

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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

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

Emergency Response	\$	Environmental Permitting	\$
Haz Mat Clean Up	\$	Environmental Sampling	\$
Haz Mat Packing / Pickup	\$	Expert Witness	\$
Lead Abatement	\$	Geophysical (i.e. drilling, sampling, etc.)	\$
Liquid Waste Remediation	\$	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$
Mold Remediation	\$		
PCB Removal / Remediation	\$	Haz Mat Consulting	\$
Soil Removal / Remediation	\$	Hydrogeological Investigations	\$
Soil Excavation – other than petroleum	\$	Indoor Air Quality	\$
Tank &/or Pipe Cleaning	\$	Industrial Hygiene / HASP	\$
Underground Storage Tank Installation	\$	Litigation Support	\$
Underground Storage Tank Removal	\$	Manual Preparation	\$
Wetlands Contracting	\$	Mold Evaluation / Consulting	\$
5. Non-Environmental Contracting		Phase I Environmental Assessments	\$
Carpentry	\$	Phase II & III Environmental Assessments	\$
Demolition	\$	Project Management	\$
Electrical	\$	Remedial Investigation / Studies	\$
Fire / Water Restoration	\$	Remedial Design	\$
General Contractor	\$	Remediation Oversight	\$
Grading Contractor	\$	Safety Training	\$
Industrial Cleaning	\$	Underground Storage Tank Testing	\$
Maintenance/Janitorial	\$	Wetlands	\$
Masonry	\$		
Mechanical Construction	\$	Other – Consulting / Laboratory	
Metal Erection	\$	Describe:	\$
Painting	\$	Describe:	\$
Paving	\$		
Pipeline Installation	\$		
Plumbing	\$		
Roofing	\$		
Oil and Gas	\$		
Street and Road	\$		
Other – Contracting			
Describe:	\$		
Describe:	\$		
Describe:	\$		
Describe:	\$		
Total Projected Contracting Gross Receipts:		Total Projected Consulting/ Laboratory Gross Receipts:	
\$		\$	
IV. SUBCONTRACTED SERVICES			
1. Please identify the services that are subcontracted:		2. Applicable Cost:	
Description: _____		\$ _____	
Description: _____		\$ _____	
Description: _____		\$ _____	
Description: _____		\$ _____	
3. Are all subcontractors licensed and accredited?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the applicant collect certificates of insurance from all subcontractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are the subcontractors required to name the applicant as an additional insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V. GENERAL INFORMATION		
1. Does the applicant directly or indirectly perform work on residential properties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , what percentage of the applicant's overall sales are associated with this operation? %		
2. Are more than 50% of the applicant's services subcontracted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the applicant applying for project specific coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach a copy of the contract for the project and project supplemental application.		
4. Does the applicant conduct more than 10% geotechnical or geophysical operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , what percentage of the applicant's 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.		
5. Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , what percentage of the applicant's 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.		
6. Does the applicant conduct tank installation work?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does the applicant apply any type of corrosion protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are tanks tested and certified by a registered professional before use?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		
7. Are any of the applicant's revenues generated by contracting services performed in New York City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , what percentage of the applicant's overall sales are associated with this operation? %		
8. Does the applicant conduct any type of mold contracting or mold consulting work?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.		
9. Does the applicant conduct any Phase I or Real Estate Transfer Assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please attach a sample contract of the applicant's format.		
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):		
VI CLAIMS INFORMATION		
11. Has any claim, suit or notice of incident been made against the firm or any staff member?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide full details on each incident:

VII HISTORY OF COMPANY

1. Date Company Was Established: _____

5. Is the applicant a successor of any other business? If yes, please list predecessor in the area below.

☐ Yes
☐ No

2. 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.

☐ Yes
☐ No

6. 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.

☐ Yes
☐ No

3. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below.

☐ Yes
☐ No

7. 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.

☐ Yes
☐ No

4. 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.

☐ Yes
☐ No

8. If you answered "yes" to any of the questions listed above, please include a detailed explanation:

VII. PRIOR LIABILITY CARRIER INFORMATION (Past three years)

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium
1.							
2.							
3.							

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

☐ Yes (If yes, please explain): _____
☐ No

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 signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

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: _____

Date: _____

Print Name: _____

Title: _____