



## 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.

### APPLICANT INFORMATION:

<b>Named Insured:</b>						
<b>Mailing Address:</b>						
<b>City:</b>				<b>State:</b>		
				<b>Zip:</b>		
<b>Contact Person:</b>				<b>Telephone #:</b>		
<b>Email Address:</b>				<b>Website Address:</b>		
<b>Corporate Entity is:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please attach description)					
<b>What Year was the Entity Founded:</b>						

<b>Please list all entities, affiliates or subsidiaries to be listed as Named Insureds</b> (Please include general description of each):

<b>Please list all states, territories and foreign countries in which the insured has, or anticipates, operations:</b>

<b>Please indicate the number of personnel employed in each category:</b>			
<b>Principals:</b>		<b>Engineers/Architects:</b>	
<b>Hygienists/Toxicologists:</b>		<b>Supervisors/Foremen:</b>	
<b>Geologists/Chemists:</b>		<b>Field Personnel:</b>	

### CLAIMS INFORMATION:

<b>Have any claims been made against you or reported under any Commercial General Liability, Contractor's Pollution or Professional Liability coverage or policy?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	

<b>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?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please describe or provide attached reference:	

**COVERAGE INFORMATION:**

**Existing Coverage:**

	Carrier	Limits of Insurance	Deductible	Effective Date	Retroactive Date	Premium
Commercial General Liability						
Contractor's Pollution Liability						
Professional Liability						

**Requested Coverage:**

	Limits of Insurance	Deductible/Retention	Effective Date	Retroactive Date
Commercial General Liability				
Contractor's Pollution Liability				
Professional 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:	

**Client Industry Classification:**

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

Manufacturing/Chemical Plants:		Petrochemical/Refineries:	
Pipelines:		Wastewater/Sewage Treatment:	
Drinking Water Plants:		Power Plants (non-nuclear):	
Apartments/Condos:		Single-Family Homes:	
Nursing Homes/Assisted Living:		Prisons/Correctional Facilities:	
Dormitories:		U.S. Department of Defense:	
State/Local Government:		U.S. Department of Energy:	
Other Federal Government/Agency:		Airports:	
Street/Roads:		Bridges/Tunnels:	
Harbors/Piers:		Offshore Marine:	
Landfills/Disposal Facilities:		Railroad:	
Shopping Centers:		Offices:	
Warehouses:		Parking Structures:	
Sports Arenas/Coliseums:		Schools/Colleges:	
Hotels/Motels:		Other:	

**Large Project Information:**

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

Project Name:	Project Revenues:	Start 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:**

<b>Class:</b>	<b>Revenues:</b>	<b>% Subcontracted:</b>	<b>Class:</b>	<b>Revenues:</b>	<b>% Subcontracted:</b>
Residential Asbestos Abatement:			Aboveground Storage Tank Installation:		
Commercial Asbestos Abatement:			Aboveground Storage Tank Removal:		
Residential Lead Abatement:			Underground Storage Tank Installation:		
Commercial Lead Abatement:			Underground Storage Tank Removal:		
Residential Mold Abatement:			Storage Tank/Piping Cleaning:		
Commercial Mold Abatement:			Storage Tank/Piping Painting or Lining:		
Landfill Construction, Expansion or Capping:			Liner/Barrier Installation (retention ponds, landfills, etc):		
PCB or Mercury Abatement:			Emergency Response, Haz-Mat Cleanup, Bio-Hazard Cleanup:		
Labpack, Medical Wastes, Drum Handling:			Soil Remediation (sub-surface or in-situ):		
Surface Water & Groundwater Remediation/Monitoring:			Remedial Dredging:		
Petroleum Contaminated Soil Excavation & Hauling:			Other Contaminated Soil Excavation & Hauling:		
Environmental Drilling:			Environmental Sample Collection:		
Water Extracting & Dehumidification:			Chinese Drywall Abatement:		
Carpentry, Framing, Windows & Doors:			Plumbing & Solar Panels:		
Concrete & Masonry:			Electrical:		
HVAC, Mechanical & Duct Cleaning:			Interior Demolition:		
Fire/Water Restoration (Build-Back):			Pesticide, Herbicide, Fungicide or other Chemical Application:		
Drilling (Oil, Gas, Water, Utilities, Directional, etc):			Insulation (Including EIFS):		
Excavation/Grading & Associated Hauling:			Pipeline Cleaning, Maintenance or Installation:		
Industrial Cleaning & Power-Washing:			Painting (No Lead Paint Encapsulation):		
Utility Contracting:			Roofing (No Asbestos Tear-Offs):		
Street & Road Construction, Striping & Cleaning:			Metal Erection (No Storage Tanks):		
Tunneling:			Logging or Forestry:		
Oil/Gas Lease Operation:			General Maintenance, Janitorial, Contractor Yard:		
Construction/Project Management:			Other:		
<b>Total All Contracting Operations Revenues:</b>					

<b>Consulting Services:</b>					
<b>Class:</b>	<b>Revenues:</b>	<b>% Subcontracted:</b>	<b>Class:</b>	<b>Revenues:</b>	<b>% Subcontracted:</b>
Air Quality & Emissions Testing (including Radon):			Asbestos Assessments, Abatement Design & Monitoring:		
Lead Assessments, Abatement Design & Monitoring:			Mold Assessments, Abatement Design & Monitoring:		
Laboratory Analysis (Environmental):			Material Testing & Other Analytical Laboratory:		
Phase I Assessments:			Regulatory, Permitting & Compliance Consulting:		
Phase II Assessments:			Storage Tank System & Remedial System Design:		
Phase III Assessments:			Storage Tank System Testing (Including Septic):		
Surface-Water & Groundwater Investigation & Monitoring:			Chinese Drywall Inspection & Identification:		
Waste Arranging & Brokering:			Radioactive & Nuclear Facility Decommissioning Design:		
Expert Witness & Testimony:			Industrial Hygiene, Health & Safety Consulting:		
Training:			Geotechnical Engineering (Slopes, Foundation, Seismic):		
Mechanical Engineering (HVAC, Systems Design):			Process Engineering (Facility Design):		
Land Surveying & Mapping:			Software Design/Programming:		
Wetlands, Riparian, Stream & Wildlife Consulting:			Construction/Project Management (Agency):		
Green Building Consulting:			Other:		
<b>Total All Consulting Services Revenues:</b>					

### GENERAL INFORMATION:

<b>Contracts:</b>	
Do you require a written contract for all jobs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you use a standard indemnity limitation wording in your contracts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all of your contracts reviewed by internal or external counsel?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Subcontractors:</b>	
Are all subcontractors hired under a written agreement/contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require all subcontractors to add you as an Additional Insured to their Policy:	<input type="checkbox"/> YES <input type="checkbox"/> NO
What are the minimum limits of insurance you require from your subcontractors?	

<b>Quality Control:</b>	
Does the insured have an in-house Quality Control program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured have an in-house training and continuing education program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the firm utilize and adhere to ASTM Audit & Assessment protocols, guidelines and best business practices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the firm provide specific training for asbestos, lead or mold abatement procedures, or personal protective equipment, to its employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Mold/Microbial Matter:</b>	<input type="checkbox"/> <i>Does Not Apply</i>
<b>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?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the insured utilize a written protocol for water leaks, intrusion or mold issues at project sites?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the insured utilize a written protocol for handling mold reports or complaints?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are all project materials inspected visually for the presence of mold or moisture?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the insured utilize a disclaimer or limitation of liability in their contracts for mold?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowingly and with intent to injure, defraud, or deceive 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 criminal and civil penalties and confinement in prison.

**FRAUD WARNING: ARIZONA**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**FRAUD WARNING: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

**FRAUD WARNING: NEW HAMPSHIRE**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**FRAUD WARNING: NEW YORK**

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 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.

**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.**

***I hereby certify to the truth of the foregoing and that I am authorized to execute the above warranty and representation on behalf of the applicant.***

<b>SIGNATURE OF OWNER OR OFFICER OF APPLICANT:</b>	
<b>PRINTED NAME &amp; TITLE OF SIGNATORY:</b>	
<b>DATE OF SIGNATURE:</b>	