



CONTRACTORS AND CONSULTANTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts 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.

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

1. Qualification including resumes, brochures, and a listing of previous projects.
2. Most recent income statement and balance sheet.
3. Five years of currently valued loss runs including pollution and professional, if applicable.
4. Completed Acord Application.

A. APPLICANT INFORMATION

Applicant:		Date:	
Address:			
City:	State:	Zip Code:	Phone:
Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please describe)</i>			

B. REQUESTED COVERAGE

<p>1. Coverage Requested: <i>(please clearly state what coverage(s) you are requesting)</i></p> <p><input type="checkbox"/> New Business <input type="checkbox"/> Renewal</p> <p>.....</p> <p><input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made</p> <p><input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made</p> <p><input type="checkbox"/> Professional Liability (Claims Made Only)</p> <p><input type="checkbox"/> Environmental Impairment Liability (Claims Made Only)</p>	<p>2. Proposed Effective Date: _____</p> <p>Proposed Retroactive Date: _____</p> <hr/> <p>3. Limits Of Liability/Deductible:</p> <p>Limits Requested: \$ _____</p> <p>Deductible Requested: \$ _____</p> <p>4. Other Coverages and Endorsements:</p> <p>_____</p>
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C. HISTORY OF COMPANY

<p>1. Date Company Was Established: _____</p> <p>2. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Is the applicant a successor of any other business? If yes, please list predecessor in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has the applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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8. If you answered "yes" to any of the questions listed above, please include a detailed explanation:



D. PRIOR LIABILITY CARRIER INFORMATION (Past three years)

1. Coverage Form	2. Carrier	3. Receipts	4. Limit of Liability	5. Deductible	6. Policy Type	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. 1st Prior Year: \$ _____
 2. 2nd Prior Year: \$ _____
 3. 3rd 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	\$
Other – Contracting		Project Management	\$
Describe: _____	\$	Other - Consulting / Laboratory	
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$		



Total Projected Contracting Gross Receipts: \$ _____	Total Projected Consulting/Laboratory Gross Receipts: \$ _____
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F. SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:	2. Applicable Cost:
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____

- 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, 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: _____

