

# **Environmental Contractors** and Consultants

Application

This application is for use in applying for Commercial General Liability, Environmental Contractor's Pollution Liability and Environmental Consultant's Professional Liability.

#### THE FOLLOWING INFORMATION IS REQUIRED TO COMPLETE THE APPLICATION AS ATTACHMENTS:

- Three years of currently valued loss information for all lines of coverage requested. If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.
- Most current available financial statement.
- Resumes for key personnel (i.e. owners, officers, project managers).
- Certificates of training for any asbestos, lead or mold abatement contractors or consultants.
- Current licenses for any asbestos, lead or mold abatement contractors.
- Sample copy of subcontractor and client contracts.

### **Insured Information**

|   | Named Insured:                                |                     |                    | Mailing Address:      |                   |                     |        |         |      |
|---|---|---------------------|--------------------|-----------------------|-------------------|---------------------|--------|---------|------|
| Corporate entity is:  | City:   |                     |                    |                       |                   | State:              | Zip:   |         |      |
| Website:  | Email:  |                     |                    | Phone: _              |                   | Fax:                |        |         |      |
| Corporate entity is:  | Contact Person:                               |                     | Phone:             |                       | Email:            |                     |        |         |      |
| What year was the entity founded:Please list all entities, affiliates or subsidiaries to be listed as Named Insureds (Please include general description of each).  Please indicate the number of personnel employed in each category:  Principals:   | Website:                                      |                     |                    |                       |                   |                     |        |         |      |
| Please list all entities, affiliates or subsidiaries to be listed as Named Insureds (Please include general description of each).  Please indicate the number of personnel employed in each category:  Principals:    Engineers/Architects:   Hygienists/Toxicologists:   Supervisors/Foremen:   Geologists/Chemists:   Field Personnel:    Claims Information   Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?                                   | Corporate entity is:   Corporation            | ☐ Individual        | ☐ Partnership      | ☐ Joint Venture       | Other (ple        | ase attach descrip  | otion) |         |      |
| Please indicate the number of personnel employed in each category:    Principals:   | What year was the entity founded:             |                     |                    |                       |                   |                     |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes   No entity, for which coverage is being sought? | Please list all entities, affiliates or subsi | diaries to be liste | ed as Named Insur  | eds (Please include   | general descrip   | tion of each).      |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes No entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes   No entity, for which coverage is being sought? |   |                     |                    |                       |                   |                     |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes   No entity, for which coverage is being sought? |   |                     |                    |                       |                   |                     |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes   No entity, for which coverage is being sought? |   |                     |                    |                       |                   |                     |        |         |      |
| Principals:  Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen:  Geologists/Chemists:  Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes   No entity, for which coverage is being sought? |   |                     |                    |                       |                   |                     |        |         |      |
| Hygienists/Toxicologists:  Geologists/Chemists:  Supervisors/Foremen: Field Personnel:  Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes No entity, for which coverage is being sought?                                       |   | el employed in ea   |                    |                       |                   |                     |        |         |      |
| Geologists/Chemists:    Field Personnel:  |   |                     | <u> </u>           |                       |                   |                     |        |         |      |
| Claims Information  Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  |   |                     |                    |                       |                   |                     |        |         |      |
| Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought?   | Geologists/Chemists:                          |                     | Field Personnel    | :                     |                   |                     |        |         |      |
| Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy?  If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought?   | Claima Information                            |                     |                    |                       |                   |                     |        |         |      |
| If yes, please describe or provide attached reference:  Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes    No entity, for which coverage is being sought?  | Claims information                            |                     |                    |                       |                   |                     |        |         |      |
| Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other    Yes No entity, for which coverage is being sought?   | Have any claims been made against you         | ı or reported und   | der any Contractor | 's Pollution or Profe | ssional Liability | coverage or policy  | /?     | ☐ Yes [ | No   |
| entity, for which coverage is being sought?   | If yes, please describe or provid             | e attached refere   | ence:              |                       |                   |                     |        |         |      |
| entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| entity, for which coverage is being sought?   |   |                     |                    |                       |                   |                     |        |         |      |
| If yes, please describe or provide attached reference:  |   |                     | t could reasonably | result in a claim be  | eing made again   | st you, or any othe | er     | ☐ Yes [ | □ No |
|   | If yes, please describe or provid             | e attached refere   | ence:              |                       |                   |                     |        |         |      |
|   |   |                     |                    |                       |                   |                     |        |         |      |
|   |   |                     |                    |                       |                   |                     |        |         |      |

# **Coverage Information**

### **Existing Coverage**

|                                     | Carrier | Limits | Deductible | Eff. Date | Retro Date | Premium |
|-------------------------------------|---------|--------|------------|-----------|------------|---------|
| Commercial<br>General Liability     |         |        |            |           |            |         |
| Contractor's<br>Pollution Liability |         |        |            |           |            |         |
| Professional<br>Liability           |         |        |            |           |            |         |

#### **Requested Coverage**

|                                     | Limits | Deductible / Retention | Eff. Date | Retro Date |
|-------------------------------------|--------|------------------------|-----------|------------|
| Commercial<br>General Liability     |        |                        |           |            |
| Contractor's<br>Pollution Liability |        |                        |           |            |
| Professional<br>Liability           |        |                        |           |            |

# **Operations**

#### Revenues

| What is your fiscal year period?                        |
|---|
| Total Revenue for the most recent 12-month period:      |
| Total Revenue anticipated for the next 12-month period: |
| List all States in which you do business:               |

#### **Client Industry Classification**

Please indicate the appropriate percentage of revenue by client/industry type:

| Manufacturing/Chemical Plants   | % |
|---------------------------------|---|
| Pipelines                       | % |
| Drinking Water Plants           | % |
| Apartments/Condos               | % |
| Nursing Homes/Assisted Living   | % |
| Dormitories                     | % |
| State/Local Government          | % |
| Other Federal Government/Agency | % |
| Street/Roads                    | % |
| Harbors/Piers                   | % |
| Landfills/Disposal Facilities   | % |
| Shopping Centers:               | % |
| Warehouses                      | % |
| Sports Arenas/Coliseums         | % |
| Hotels/Motels                   | % |

| Petrochemical/Refineries        | % |
|---------------------------------|---|
| Wastewater/Sewage Treatment     | % |
| Power Plants (non-nuclear)      | % |
| Single-Family Homes             | % |
| Prisons/Correctional Facilities | % |
| U.S. Department of Defense      | % |
| U.S. Department of Energy       | % |
| Airports                        | % |
| Bridges/Tunnels                 | % |
| Offshore Marine                 | % |
| Railroad                        | % |
| Offices                         | % |
| Parking Structures              | % |
| Schools/Colleges                | % |
| Other:                          | % |

#### **Large Project Information**

Please list your three (3) largest projects in the last three years (or attach SF254):

| Project Name | Project<br>Revenues | Start<br>Date | Completion Date | Services |
|--------------|---------------------|---------------|-----------------|----------|
|              |                     |               |                 |          |
|              |                     |               |                 |          |
|              |                     |               |                 |          |

#### Revenue Breakdown

Breakdown your anticipated revenue for the next 12-month period into the appropriate category listed below. The totals between contracting and consulting revenue should equal the total 12-month estimate

#### **Contracting Operations**

| Class   | Revenues          | % Sub     |
|---|-------------------|-----------|
| Res. Asbestos Abatement                             |                   |           |
| Comm. Asbestos Abatement                            |                   |           |
| Res. Lead Abatement                                 |                   |           |
| Comm. Lead Abatement                                |                   |           |
| Res. Mold Abatement                                 |                   |           |
| Comm. Mold Abatement                                |                   |           |
| Landfill Construction/Expansion                     |                   |           |
| PCB Removal   |                   |           |
| Labpack, Medical Wastes, Drum<br>Handling           |                   |           |
| Groundwater Remediation (including Monitoring)      |                   |           |
| Petroleum Contaminated Soil<br>Excavation & Hauling |                   |           |
| Environmental Drilling                              |                   |           |
| Carpentry & Framing                                 |                   |           |
| Concrete & Masonry                                  |                   |           |
| HVAC & Mechanical                                   |                   |           |
| Fire/Water Restoration & Water Extraction           |                   |           |
| Drilling (Oil, Gas, Water, Utilities, etc)          |                   |           |
| Excavation/Grading & Associated Hauling             |                   |           |
| Industrial Cleaning                                 |                   |           |
| Utility Contracting                                 |                   |           |
| Street & Road                                       |                   |           |
| Tunneling   |                   |           |
| Oil/Gas Lease Operation                             |                   |           |
| Construction/Project<br>Management                  |                   |           |
| Total All Contra                                    | acting Operations | Revenues: |

| Class  | Revenues | % Sub |
|--|----------|-------|
| Above Ground Storage Tank Installation                           |          |       |
| Above Ground Storage Tank Removal                                |          |       |
| Underground Storage Tank<br>Installation                         |          |       |
| Underground Storage Tank Removal                                 |          |       |
| Storage Tank/Piping Cleaning                                     |          |       |
| Storage Tank/Piping Painting or Lining                           |          |       |
| Liner/Barrier Installation (Retention ponds, landfills, etc)     |          |       |
| Emergency Response, Haz Mat<br>Cleanup (incl. crime scenes)      |          |       |
| Soil Remediation (sub-surface or in-situ)                        |          |       |
| Remedial Dredging  |          |       |
| Other Contaminated Soil<br>Excavation & Hauling                  |          |       |
| Environmental Sample Collection                                  |          |       |
| Plumbing   |          |       |
| Electrical   |          |       |
| Interior Demolition (under 3-stories)                            |          |       |
| Pesticide, Herbicide, Fungicide or other<br>Chemical Application |          |       |
| Insulation   |          |       |
| Pipeline Cleaning, Maintenance or Installation                   |          |       |
| Painting   |          |       |
| Roofing  |          |       |
| Metal Erection   |          |       |
| Logging or Forestry  |          |       |
| General Maintenance, Janitorial,<br>Contractor Yard              |          |       |
| Other:   |          |       |
|  |          |       |

#### **Consulting Services**

| Class  | Revenues          | % Sub     |
|--|-------------------|-----------|
| Air Quality Testing (including Radon)              |                   |           |
| Lead Assessments, Abatement<br>Design & Monitoring |                   |           |
| Laboratory Analysis (Environmental)                |                   |           |
| Phase I Assessments                                |                   |           |
| Phase II Assessments                               |                   |           |
| Phase III Assessments                              |                   |           |
| Waste Arranging & Brokering                        |                   |           |
| Expert Witness & Testimony                         |                   |           |
| Training   |                   |           |
| Mechanical Engineering (HVAC,<br>Systems Design)   |                   |           |
| Land Surveying                                     |                   |           |
| Wetlands & Riparian Consulting                     |                   |           |
| Total All Contract                                 | ting Operations I | Revenues: |

| Class  | Revenues | % Sub |
|--|----------|-------|
| Asbestos Assessments, Abatement Design & Monitoring    |          |       |
| Mold Assessments, Abatement Design & Monitoring        |          |       |
| Material Testing & Other Analytical<br>Laboratory      |          |       |
| Regulatory, Permitting & Compliance<br>Consulting      |          |       |
| Storage Tank & Remedial System Design                  |          |       |
| Storage Tank Testing                                   |          |       |
| Nuclear Facility Decommissioning Design                |          |       |
| Industrial Hygiene, Health & Safety<br>Consulting      |          |       |
| Geotechnical Engineering (Slopes, Foundation, Seismic) |          |       |
| Process Engineering (Facility Design)                  |          |       |
| Software Design/Programming                            |          |       |
| Construction/Project Management (Agency)               |          |       |

### **General Information**

#### **Consulting Services**

| Do you require a written contract for all jobs?   | ☐ Yes ☐ No |
|---|------------|
| Do you use a standard indemnity limitation wording in your contracts?   | ☐ Yes ☐ No |
| Are all of your contracts reviewed by internal or external counsel?   | ☐ Yes ☐ No |
| Subcontractors  |            |
| Are all subcontractors hired under a written agreement/contract?  | ☐ Yes ☐ No |
| Do you require all subcontractors to add you as an Additional Insured to their Policy?  | ☐ Yes ☐ No |
| What are the minimum limits of insurance you require from your subcontractors?  |            |
| Quality Control   |            |
| Does the insured have an in-house quality control program?  | ☐ Yes ☐ No |
| Does the insured have an in-house training and continuing education program?  | ☐ Yes ☐ No |
| Does the firm utilize ASTM1527 Audit/Assessment protocols?  | ☐ Yes ☐ No |
| Does the firm provide specific training for asbestos, lead or mold abatement to its employees?  | ☐ Yes ☐ No |
| Mold/Microbial Matter   |            |
| Is the insured aware of any known incidents, claims or other circumstances concerning the existence, growth or presence of mold in any of your previous work or projects? | ☐ Yes ☐ No |
| Does the insured utilize a written protocol for water leaks, intrusion or mold issues at project sites?   | ☐ Yes ☐ No |
| Does the insured utilize a written protocol for handling mold reports or complaints?  | ☐ Yes ☐ No |
| Are all project materials inspected visually for the presence of mold or moisture?  | ☐ Yes ☐ No |
| Does the insured utilize a disclaimer or limitation of liability in their contracts for mold?   | ☐ Yes ☐ No |

## **Fraud Warning: Application to All States**

Any person who knowing 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 \$5K 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 or 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.

The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant's acceptance of Century Insurance Group's written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.

| Signatures                              |                |  |
|---|----------------|--|
| Owner or Officer of Applicant Signature | <br>Date       |  |
| Printed Name                            | Title          |  |
| Agent/Brokerage                         | License Number |  |
| Address of Agency/Brokerage             |                |  |
| Contact Person                          | Phone Number   |  |