\_  
Aggregate Limit \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Deductible \_\_\_\_\_

**CURRENT PROFESSIONAL LIABILITY**

Does the applicant currently have Professional (E&O) Liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Is Professional Liability coverage provided on a combined form with the general liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not Combined Form:

Carrier Name \_\_\_\_\_  
Per Occurrence Limit \_\_\_\_\_  
Aggregate Limit \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Deductible \_\_\_\_\_

**CLAIMS**

Have any claims been previously made against the applicant or reported under any other General Liability, Contractors' Pollution or Professional Liability policies?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please report claims experience:

Claim Date	Description	Amount Paid	Amount Reserved	Date Valued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate any open claims:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Claims Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Applicant aware of any fact, circumstance or situation that could result in a claim being made against it or any other person or entity for whom coverage is being sought?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any principals in this company ever been a principal in a company that filed for bankruptcy?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DETAILS**

Enter any additional information that you would like the underwriter to consider in reviewing this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_