



APPLICANT INFORMATION

Applicant Name _____

Physical Address _____

City, State, Zip _____

Telephone _____ Fax _____

Applicant's Website _____

Year Business Was Started _____

Organization Type

<input type="checkbox"/> Corporation	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> REIT
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other

Contact Name _____ Title _____

COVERAGE REQUESTED

Proposed Effective Date _____

Proposed Expiration Date _____

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

Limits of Liability (circle)	Per Occurrence/Aggregate			
	\$500K/\$500K	\$3MM/\$3MM	\$6MM/\$6MM	\$9MM/\$9MM
\$500K/\$1MM	\$3MM/\$6MM	\$6MM/\$12MM	\$9MM/\$18MM	
\$1MM/\$1MM	\$4MM/\$4MM	\$7MM/\$7MM	\$10MM/\$10MM	
\$1MM/\$2MM	\$4MM/\$8MM	\$7MM/\$14MM	\$10MM/\$20MM	
\$2MM/\$2MM	\$5MM/\$5MM	\$8MM/\$8MM		
\$2MM/\$4MM	\$5MM/\$10MM	\$8MM/\$16MM		

Deductible Amount (circle) \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Is there currently a Retro Date on the applicant's policy? Yes _____ No _____

If YES:

Retroactive Date Contractor's Pollution Liability _____

Retroactive Date Professional Liability _____

Commercial General Liability

None

Occurrence

Claims Made

Contractor's Pollution Liability

None

Occurrence

Claims Made

Professional (E&O) Liability

None

Claims Made

Is Stop Gap required? Yes _____ No _____

If YES:

In which states? _____

COMPANY PROFILE

Is the applicant a start-up? Yes _____ No _____

If NO, total revenue for the prior 12-month period: \$ _____

Does 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 applicant have a parent company, subsidiary or other related entity? Yes _____ No _____

If YES, please list all related entities: _____

Has 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever operated under another name? Yes _____ No _____

If YES, please explain: _____

Does applicant participate in joint ventures? Yes _____ No _____

If YES, please explain: _____

Does 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 explain: _____

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

Does applicant have a written standard operating procedures or a quality control program? Yes _____ No _____

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 _____

OPERATIONS

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

State	Estimated % of Gross Receipts
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

SERVICES-ENVIRONMENTAL CONTRACTING

Does applicant provide Environmental Contracting services? Yes _____ No _____

If YES, please complete this page; otherwise skip to 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, etc.)
Asbestos Abatement	\$ _____	_____ %	_____ %
Collection of Soil/Groundwater Samples	\$ _____	_____ %	_____ %
Emergency Spill Control	\$ _____	_____ %	_____ %
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	\$ _____	_____ %	_____ %
Waste Disposal	\$ _____	_____ %	_____ %
Water Treatment	\$ _____	_____ %	_____ %
Wetlands Contracting	\$ _____	_____ %	_____ %

Total Projected Sales: \$ _____

SERVICES-ENVIRONMENTAL CONSULTING

Does applicant provide Environmental Consulting services? Yes _____ No _____

If YES, please complete this page; otherwise skip to next page.

Provide a detailed description of all Environmental Consulting Services performed.

Enter Projected Sales for each Environmental Consulting Category

	Sales	%Subcontracted	%Habitational (homes, condos, apartments, etc.)
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: \$ _____

SERVICES-NON-ENVIRONMENTAL WORK

Does applicant provide Non-Environmental services? Yes _____ No _____

If YES, please complete this page; otherwise skip to next page.

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

Enter Projected Sales for each Non-Environmental Category

	Sales	%Subcontracted	%Habitational (homes, condos, apartments, etc.)
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	\$ _____	_____ %	_____ %
Fire/Water Restoration	\$ _____	_____ %	_____ %
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: \$ _____

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

Written Contracts _____ %
Oral Agreements _____ %

LEGAL CONTROLS

Does applicant's legal counsel review contracts before they are executed?

If YES, how often: _____

Has applicant been required by written contract to add another entity as an Additional Insured? Yes _____ No _____

If YES, estimated number of Additional Insureds? _____

Has applicant been required by written contract to waive its rights of subrogation?

If YES, how often: _____

SUBCONTRACTOR CONTROLS

Does applicant use Subcontractors or Sub-consultants? Yes _____ No _____

If YES, what service does applicant subcontract? _____

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

If YES, please explain: _____

Does applicant's contracts with subcontractors contain an indemnification provision? Yes _____ No _____

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

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

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

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

Does applicant use environmental subcontractors on projects? Yes _____ No _____
If YES, what percentage of them 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 / SIR \$ _____

Expiring Premium \$ _____

CURRENT CONTRACTOR'S POLLUTION LIABILITY

Does applicant currently have CPL coverage? Yes _____ No _____

If YES, is Contractor's 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 / SIR \$ _____

CURRENT PROFESSIONAL LIABILITY

Does 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 / SIR \$ _____

CLAIMS

Have any claims been previously made against applicant or reported under any other General Liability, Contractor's Pollution or Professional Liability policies? Yes _____ No _____

If YES, please report claims experience:

Claim Date	Description	Open Claim	Amount Paid	Amt Reserved	Date Valued
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____
_____	_____	<input type="checkbox"/>	\$ _____	\$ _____	_____

Describe claims experience: _____

Is 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.

