



**D. PRIOR LIABILITY CARRIER INFORMATION (Past three years)**

1. Coverage Form	2. Carrier	3. Receipts	4. Limit of Liability	5. Deductible	6. Type of Policy	7. Rate	8. Premium
1.							
2.							
3.							

9. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?  
 Yes (If yes, please explain): \_\_\_\_\_  
 No

**E. GROSS RECEIPTS**

1. 1 <sup>st</sup> Prior Year:	\$ _____
2. 2 <sup>nd</sup> Prior Year:	\$ _____
3. 3 <sup>rd</sup> Prior Year:	\$ _____

Note: 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):

4. Contracting		5. Consulting/Laboratory	
Asbestos Abatement	\$ _____	Environmental Compliance	\$ _____
Bio Remediation	\$ _____	Environmental Permitting	\$ _____
Drilling (not oil/gas)	\$ _____	Air Monitoring	\$ _____
Emergency Response	\$ _____	Environmental Sampling	\$ _____
Haz Mat Clean Up	\$ _____	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 &/or Pipe Cleaning	\$ _____	Analytical Laboratories	\$ _____
Wetlands Contracting	\$ _____	Haz Mat Consulting	\$ _____
Mold Remediation	\$ _____	Mold Evaluation / Consulting	\$ _____
Fire / Water Restoration	\$ _____	Civil Engineering	\$ _____
Roofing	\$ _____	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$ _____
Carpentry	\$ _____	Geophysical (i.e. drilling, sampling, etc.)	\$ _____
Demolition	\$ _____	Hydrogeological Investigations	\$ _____
Plumbing	\$ _____	Wetlands	\$ _____
<b>Other – Contracting</b>		Project Management	\$ _____
Describe: _____	\$ _____	<b>Other - Consulting / Laboratory</b>	
Describe: _____	\$ _____	Describe: _____	\$ _____
Describe: _____	\$ _____	Describe: _____	\$ _____
Describe: _____	\$ _____		
<b>Total Projected Contracting Gross Receipts:</b>	\$ _____	<b>Total Projected Consulting/Laboratory Gross Receipts:</b>	\$ _____

**F. SUBCONTRACTED SERVICES**

**1. Please identify the services that are subcontracted:**

Description: \_\_\_\_\_  
Description: \_\_\_\_\_  
Description: \_\_\_\_\_  
Description: \_\_\_\_\_

**2. Applicable Cost:**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

3. Are all subcontractors licensed and accredited?  Yes  No
4. Does the applicant collect certificates of insurance from all subcontractors?  Yes  No
5. Are the 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 are associated with this operation: \_\_\_\_\_ %

2. Are more than 50% of the applicant's 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 applicant's revenues generated by contracting services performed in New York City?  Yes  No  
**If yes, please answer the following:**  
a) What percentage of the applicants overall sales are 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 are associated with this operation: \_\_\_\_\_ %  
b) Are the installed tanks precision tightness tested before being released to owner?  Yes  No  
c) Does the applicant apply any type of corrosion protection?  Yes  No  
d) Are tanks tested and certified by a registered professional before use?  Yes  No

**Please submit the following:** Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs & installation procedures.

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 are associated with this operation: \_\_\_\_\_ %

**Please submit the following:** Resumes and certifications of employees installing the liners, installation procedures & 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 are associated with this operation: \_\_\_\_\_ %

**Please submit the following:** A detailed list of the applicant's geotechnical and geophysical operations & detailed resumes of employees who conduct these operations.

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 are 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.**

**G. GENERAL INFORMATION (continued)**

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 applicant's 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, Hydrogeologists \_\_\_\_\_  
b) Industrial Hygienists, Toxicologists, CIHs or CSPs \_\_\_\_\_  
c) Supervisors/Foremen/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 him, the firm, his 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 TO ALL STATES**

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 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, he/she (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 insurance act, which is a crime.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_