

**Environmental Service Providers,
Contractors, Consultants,
Engineers, and Professionals
Combined Service Application**



Environmental Service Providers, Contractors, Consultants, Engineers, and Professionals Combined Service Application

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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

1. Qualifications including resumes or certifications of key personnel if Professional Liability coverage requested
2. Most recent income statement and balance sheet if attachment point is greater than \$100,000
3. Current and prior 4 years of currently valued loss runs for all coverages requested for all Named Insureds
4. Completed Acord Application

Full Legal Name Of Applicant: _____ Date: _____

Inspection Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Company Website: _____ D&B No.: _____

Email address _____ NAICS: _____

Company is an: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other (please describe) _____

GENERAL INFORMATION

☐ New Business ☐ Renewal ☐ Special Project

1. Please attach copy of Project Contract and complete Project Supplemental Application.
2. Please indicate below the coverages requested.

Coverage Part	Occurrence	Claims Made	Occurrence Limit	Aggregate Limit	Deductible/ SIR	Retroactive Date
<input type="checkbox"/> General Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
<input type="checkbox"/> Contractor's Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
<input type="checkbox"/> Professional Liability	n/a		\$	\$	\$	
<input type="checkbox"/> Site Pollution	n/a		\$	\$	\$	
<input type="checkbox"/> Excess	n/a	n/a	\$	\$	\$	

3. List any entities to be included as Named Insureds on the policy, including ownership or relationship information and date of acquisition or formation:

Named Insured	Ownership Or Relationship	Date Of Acquisition Or Formation

Environmental Service Providers, Contractors, Consultants, Engineers, and Professionals Combined Service Application

4. How many years has the insured been in business performing services to be covered by this insurance policy? _____
5. Is work done through or by any affiliated or related company(ies)? Yes [☐] No [☐]
If yes, provide details.
6. Is the applicant or any affiliated or related predecessor entity currently involved with sharing office space, use of employees, or co-mingling of affiliated or related operations of any kind? Yes [☐] No [☐]
If yes, provide details.
7. Is the applicant a successor of any other business? Yes [☐] No [☐]
If yes, list predecessor.
8. Is the applicant directly or indirectly controlled, owned, or otherwise managed by another party? Yes [☐] No [☐]
If yes, provide details.
9. Does the applicant directly or indirectly control, own, or otherwise manage any other entity? Yes [☐] No [☐]
If yes, provide details.

FINANCIAL AND OPERATIONS INFORMATION

¹Gross annual revenue includes the total of all receipts, invoices, and billing without deductions of any kind.

1. Provide the applicant's total gross annual revenues for the preceding 2 years and the projected revenues for the upcoming year:
 Projected For Upcoming Year \$ _____
 1st Prior Year \$ _____
 2nd Prior Year \$ _____
2. Detail the applicant's estimated gross annual revenue including any subcontracted work for the next 12 months under the applicable categories below.

Environmental Consulting Services Provided	Gross Revenue	% Sub-contracted (if any)
Air monitoring	\$	%
Environmental compliance	\$	%
Environmental expert witness	\$	%
Environmental feasibility studies	\$	%
Environmental impact studies	\$	%
Environmental laboratories	\$	%
Environmental litigation support	\$	%
Environmental manual preparation	\$	%
Environment permitting	\$	%
Environmental remedial investigation	\$	%
Environmental sampling	\$	%
Geotechnical consulting	\$	%

Environmental Service Providers, Contractors, Consultants, Engineers, and Professionals Combined Service Application

Geophysical consulting	\$	%
Hazardous materials consulting	\$	%
Indoor air quality consulting	\$	%
Industrial hygiene or health and safety consulting	\$	%
Mold consulting services	\$	%
Phase I – ESA	\$	%
Phase II – ESA	\$	%
Phase III – ESA	\$	%
Radon Testing	\$	%
Safety training	\$	%
Underground storage tank testing	\$	%
Wetlands consulting	\$	%
Wildlife studies	\$	%
Other (please be specific):	\$	%
Total Revenue Environmental Contracting	\$	

Environmental Contracting Services Provided	Gross Revenue	% Sub-contracted (if any)
Asbestos abatement contracting	\$	%
Environmental drilling (not oil or gas)	\$	%
Environmental emergency response contracting (spill clean-up)	\$	%
Groundwater remediation contracting	\$	%
Hazardous material clean-up contracting	\$	%
Illegal drug lab clean-up contracting	\$	%
Landfill construction contracting	\$	%
Lead-based paint abatement contracting	\$	%
Liquid waste remediation contracting	\$	%
Medical waste pickup	\$	%
Medical waste remediation contracting	\$	%
Mold contracting services	\$	%
Mold, fire, water, or storm damage restoration contracting	\$	%
PCB light ballast removal	\$	%
PCB removal or remediation contracting	\$	%
Radon mitigation contracting	\$	%
Service station contracting – AST/ UST	\$	%
Soil remediation contracting	\$	%
Trucking hazardous material	\$	%
Waste incineration	\$	%
Wastewater treatment system installation or maintenance	\$	%
Water extraction contracting	\$	%
Wetlands contracting	\$	%
Other (please be specific):	\$	%
Total Revenue Environmental Consulting	\$	

Environmental Service Providers, Contractors, Consultants, Engineers, and Professionals Combined Service Application

Non-Environmental Contracting Services Provided	Gross Revenue	% Sub-contracted (if any)
Aircraft refueling	\$	%
Carpentry	\$	%
Carpet or floor covering installation	\$	%
Clearing of land or groundskeeping	\$	%
Concrete	\$	%
Crime scene clean-up	\$	%
Demolition – interior	\$	%
Demolition structural – under 3 stories	\$	%
Demolition structural – over 3 stories	\$	%
Drilling non-environmental (not oil or gas)	\$	%
Drywall or gypsum wallboard installation or repair	\$	%
Electrical including electronics – installation or repair	\$	%
Excavation – non-contaminated soils	\$	%
Fire suppression systems – installation or maintenance	\$	%
Foundations	\$	%
General contracting non-hazardous material	\$	%
Grading of land	\$	%
HVAC	\$	%
Insulation Installation	\$	%
Masonry	\$	%
Modular construction	\$	%
Painting	\$	%
Paving or asphalt application	\$	%
Plant repair or maintenance including janitorial	\$	%
Plumbing	\$	%
Roofing	\$	%
Service station contracting – building, construction, concrete, electric	\$	%
Steel erection – non-structural	\$	%
Steel erection – structural	\$	%
Street and roads including ice and dirt	\$	%
Tank or pipe cleaning	\$	%
Transportation – medical waste or biohazard	\$	%
Transportation – refuse or trash	\$	%
Trucking – non-hazardous material	\$	%
Utility lines	\$	%
Weatherization	\$	%
Welding	\$	%
Other (please be specific):	\$	%
Total Revenue Non-Environmental Contracting	\$	

OPERATIONS INFORMATION

1. What certifications does the applicant have on staff?
☐ Certified industrial hygienist (CIH) ☐ Certified safety professional (CSP) ☐ Professional engineer (PE)
2. Does the applicant stamp plans? Yes ☐ No ☐
3. By revenue, list the applicant's 5 largest projects in the preceding 3 years.

Revenue	Service Provided	Project Name	Client
\$			
\$			
\$			
\$			
\$			

4. What percentage of the time does the applicant work without a written contract? _____ %
5. What percentage of the applicant's overall sales is associated with residential work? _____ %
6. Does the applicant work with subcontractors? Yes ☐ No ☐
If yes:
 - a. Are all subcontractors licensed and certified? Yes ☐ No ☐
 - b. Does the applicant maintain current certificates of insurance from all subcontractors? Yes ☐ No ☐
 - c. Is a standard written contract used with the applicant's clients and subcontractors?
If yes, does that contract include hold harmless and limitation of liability clauses? Yes ☐ No ☐
 - d. What are the minimum limits of liability required of the applicant's subcontractors? \$ _____
 - e. What percentage of the time is the applicant added as an additional insured on the subcontractor's policy? _____ %
7. Does the applicant have a peer review process? Yes ☐ No ☐
 - a. Does the applicant have written in-house quality control procedures? Yes ☐ No ☐
 - b. Does the applicant have written in-house health and safety procedures? Yes ☐ No ☐
If yes, please attach Table of Contents.
 - c. Does the applicant have a written hazardous communication program? Yes ☐ No ☐
 - d. Does the applicant have an in-house continuing education program? Yes ☐ No ☐
If yes, provide details. **If no,** describe how your professionals receive continuing education and training.
8. Is more than 50% of the applicant's work performed for any one client? Yes ☐ No ☐
If yes, identify client and service provided.
9. Is more than 50% of the applicant's work performed at any one location? Yes ☐ No ☐
If yes, identify location.
10. Does the applicant use temporary, casual, or pool labor? Yes ☐ No ☐
If yes, identify how training qualifications are verified.
11. Does the applicant currently or in the future plan to provide services or perform work in the state of New York? Yes ☐ No ☐
If yes:
 - a. Does the applicant work in Bronx, Brooklyn, Manhattan, Queens, Staten Island, or Erie County? Yes ☐ No ☐
 - b. What percentage of the applicant's overall sales is associated with this operation? _____ %
 - c. Describe services provided.

12. Does the applicant currently or in the future plan to provide services or perform work in the states of Arkansas, California, Colorado, Florida, Hawaii, Louisiana, Michigan, Nevada, Oregon, Texas, or Washington? Yes [] No []

If yes:

- a. What percentage of the applicant's overall sales is associated with this operation? _____ %
- b. Describe services provided.

13. Does the applicant currently or in the future plan to provide services or perform work outside the United States of America (USA)? Yes [] No []

If yes:

- a. What percentage of the applicant's services and work are performed outside the USA? _____ %
- b. What is the estimated value of applicant's work performed outside the USA? \$ _____
- c. List all countries, other than the United States, where the applicant currently or in the future plans to provide services or perform work.
- d. List all services provided or work performed outside the United States.

14. Complete the percentage of gross annual revenue attributable to the following client types.

Client Type	% of Revenue	Client Type	% of Revenue
Commercial		Industrial	
Offices	%	Manufacturing	%
Schools	%	Refineries	%
Hospitality	%	Pipelines	%
Retail	%	Chemical plants	%
Warehouses	%	Power or energy	%
Churches	%	Wastewater treatment	%
Conventions	%	Recycling	%
Arenas	%	Other (please be specific):	%
Transport centers	%	Governmental	
Other (please be specific):	%	Federal	%
Healthcare		State or local	%
Hospitals	%	Other:	%
Nursing homes or assisted living	%	Infrastructure	
Ambulatory or outpatient	%	Airports	%
Offices	%	Roads	%
Other (please be specific):	%	Bridges	%
Residential		Tunnels	%
Apartments	%	Nuclear	%
Condominiums	%	Landfills	%
Dormitories	%	Harbors or ports	%
Single family	%	Mass transit	%
Prisons	%	Railroads	%
Other (please be specific):	%	Parking structures	%
		Other (please be specific):	%

INSURANCE AND CLAIMS HISTORY

1. Provide details on prior liability coverage for current year and 2 prior years:

Type Of Coverage	Carrier	Effective Date	Retroactive Date	Limits Of Liability	Deductible Or SIR	Gross Annual Revenue
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

2. Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? Yes [☐] No [☐]

If yes, provide details.

3. Is the applicant aware of any circumstances which may result in any claim, suit, or notice of incident against the applicant, the predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit, or notice of incident been made against the applicant, any officer, or any staff member? Yes [☐] No [☐]

If yes, provide full details of each incident.

4. Please provide any other information which might be pertinent to our underwriting review or coverage determination of this policy.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other 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 subjects such person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. 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.

Name of Applicant

Title

Signature of Applicant

Date

(Florida only) Agent license number: _____