

ENVIRONMENTAL CONTRACTORS & CONSULTANTS

APPLICATION

SECTION I: APPLICANT					
NAME OF APPLICANT:					DATE:
MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Statement of Qualifications (SOQ) including resumes.
- 2) Two most recent years' income statement and balance sheet.
- 3) Three years of currently valued loss runs.
- 4) List of recent projects – (See page six of this application)

SECTION II: COVERAGE REQUESTED			
<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims Made Form only		Retroactive date:
<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> Onsite	<input type="checkbox"/> Third Party	Claims Made Form only Retroactive date:
Do you need any enhancements (e.g. Blanket AI, Waiver of Subrogation, etc)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED: (Occurrence / Aggregate)	DEDUCTIBLE REQUESTED:	
	\$ / \$	\$	

SECTION III: CURRENT INSURANCE INFORMATION						
Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	
Umbrella/Excess		\$ / \$	\$		\$	
Workers Comp		\$ / \$	\$		\$	
Auto		\$ / \$	\$		\$	
Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? (If yes, provide details below)						<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV: GENERAL INFORMATION

1. Year Applicant was established: _____	
2. Has Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has Applicant acquired, merged, or discontinued any operations in the last five (5) years? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does Applicant have: If yes, explain: Do you share employees? If yes, explain: Please list Other Named Insureds:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is coverage intended for a Joint Venture? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does Applicant have any branch offices? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Detail geographical extent of operations: _____ % Domestic _____ % Foreign (Provide geographical locations of all foreign projects)	
8. List the State(s) in which your work is performed:	

SECTION V: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Does Applicant use a standard written contract with its clients? If yes, please answer the following and include a copy of your standard contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What percentage of your projects are contracted using: _____ % Applicants Standard Contract _____ % Letter of Agreement _____ % Client's contract form _____ % Verbal agreement _____ % Other:	
3. Does Applicant's standard contract contain a limitation of liability clause? If yes, to what extent is liability limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What percentage of Applicant's work is subcontracted out?	_____ %
5. What percentage of Applicant's subcontractors and subconsultants are hired under a written, standard subcontract? (Attach a copy of the standard subcontract)	_____ %
6. Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ Contractors Pollution \$ Professional Liability \$	
7. How are non-standard client and/or subcontract agreements reviewed? <input type="checkbox"/> Attorney: Outside <input type="checkbox"/> Attorney: In-house <input type="checkbox"/> Agent Reviews <input type="checkbox"/> Staff (please describe)	
8. Does Applicant have written in-house quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does Applicant have written in-house health and safety procedures? Please forward Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does Applicant have a written Hazardous Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does Applicant have an in-house continuing education program? If YES, please describe. If NO, please describe how your professional receives continuing education and training:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: GROSS REVENUE		
\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period _____ to _____
\$ _____	1 st prior year's revenue	
\$ _____	2 nd prior year's revenue	
Breakdown of Revenue by Project Classification: <i>(Estimated Percentage for next 12 months)</i>		Commercial: %
		Residential: %

SECTION VII: ENVIRONMENTAL CONTRACTING OPERATIONS		
Environmental CONTRACTING Services	Projected Revenues	% Subcontracted
Asbestos Abatement	\$ _____	_____ %
Drilling (environmental)	\$ _____	_____ %
Emergency Spill Control	\$ _____	_____ %
Groundwater Remediation	\$ _____	_____ %
Hazardous Materials Remediation / Removal	\$ _____	_____ %
Indoor Air/Radon (non-mold related)	\$ _____	_____ %
Industrial Cleaning	\$ _____	_____ %
Lab Packing	\$ _____	_____ %
Landfill Liner Installation	\$ _____	_____ %
Lead Abatement	\$ _____	_____ %
Liquid Waste Remediation	\$ _____	_____ %
Medical Waste Pickup	\$ _____	_____ %
Medical Waste Remediation	\$ _____	_____ %
Mobile Distillation	\$ _____	_____ %
Mobile Incineration	\$ _____	_____ %
Mold Abatement	\$ _____	_____ %
PCB Removal/Remediation	\$ _____	_____ %
Phyto Remediation	\$ _____	_____ %
Soil Remediation	\$ _____	_____ %
Soil/Groundwater Sampling	\$ _____	_____ %
Superfund Remediation Contracting	\$ _____	_____ %
Tank & Pipe Cleaning	\$ _____	_____ %
Tanks - Aboveground Storage Tank Installation	\$ _____	_____ %
Tanks - Aboveground Storage Tank Removal	\$ _____	_____ %
Tanks - Underground Storage Tank Installation	\$ _____	_____ %
Tanks - Underground Storage Tank Removal	\$ _____	_____ %
Waste Disposal	\$ _____	_____ %
Water/Wastewater Treatment	\$ _____	_____ %
Wetlands Contracting	\$ _____	_____ %
OTHER (specify)	\$ _____	_____ %
Total Revenue for Environmental CONTRACTING Services:	\$ _____	_____ %

SECTION VIII: ENVIRONMENTAL CONSULTING & PROFESSIONAL SERVICES		
Environmental CONSULTING Services	Projected Revenues	% Subcontracted
Air Monitoring (non-mold)	\$ _____	_____ %
Asbestos / Lead / Radon Consulting	\$ _____	_____ %
Environmental Compliance Training	\$ _____	_____ %
Environmental Impact Studies	\$ _____	_____ %
Environmental Permitting	\$ _____	_____ %
Environmental Sampling	\$ _____	_____ %
Expert Witness / Litigation Support	\$ _____	_____ %
Feasibility Studies or Reports without Design	\$ _____	_____ %
Hazardous Materials Consulting	\$ _____	_____ %
Health and Safety Training (environmental)	\$ _____	_____ %
Lab Testing / Analysis (environmental)	\$ _____	_____ %
Mold Inspection and Assessment	\$ _____	_____ %
Continues on Next Page		

Phase I or Transaction Screen	\$	%
Phase II - Surface Investigation	\$	%
Phase III - Remedial Design Plans and Specs	\$	%
Regulatory Consulting / Permitting	\$	%
Remediation Oversight / Management	\$	%
Surveying in Support of Environmental Report	\$	%
Tanks - UST/AST System Design	\$	%
Tanks - UST/AST Testing	\$	%
Waste Brokering	\$	%
Wastewater/Sewer System Design	\$	%
Wetlands/Wildlife Consulting	\$	%
OTHER (specify)	\$	%
Total Revenue for Environmental CONSULTING Services:	\$	%

SECTION IX: NON ENVIRONMENTAL SERVICES		
NON-ENVIRONMENTAL Services	Projected Revenues	% Subcontracted
Carpentry	\$	%
Civil or Structural Engineering	\$	%
Concrete / Masonry	\$	%
Demolition	\$	%
Demolition (interior only)	\$	%
Dredging	\$	%
Drilling (oil, gas, drinking water)	\$	%
Electrical / HVAC / Mechanical	\$	%
Excavation / Grading	\$	%
Feasibility Studies (non-environmental)	\$	%
Fire/Water Restoration	\$	%
General Construction	\$	%
Geotechnical Engineering / Foundation	\$	%
Health and Safety Consulting (non-environmental)	\$	%
Insulation	\$	%
Lab Testing (non-environmental)	\$	%
Marine	\$	%
Manufacturing, Sales or Distribution	\$	%
Painting	\$	%
Pipeline Cleaning and Maintenance	\$	%
Plumbing	\$	%
Process Engineering	\$	%
Road and Bridge Construction	\$	%
Roofing	\$	%
Scaffold Erection (exterior)	\$	%
Sewer/Septic Cleaning and Maintenance	\$	%
Surveying by a Licensed Land Surveyor	\$	%
Transportation (non-environmental)	\$	%
Water - Potable System Design	\$	%
OTHER (specify)	\$	%
Total Revenue for NON-ENVIRONMENTAL Services:	\$	%

SECTION X: CLAIMS HISTORY	
<p>1. Has any claim, suit or notice of incident been made previously (last five years) against Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper: a) date claim was made; b) date of incident, act or omission giving rise to the claim; c) name of claimant; d) nature of claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim.</p>	

2. Has any member of Applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? Yes No
 If yes, please provide details on additional paper.

3. Has any member of Applicant, or predecessor firm or any entity that Applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? Yes No
 If yes, please provide details on additional paper.

4. **Summary of Claims History:**

	Number of Claims	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)
Current Year		\$
1 st Prior Year		\$
2 nd Prior Year		\$
3 rd Prior Year		\$

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Name of Applicant	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

Recent Project Description

1	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
2	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
3	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
4	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
5	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
6	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
7	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	
8	Project Name/Client:			
	Services Provided:			
	Project Gross Revenue:	Start Date:	Completion Date:	

MOLD SUPPLEMENTAL APPLICATION

For Environmental Contractors & Consultants

Please include the following information with this application:

- Copies of mold training courses completed and certifications received for all personnel.
- Resumes of the personnel involved in mold operations.
- Copy of written proposal/work order for mold operations.
- Five years of currently valued GL/pollution loss runs.
- Copy of a recent mold assessment/mold abatement report.
- Copy of your Standard Operating Procedures for mold operations.
- List of all mold jobs performed over the past 24 months.

Failure to provide the above information may delay processing your application.

APPLICANT INFORMATION	
NAME OF APPLICANT:	DATE:

Total revenue derived from mold abatement/consulting operations: \$ _____
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Operations	Previous Year Mold Revenue	%	Projected Mold Revenue	%	Subcontracted Mold Revenue	%
Mold Remediation	\$	%	\$	%	\$	%
Mold Testing & Lab Analysis	\$	%	\$	%	\$	%
Mold Sampling	\$	%	\$	%	\$	%
Other:	\$	%	\$	%	\$	%
Total Revenues	\$	100%	\$	100%	\$	100%

What percentage of your revenues are attributed to the following operations:		
Residential / Multi-Family _____%	Commercial / Office _____%	Schools _____%
Hospitals/ Nursing Homes _____%	Hotels _____%	Other _____%
1. What percentage of your work is for insurance companies? _____%		
2. Percent of Residential work performed in the following states:		
_____% California _____% Florida _____% Texas _____% Hawaii		
3. What contractual provisions are in force to protect your firm against mold-related exposures?		
4. What guidelines do you adhere to in performance of mold services?		

<p>5. Ace Westchester Environmental may provide Mold Awareness Training to the Insured as part of this coverage. Please provide the following:</p> <p>a. Insured Contact (Name, Title & Phone No.) to coordinate mold training services:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Personnel (account for each person only once, by primary function):</p> <p>Number of Principals: _____</p> <p>Number of Supervisors/Foremen: _____</p> <p>Number of Field Supervisors: _____</p> <p>Number of Office Personnel: _____</p>
<p>6. What warranties or guaranties do you give regarding the mold remediation operations and mold related professional services you perform?</p>
<p>7. Are the conditions that caused mold contamination always corrected before you begin mold remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved? How is this documented?</p>
<p>9. Do you present the client with alternative methods prior to performing the mold remediation along with limitations of each alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how is this documented?</p>
<p>10. Do you perform sampling prior to and after remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, who performs it?</p>
<p>11. How do you evaluate mold in non-viable areas (areas difficult to access/ visually inspect, i.e. wall cavities), and how do you confirm and document this to the client?</p>
<p>12. Do you perform airduct cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what guidelines do you follow?</p> <p>Will you routinely introduce biocides into the HVAC system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what provisions of licensing are adhered to when using biocides?</p>
<p>13. What measures are employed to protect personnel at or in proximity to the job site?</p>
<p>14. Who makes the final decision as to when mold remediation is complete, and how is this documented?</p>
<p>15. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?</p>
<p>16. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on a separate page of each incident or claim.</p>

Project Specific Coverage Addendum

PROJECT INFORMATION			
Project Name and Contract Number:			
Project Address:			
City:	State:	Zip:	
Estimated Start Date:		Estimated Completion Date:	
Will the Applicant be acting as a General Contractor or Subcontractor:			
Estimated Revenue:	Limits Requested:	Retention Requested:	
Project Scope of Work:			
OWNER INFORMATION			
Project Owner:			
Address:			
City:	State:	Zip:	
List any other Additional Insured Request and their interest in the project or Other Endorsement Requests:			