



Environmental Consultants and Contractors Application

Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Company is an (circle one) individual: partnership: Corp: JV: Other (describe):

1. Coverage requested (circle) New Business: Renewal: CGL: CPL: EIL: PL:
2. Proposed Effective Date: _____ Proposed Retroactive Date: _____
3. Limits of Liability/ Deductible Limits requested: _____ Deductible Requested: _____
4. Other Coverages and Endorsements: _____

5. History of the Company:

Date Established: _____ Have there been any acquisitions, consolidations, dissolution's, mergers? Y N

If yes, explain _____

Does the firm have: (circle any or all) subsidiary A Parent Company Other related entities

If yes explain _____

6. Prior Liability Carrier Information (fill in under each category):

Coverage Form: _____ Carrier: _____ Receipts: _____ Limits: _____ Deductible: _____

Policy Type: _____ Rate: _____ Premium: _____

Any policy or coverage declined, cancelled or non-renewed during the prior three years? Y or N

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 income statements and balance sheet.
- 3) Five years of valued loss runs including pollution and professional, if applicable.
- 4) Completed Accord Application if CGL coverage is desired.

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

- | | |
|---|---------------------|
| a. Architects, engineers, geologists, hydrogeologists: | f. AHERA, Hazpower: |
| b. Industrial Hygienists, toxicologists, CIH's or CSPS: | g. Other (specify) |
| c. Draftsman Technicians: | |
| d. Supervisors/foreman/leadman: | |
| e. Laborers: | |

Please attach all key personnel resumes, certs and licenses.

8. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of a professional or contracting activities? Y N If yes, please explain:

9. Enter the firm's gross receipts. Please break down the receipts by scope of services:

	Scope of Services	Previous Year:	Current Year:	Projected:
a.	_____			
b.	_____			
c.	_____			
d.	_____			
e.	_____			
f.	_____			
g.	_____			
h.	_____			
i.	_____			
J.	_____			
k.	_____			

10. Subconsultants / subcontractors

What % of your sales is associated with the use of subs: _____
Does your firm collect certificates of insurance from your subs? (circle one) Y N
Please identify the services that you subcontract: _____

11. Do you use a standard indemnity contract with your clients and subs? (circle one) Y N
If no, please detail your contract procedures: _____

12. Do you conduct tank installation work? (circle one) Y N If yes, please answer the following: % of overall sales associated with this operation: _____
Are the installed tanks precision tightness tested before being released to the owner? (circle one) Y N
Do you apply any type of corrosion protection? Y N
Are tanks tested and certified by a registered professional before use? Y N

Please submit the following: Resumes and certificates of all tank installation employees, type of tanks installed, type of corrosion protection you install, installation procedures.

13. Do you install any type of liner, i.e. landfill, lagoons, etc. Y N

14. Do you operate an in house lab? Y N If yes, please answer the following:
% of overall sales associated with lab work: _____
Do you conduct regular in house training courses? Y N If yes, how often? _____
Are all lab employees properly certified and/or licensed? Y N

Please submit the following: Lab accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.

15. Do you conduct any geotechnical or geophysical operations? Y N If yes, please answer the following:
% of overall sale 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 Assessments? (circle one) Y N If yes please answer the following:

% of sales associated with this operation: _____

Do you follow ASTM –1527 guidelines? (circle one) Y N If no, attach a sample format.

17. Has any claim, suit or notice of incident been made against the firm or ant staff member? Y N
If yes, please attach full details on each incident. _____

18. Is the applicant aware of any circumstances which may result in any claim, suit of notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? (circle one) Y N If yes, please attach 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)

(Title)

(Date)