

**ENVIRONMENTAL SERVICE PROVIDERS APPLICATION**

APPLICANT			DATE		
ADDRESS					
CITY		STATE		ZIP	
TELEPHONE			WEB ADDRESS		
Company is an:    INDIVIDUAL    PARTNERSHIP    CORPORATION    JOINT VENTURE    OTHER					
<b>PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:</b>					
1) Statement of Qualifications (SOQ) including resumes.					
2) Most recent income statement and balance sheet.					
3) Three years of currently valued loss runs.					
4) Project Description – Supplemental Page or Form 254.					
COVERAGE REQUESTED:    New Business    Renewal Business			PROPOSED EFFECTIVE DATE:		
LIMITS OF LIABILITY & DEDUCTIBLE		Limits Requested: Deductible Requested:			
COMMERCIAL GENERAL LIABILITY		Occurrence Form	Claims Made Form	Retroactive date ___/___/___	
CONTRACTOR'S POLLUTION LIABILITY		Occurrence Form	Claims Made Form	Retroactive date ___/___/___	
PROFESSIONAL LIABILITY		Claims Made Form only		Retroactive date ___/___/___	
SITE POLLUTION LIABILITY		Claims Made Form only		Retroactive date ___/___/___	
<b>Company History</b>					
Date Established:					
1. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):					
3. Do you share employees (if yes, explain)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Prior Liability Carrier Information</b>					
Commercial General Liability		Contractors Pollution Liability		Professional Liability	
None: _____		None: _____		None: _____	
Occurrence	Claims Made	Occurrence	Claims Made	Occurrence	Claims Made
Carrier	_____	Carrier	_____	Carrier	_____
Limit of Liability	_____	Limit of Liability	_____	Limit of Liability	_____
Deductible	_____	Deductible	_____	Deductible	_____
Premium	_____	Premium	_____	Premium	_____
Expiration Date	_____	Expiration Date	_____	Expiration Date	_____
Retroactive Date	_____	Retroactive Date	_____	Retroactive Date	_____
4. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of has a liability policy issued to any of the aforementioned ever been cancelled at the instigation of any premium finance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)					
_____					
_____					

**5. Staff: Specify the total number of staff as follows**

a.  
Architects or Environmental Engineers  
\_\_\_\_\_

e.  
Draftsmen, Technicians, Inspectors, Surveyors:  
\_\_\_\_\_

b.  
General Engineers other than above  
\_\_\_\_\_

f.  
Clerical and Accounting Employees:  
\_\_\_\_\_

c.  
Geologists or Hydrogeologists  
\_\_\_\_\_

g.  
Administrative Management:  
\_\_\_\_\_

d.  
Industrial Hygienists, Toxicologists, CIHs or CSPs Project Managers  
\_\_\_\_\_

h.  
Other: \_\_\_\_\_  
Total:  
\_\_\_\_\_

i.  
Number of Principals (included in listing above)  
\_\_\_\_\_

Please attach all key person's resumes, certifications and licenses.

**6. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele. The total must equal 100%**

a.  
Commercial  
\_\_\_\_%

f.  
Industrial  
\_\_\_\_%

b.  
Contractors  
\_\_\_\_%

g.  
Residential – Single Family  
\_\_\_\_%

c.  
Design Professionals  
\_\_\_\_%

h.  
Residential – Multi Family

\_\_\_\_%

d.  
Developers

\_\_\_\_%

i.  
Utilities

\_\_\_\_%

e.  
Governmental

\_\_\_\_%

j.  
Other: \_\_\_\_\_

\_\_\_\_%

**Business Practices**

7. Does the Applicant use a standard written contract with its clients:  Yes  No (If yes, please answer the following & include a copy of your standard contract)

a. Does the form contain a limitation of liability clause?  Yes  No (If yes, to what extent is liability limited?) \_\_\_\_\_

b. Does the form contain any of the following:

- |   |   |
|---|---|
| _____ Hold Harmless Clause                    | _____ Right of Entry Clause               |
| _____ Undiscovered Hazardous Materials Clause | _____ Limitation of Consequential Damages |
| _____ Subsurface Structure Clause             | _____ Ownership of Documents Clause       |
| _____ Detailed Scope of Services              |   |

c. What percentage of your projects are contracted using:

- |                                  |        |
|----------------------------------|--------|
| The Applicants standard contract | _____% |
| A letter of agreement            | _____% |
| A client's contract form         | _____% |
| Verbal agreement                 | _____% |
| Other: _____                     | _____% |

8. **Are sub consultants and subcontractors hired under a written, standard subcontract?**  Yes  No (Please attach a copy)

9. **Do you have established relationships with sub-contractors?**  Yes  No

10. How do you select your subcontractors?

Describe the minimum insurance requirements:

- |                                       |          |
|---------------------------------------|----------|
| General Liability                     | \$ _____ |
| Professional Liability                | \$ _____ |
| Contractors Pollution Legal Liability | \$ _____ |

11. **How are non-standard client agreements reviewed?**

- Attorney: Outside  Attorney: In-house  Staff (Please Describe)

12. **Does your firm have written quality control procedures? (If yes, please include the table of contents with this application)**  Yes  No

**Business Practices - continued**

13. Does your firm have a written health and safety procedures? (If yes, please include the table of contents with this application)  Yes  No

14. Does your firm have a confined space protocol? (If yes, please include the table of contents with this application)  Yes  No

15. Does your firm have an in-house continuing education program? (If yes, please describe)  Yes  No  
 If no, please describe how your professional receives continuing education / training:

**Gross Revenue:**

16. Enter firm's gross revenue for the last three years below:  
 Fiscal Year Period: \_\_\_\_\_ to \_\_\_\_\_

\$ \_\_\_\_\_ Estimated gross revenue for the upcoming year

\$ \_\_\_\_\_ 1<sup>st</sup> prior year's revenue

\$ \_\_\_\_\_ 2<sup>nd</sup> prior year's revenue

17. What percentage of estimated receipts is subcontracted to others \_\_\_\_\_% (Describe services below)

18. Detail geographical extent of operations: % Domestic: \_\_\_\_\_ % Foreign: \_\_\_\_\_  
 Please provide geographical locations of all foreign projects:

**19. Please provide percentage of gross revenue derived from the following operations:  
 Services (amounts must total 100%)**

Above Ground Storage Tank Installation	_____ %	Regulatory Compliance / Permitting	_____ %
Lab-packing / Drum Handling	_____ %	Industrial Hygiene / Health & Safety	_____ %
Industrial Cleaning	_____ %	Phase II & III Environmental Assessment	_____ %
Tank Cleaning	_____ %	General Consulting (Please Describe)	_____ %
Soil Excavation - petroleum	_____ %	_____	_____ %
Thermal Treatment	_____ %	Project Management	_____ %
Underground Storage Tank Removal	_____ %	Training (Please Describe)	_____ %
Underground Storage Tank Installation	_____ %	_____	_____ %
Home Heating Oil Tank Removal	_____ %	Analytical Laboratories	_____ %
Home Heating Oil Tank Installation	_____ %	Lead & Asbestos Consulting	_____ %
Drilling	_____ %	Remediation Oversight	_____ %
Sampling	_____ %	Remedial Design	_____ %
Emergency Response	_____ %	Hydrogeological Investigations	_____ %
Bioremediation	_____ %	Underground Storage Tank Testing	_____ %
Soil remediation	_____ %	Phase I Environmental Assessments	_____ %
Soil excavation - other than petroleum	_____ %	Mold evaluation	_____ %
Asbestos Remediation	_____ %	Geotechnical Engineering	_____ %
Lead Based Paint Remediation	_____ %	Civil Engineering	_____ %
Mold Remediation	_____ %	Process Engineering	_____ %
Hazardous Waste Cleanup	_____ %	_____	_____ %
Demolition (Please Describe)	_____ %	Other (please describe)	_____ %
_____	_____ %	_____	_____ %
Roofing – Commercial	_____ %		
Roofing – Residential	_____ %		
Pesticide / Herbicide Application	_____ %		

## Claims, Circumstances, Incidents & Loss History

**20. Has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities?**  Yes  No

**(If yes, please provide details)**

- Date when claim, suit or notice was made
- Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
- Name of the claimant
- Nature of the claim, suit or notice
- Amount of the initial demand
- Maximum amount of reserves established
- Final disposition (including amount of settlement payment)

**21. Is any member of your firm or a related entity aware of any circumstances that could result in a claim, suit or notice of incident being brought against them?**  Yes  No

If yes, please provide full details on the same basis as the above requirements (use additional paper if necessary)

**22. Has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities?**  Yes  No

If yes, please provide details (use additional paper if necessary)

## FRAUD WARNING

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

2 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

3 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

4 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

5 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

6 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

7 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

8 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

9 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

10 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date: