ENVIRONMENTAL CONTRACTORS & CONSULTANTS

APPLICATION REQUIREMENTS

1. Contractors & Consultants application and appropriate mold supplement - complete all questions in full.
2. Special attention should be paid to question 9. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under “Other” (be specific). If you do not fully complete this question we will be unable to evaluate your account.
3. Submit resumes or a written narrative of training and experience and copies of any licenses & certifications.
4. Brochures or narrative of services including a description of your 5 largest jobs.
5. Include a copy of your current policy (if any) including retroactive dates.
6. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).

WE ONLY ACCEPT APPLICATIONS SUBMITTED BY INSURANCE AGENTS/BROKERS

Incomplete submissions will be declined

CONTRACTORS AND CONSULTANTS APPLICATION
PLEASE ANSWER ALL QUESTIONS IN FULL

NOTICE: If a policy is 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.

APPLICANT			DATE
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE #

Company is an: Individual____ Partnership____ Corporation____ Joint Venture____ Other (describe) _____

1. COVERAGE REQUESTED ☐ New Business ☐ Renewal	**2.** Proposed Effective Date:
☐ Commercial General Liability ☐ Contractors Pollution Liability ☐ Professional Liability	**3.** LIMITS OF LIABILITY/DEDUCTIBLE Limits Requested: Deductible Requested:
Proposed Retroactive Date:	**4.** Other Coverages and Endorsements:

5. HISTORY OF COMPANY

Date Established:

Have there been any acquisitions, consolidations, dissolutions, mergers? ☐ Yes ☐ No

If yes, explain:

Does the firm have: ☐ Subsidiaries ☐ A parent company ☐ Other related entities

If yes, explain:

Do you share employees? ☐ Yes ☐ No If yes, explain:

6. PRIOR LIABILITY CARRIER INFORMATION

COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY	DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM

Any policy or coverage declined, cancelled or non-renewed during the prior three years?
☐ Yes ☐ No If yes, explain:

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

1) Qualifications including resumes, brochures and a listing of previous projects.
2) Most recent annual income statement and balance sheet.
3) Five years of valued loss runs including pollution and professional, if applicable.
4) Copy of expiring policy, if any, showing retroactive dates.

7. Total personnel (List each person only once by primary function):

a. Architects, Engineers, Geologists, Hydrogeologists _____
b. Industrial Hygienists, Toxicologists, CIHs or CSPs: _____
c. Draftsmen, Technicians: _____
d. Supervisors/Foremen/Leadmen: _____
e. Laborers: _____
f. AHERA, Hazwopers: _____
g. Other (specify): _____

Please attach all key persons resumes, certifications and licenses.

8. 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: _____

_____

_____

9. Gross Receipts for the past 3 fiscal years:_____/_____/_____/

Dates:_____/_____/_____/

Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

Contracting:	**Est. Gross Receipts**:	**Consulting/Laboratory**	**Est. Gross Receipts**:
a) Asbestos Abatement:	$_____	a) Environmental Compliance:	$_____
b) Bio Remediation:	$_____	b) Environmental Permitting:	$_____
c) Drilling (not oil/gas):	$_____	c) Air Monitoring:	$_____
d) Emergency Response:	$_____	d) Environmental Sampling:	$_____
e) Haz Mat clean Up:	$_____	e) Expert Witness:	$_____
f) Haz Mat Packing/Pickup:	$_____	f) Litigation Support:	$_____
g) Indoor Air/Radon:	$_____	g) Wildlife Studies	$_____
h) Lead Abatement:	$_____	h) Environmental Impact Studies:	$_____
i) Liquid Waste Remed:	$_____	i) Safety Training:	$_____
j) Medical Waste Pickup:	$_____	j) Manual Preparation:	$_____
k) Medical Waste Remed:	$_____	k) Phase I & II Audits/Assessment:	$_____
l) PCB-light Ballast Removal:	$_____	l) Remedial Investigation/Studies:	$_____
m) PCB-Removal/Remed:	$_____	m) Feasibility Studies	$_____
n) Phyto Remediation:	$_____	n) Phase III/Project Consulting:	$_____
o) Soil Removal/Remed :	$_____	o) Haz Mat Consulting:	$_____
p) Tank & Pipe cleaning:	$_____	p) UST Testing:	$_____
q) UST/AST Installation:	$_____	q) Environmental Laboratories	$_____
r) UST/AST Removal:	$_____	r) Wetlands:	$_____
s) Wetlands Contracting:	$_____	s) Geotechnical/Geophysical:	$_____
t) Mold Remediation:	$_____	t) Mold Sampling/Consulting	$_____
u) Fire/Water Restoration	$_____	u) Other Professional Services	$_____
v) Other Contracting / Please describe:		Describe: _____	$_____
Describe: _____	$_____	Describe: _____	$_____
Describe: _____	$_____	Describe: _____	$_____
Describe: _____	$_____	Describe: _____	$_____
Describe: _____	$_____	Describe: _____	$_____
Total Contracting Receipts:	$_____	Total Consulting Receipts:	$_____

10. Subcontractors / Subconsultants / Independent Contractors

Please identify the services that you subcontract:	Applicable Cost
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Does your firm collect Certificates of Insurance from All Subcontractors? ☐ Yes ☐ No

11. Do you use a standard indemnity contract with your clients and subs? ☐ Yes ☐ No If no, please detail your contract procedures:_____

_____

_____

_____

12. Do you conduct tank installation work? ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____
Are the installed tanks precision tightness tested before being released to owner? ☐ Yes ☐ No
Do you apply any type of corrosion protection? ☐ Yes ☐ No
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 you install, type of corrosion protection you install, installation procedures.

13. Do you install any type of liner, i.e. landfill, lagoons, etc. ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your 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.

14. Do you operate an in-house laboratory? ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____
Do you conduct regular in-house training courses? ☐ Yes ☐ No If yes, how often?:_____
Are all laboratory employees properly certified and/or licensed? ☐ Yes ☐ No
Please submit the following: Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.

15. Do you conduct any type of geotechnical or geophysical operations? ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____
Please submit the following: A detailed list of your geotechnical and geophysical operations, Detailed resumes of employees who conduct these operations.

16. Do you conduct any Phase I or Real Estate Transfer Assessments? ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____
Do you follow ASTM-1527 guidelines? ☐ Yes ☐ No
If no, attach a sample contract of your format.

17. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No
If yes, please attach full details on each incident. _____

_____

_____

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_____

18. 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? ☐ Yes ☐ No If yes, please attach full details on each incident. _____

_____

_____

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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 or the insurer to complete the insurance.

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Notice to applicants:

a) 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.

b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

_____
(Signature)

_____
(Title)

_____
(Date)

Supplemental Mold Contractor and Consultants Application

Applicant: _____

1. What percentage of your revenues are attributable to habitational/residential work? ____%

2. Specifically what operations are performed? Please provide total receipts and break down the receipts by operations performed:

Operations	**Previous Year $**	**Current Year $**	**Projected $**
Total Receipts			

3. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?

_____
_____
_____

4. Do you communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved? (circle one) Yes No
If yes, how is this documented?

_____
_____
_____

5. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems? (circle one) Yes No

What documentation confirms and communicates this to the client? (please attach copies)

_____
_____
_____

6. What contractual provisions are in force to protect your firm against mold-related exposures? (please attach copies)

_____
_____
_____

7. In which states do you perform your operations?

_____
_____

8. What measures are employed to protect personnel at or in proximity to the job site?

_____
_____
_____

9. How are odor complaints, allergic reactions, potential health problems or claims addressed?

_____
_____
_____

10. What guidelines do you adhere to in the performance of mold services?

_____
_____
_____

11. How do you address evaluation of mold in non-viable areas (areas difficult to access or visually inspect, i.e. wall cavities), and what documentation confirms and communicates this to the client?

_____
_____
_____

12. Do you perform bulk and/or surface sampling prior to and after remediation?
(circle one) Yes No
If yes, who performs this sampling and what are their qualifications?

_____
_____
_____

13. Do you perform air quality testing prior to, during, and after remediation?
(circle one) Yes No
If yes, who performs this testing and what are their qualifications?

_____
_____
_____

14. Do you present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative? (circle one) Yes No
If yes, how is this documented?

_____
_____
_____

15. Who makes the final decision as to when mold remediation is complete, and how is this documented?

_____
_____
_____

16. Do you use temporary, casual, or labor pool workers? (circle one) Yes No
If yes, how do you address training/qualifications of these workers?

_____
_____
_____

17. Do you require certificates of insurance from subcontractors evidencing mold coverage?
(circle one) Yes No
If yes, what limits do you require?

_____
_____
_____

18. Please attach copies of resumes of key staff and Project Managers for Mold Projects.

19. This is a supplemental application. Please forward an original signed and dated Environmental Consultants and Contractors Application.

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)

_____

(Title)

_____

(Date)