

**CONTRACTORS & CONSULTANTS APPLICATION**

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: 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.

* Please print or type clearly.
* All questions must be answered. Please contact your agent if assistance is required.
* If any questions do not apply, print or type “N/A” in the space provided.
* This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured’s letterhead. This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

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

1. Five years of currently valued loss runs for all coverages being sought, for all proposed Named Insureds
2. Resumes/SOQ’s of all key personnel. Include company brochures and promotional material (if applicable)
3. Most recent income statement or balance sheet.
4. List of most recently completed projects

**APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | | | | Date: | | | | |
| Inspection contact name: | | | | Phone: | | | | |
| Address: | | | | | | | | |
| City: | | State: | | Zip: | | | | |
| Company website: | | | | FEIN No.: | | | | |
| Email address: | | | | NAICS: | | | | |
| Date entity was established: | | | | |  | | | |
| Number of years performing services to be covered by this Insurance: | | | | |  | | | |
| Company is an: | Individual | | Partnership | Corporation | | Joint Venture | | |
|  | Other (describe): | |  |  | |  | | |
| Does the Applicant perform any work in New York State or New York City?  If "Yes", what percentage is performed in the five (5) boroughs?  What percentage in the rest of New York? | | | | | Yes | | No | |
| Does the Applicant perform any work in Louisiana? | | | | | Yes | | No | |
| If there is more than one proposed Named Insured? List each and provide percentage of ownership and relationship: | | | | | | | | |
| Is work performed by any affiliated or related company(s)  If yes, please explain. Include details of any shared office space/employees etc. | | | | | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| Are you a successor of any other business? If yes, please list predecessor. | Yes | No |
| Are you directly or indirectly controlled, owned or otherwise managed another party?  If yes, please explain. | Yes | No |
| Do you directly or indirectly control, own, or otherwise manage any other entity?  If "Yes", please explain: | Yes | No |

**COVERAGE REQUESTED**

Indicate requested limits, retention, and retroactive date:

**EXPIRING COVERAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coverage Part** | **Occurrence/ Claims Made** | **Claims Made Retro Date** | **Occurrence Limit** | **Aggregate Limit** | **Deductible/ SIR** |
| General Liability |  |  |  |  |  |
| Contractors  Pollution Liability |  |  |  |  |  |
| Professional  Liability |  |  |  |  |  |
| Environmental Impairment |  |  |  |  |  |

Provide all expiring information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coverage Part** | **Carrier** | **Applicable Retro Date** | **Limits of Liability** | **Deductible/ SIR** | **Premium** |
| General Liability |  |  |  |  |  |
| Contractors  Pollution Liability |  |  |  |  |  |
| Professional  Liability |  |  |  |  |  |
| Environmental  Impairment |  |  |  |  |  |

# CLAIMS HISTORY

If additional space is needed, please attach details on a separate sheet of paper.

|  |  |  |
| --- | --- | --- |
| 1. Have there been any losses in the past (5) years?  If "Yes", please detail below: | Yes | No |
| 2. Is/are there presently any “open” claim(s) being handled by any prior carrier?  If "Yes", please explain: | Yes | No |
| 3. Do you directly or indirectly control own or otherwise manage any other  entity? | Yes | No |

# GENERAL OPERATIONS INFORMATON

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Number/Type of Employees: | | | | | | | | | | | |
|  | Executive Managers | |  | Architects & Engineers | | | | | | | |
|  | Project Managers | |  | Chemists & Scientists | | | | | | | |
|  | Field Supervisors | |  | Draftsmen & Technicians | | | | | | | |
|  | Labor | |  | Other: | | | | | | | |
| 2. What percentage of time do you work without a written contract? | | | | | | % | | | | | |
| 3. Do you work with subcontractors/subconsultants?  If “Yes,” please answer the following: | | | |  |  |  |  | Yes | | No |  |
|  |  |  | |  |  |
| a. Are all subcontractors/subconsultants licensed and certified? | | | | | |  |  | Yes | | No |  |
| b. Is a standard written contract used to engage all subcontractors/subconsultants | | | |  |  |  |  | | Yes | No |  |
| c. If yes, does that contract contain Hold Harmless and Limitation of Liability Clauses? | | | | | |  |  | | Yes | No |  |
| d. Do you require Certificates of Insurance from all subcontractors/ subconsultants? | | | | | |  |  | | Yes | No |  |
| e. What limits of Insurance do you require from all subcontractors/ subconsultants? | | | | | |  |  | | |  |  |
|  | Commercial General Liability |  |  |  |  |  | $ | | |  |  |
|  |  |  |  |  |  |  |  | | |  |  |
|  | Contractors Pollution Liability |  |  |  |  |  | $ | | |  |  |
|  | Professional Liability |  |  |  |  |  | $ | | |  |  |
| f. Do you require to be added as an Additional Insured? | | | |  |  |  | Yes | | | No |  |
| 4. Is more than 50% or your work performed for one client?  If "Yes", please detail below: | | | | | |  |  | | Yes | No |  |
| 5. Is more than 50% of your work performed at any one location?  If "Yes", please detail below: | | | | | |  |  | | Yes | No |  |

**REVENUE**

Provide total gross estimated revenue for next 12 months and actual revenue for the prior 2 years:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Gross Annual Revenues** | **Domestic Revenue %** | **Foreign Revenue %** |
| Next 12 months | $ | % | % |
| 1st Prior Year | $ | % | % |
| 2nd. Prior Year | $ | % | % |

Products Designed and/or Sold by the Applicant - With and Without Installation (if any)

|  |  |
| --- | --- |
|  | **Estimated Gross Revenue from Products Sold** |
| **Product Designed and/or Sold by You with Installation**  ***Describe*:** | **$** |
| **Product Design and/or Sold by You without Installation**  ***Describe*:** | **$** |

**CONTRACTING OPTIONS**

|  |
| --- |
| Please state the next twelve (12) months of expected revenue for each applicable category below and indicate percent subcontracted, if any.  If this Section G (Contracting Operations) does not apply, please check here: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ENVIRONMENTAL**  **CONTRACTING CLASSES** | | **% Sub-contracted ↓** | | | **ENVIRONMENTAL CONTRACTING CLASSES** | **% Sub-contracted ↓** | |
| **GROSS**  **REVENUE** | |  | **GROSS**  **REVENUE** |  |
| Asbestos/Lead Assessment, Remedial Design & Monitoring - Commercial/Public | |  | |  | Mold Assessment, Remedial Design & Monitoring - Commercial/Public |  |  |
| Asbestos/Lead Assessment, Remedial Design & Monitoring - Residential | |  | |  | Mold Assessment, Remedial Design & Monitoring -Residential |  |  |
| Barrier/Liner Construction | |  | |  | PCB Removal |  |  |
| Crime Scene Cleanup | |  | |  | Radon Venting |  |  |
| Drilling, Monitoring/Water Well Installation (non-energy) | |  | |  | Sampling of Groundwater/Soil at a Job Site |  |  |
| Dredging - Remedial | |  | |  | Tank – AST Installation/Removal & Maintenance |  |  |
| Emergency Response Cleanup of Haz Materials and Other Materials | |  | |  | Tank – UST Installation/Removal & Maintenance |  |  |
| Fuel System Equipment Installation and Maintenance | |  | |  | Waste Disposal & Hauling (includes storage & disposal) associated with Env Contracting operations |  |  |
| Hazardous Materials (HazMat) Soil/Groundwater Cleanup at job site | |  | |  | Wastewater Treatment Systems Installation/Maintenance |  |  |
| Lab/Waste Packing | |  | |  | Wetlands Contracting |  |  |
| Landfill Construction/Expansion/Capping | |  | |  | Other (please specify) |  |  |
| Medical Waste Pickup | |  | |  | Other (please specify) |  |  |
| **TOTAL ENVIRONMENTAL CONTRACTING REVENUE:** | | | | | **$** | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **NON-ENVIRONMENTAL CONTRACTING CLASSES** | **% Sub-contracted ↓** | | | | **NON- ENVIRONMENTAL CONTRACTING CLASSES** | **% Sub-contracted ↓** | |
| **GROSS**  **REVENUE** | |  | | **GROSS**  **REVENUE** |  |
| Carpentry/Framing |  | |  | | Pesticide/Herbicide/Fertilizer Application |  |  |
| Construction Management -subs are not employed by CM |  | |  | | Pipeline - Non-energy - (Chemical or other) |  |  |
| Demolition/Dismantling |  | |  | | Plumbing/HVAC – Non-Residential |  |  |
| Dredging (non-environmental) |  | |  | | Plumbing/HVAC - Residential |  |  |
| Duct Cleaning |  | |  | | Residential Developers |  |  |
| Electrical |  | |  | | Restoration Contactors - Nonresidential |  |  |
| Excavation/Grading |  | |  | | Restoration Contactors – Non-Residential |  |  |
| General Contractor - Non-Residential |  | |  | | Restoration Contactors – Residential |  |  |
| General Contractor - Residential |  | |  | | Roofing/Insulation/waterproofing – Non-Residential |  |  |
| Glass/Glazing |  | |  | | Roofing/Insulation/waterproofing - Residential |  |  |
| Industrial Cleaning |  | |  | | Septic System Installation |  |  |
| Janitorial |  | |  | | Steel Erection |  |  |
| Landscapers |  | |  | | Street & Road Contactors |  |  |
| Marine Construction & Other Marine Activities |  | |  | | Utility Contractor |  |  |
| Masonry/Concrete |  | |  | | Waste Disposal and Hauling - Non-Environmental |  |  |
| Mechanical |  | |  | | Waste Incineration |  |  |
| Oil & Gas Well Servicing |  | |  | | Other (please specify) |  |  |
| Painting/Coatings Application |  | |  | | Other (please specify) |  |  |
| **TOTAL NON-ENVIRONMENTAL CONTRACTING REVENUE:** | | | | | **$** | | |

**PROFESSIONAL SERVICES**

|  |
| --- |
| Please state your next twelve (12) months of expected revenue for each applicable service below and indicate percent subcontracted if any.    If this Section H (Professional Services) does not apply, please check here: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ENVIRONMENTAL**  PROFESSIONAL SERVICES | % Sub-contracted **↓** | | **ENVIRONMENTAL**  PROFESSIONAL SERVICES | % Sub-contracted **↓** | |
| GROSS  REVENUE |  | GROSS  REVENUE |  |
| Air Quality Testing Indoor & Outdoor |  |  | Phase I - Environmental Risk Assessments |  |  |
| Asbestos/Lead Assessment, Remedial Design & Monitoring - Commercial/Public |  |  | Phase II - Environmental Risk Assessments |  |  |
| Asbestos/Lead Assessment, Remedial Design & Monitoring - Residential |  |  | Phase III - Remedial Investigation, Design & Feasibility Studies |  |  |
| Consulting - All Other |  |  | Project Management |  |  |
| Decommissioning Design for Radioactive & Nuclear Facilities |  |  | Regulatory Consulting - Permitting & Compliance Audits |  |  |
| Expert Witness/Litigation Support |  |  | Renewable energy consultants/contractors - Commercial/Public |  |  |
| Fixed Based Operators (FBOs) – non aviation |  |  | Renewable energy consultants/contractors - Residential |  |  |
| Health & Safety Training, OSHA Compliance |  |  | Tank System Design & Testing |  |  |
| Industrial Hygiene |  |  | Waste Arranging & Brokering |  |  |
| Lab Analysis - Environmental |  |  | Wildfire Consulting |  |  |
| Mold Assessment, Remedial Design & Monitoring - Commercial/Public |  |  | Wetlands & Wildlife Consulting |  |  |
| Mold Assessment, Remedial Design & Monitoring - Residential |  |  | Other (please specify) |  |  |
| TOTAL ENVIRONMENTAL PROFESSIONAL REVENUE: | | | $ | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NON-ENVIRONMENTAL** PROFESSIONAL SERVICES | % Sub-contracted **↓** | | **NON-ENVIRONMENTAL** PROFESSIONAL SERVICES | % Sub-contracted **↓** | |
| GROSS  REVENUE |  | GROSS  REVENUE |  |
| Architectural Design |  |  | Lab Analysis (non-environmental) |  |  |
| Building Condition Inspectors / R.E. Audits |  |  | Land Surveying (non-environmental) |  |  |
| Civil Engineering |  |  | Landscape Architecture |  |  |
| Construction or Project Management – Agency (non-environmental projects) |  |  | Materials testing destructive/non-destructive |  |  |
| Construction or Project Management –  At Risk (non-environmental projects) |  |  | Marine Engineering |  |  |
| Consulting – All Other Non-environmental |  |  | Mechanical Engineering – HVAC, Electrical, Plumbing |  |  |
| Electrical Engineering (except Photovoltaic) |  |  | Process Engineering - Potable & Sewer / Wastewater Facilities |  |  |
| Geology and Hydrogeology (Non-Environmental) |  |  | Process Engineering – Petroleum, Chemical & Food Industries |  |  |
| Geophysical Assessments (Non-Environmental) Mining and/or Oil & Gas |  |  | Software Design / Programming |  |  |
| Geotechnical Engineering (building construction, foundation, structural or slope stability related) |  |  | Structural Engineering |  |  |
| HVAC Engineering |  |  | Other (please specify) |  |  |
| TOTAL NON-ENVIRONMENTAL PROFESSIONAL REVENUE: | | | $ | | |

**FRAUD WARNING**

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 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA,

insurance benefits may also be denied.)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, WARNING: 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

**WARRANTY**

The undersigned authorized officer of the applicant warrants to the Company, that l/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. l/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

|  |  |  |
| --- | --- | --- |
| **Name of Applicant** |  | **Title** |
| **Signature of Applicant** |  | **Date** |