



## 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 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 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						
Mold 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:	
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:		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:**

Class:	Revenues:	% Subcontracted:	Class:	Revenues:	% Subcontracted:
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:			Liner/Barrier Installation (retention ponds, landfills, etc):		
PCB Removal:			Emergency Response, Haz-Mat Cleanup (incl. crime scenes)		
Labpack, Medical Wastes, Drum Handling:			Soil Remediation (sub-surface or in-situ):		
Groundwater Remediation (including Monitoring):			Remedial Dredging:		
Petroleum Contaminated Soil Excavation & Hauling:			Other Contaminated Soil Excavation & Hauling:		
Environmental Drilling:			Environmental Sample Collection:		
Carpentry & Framing:			Plumbing:		
Concrete & Masonry:			Electrical:		
HVAC & Mechanical:			Interior Demolition (under 3-stories):		
Fire/Water Restoration & Water Extraction:			Pesticide, Herbicide, Fungicide or other Chemical Application:		
Drilling (Oil, Gas, Water, Utilities, etc):			Insulation:		
Excavation/Grading & Associated Hauling:			Pipeline Cleaning, Maintenance or Installation:		
Industrial Cleaning:			Painting:		
Utility Contracting:			Roofing:		
Street & Road:			Metal Erection:		
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 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 & Remedial System Design:		
Phase III Assessments:			Storage Tank Testing:		
Waste Arranging & Brokering:			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:			Software Design/Programming:		
Wetlands & Riparian Consulting:			Construction/Project Management (Agency):		
<b>Total All Consulting Services Revenues:</b>					

#### **GENERAL INFORMATION:**

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

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

<b>Quality Control:</b>	
<b>Does the insured have an in-house quality control program?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the insured have an in-house training and continuing education program?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the firm utilize ASTM1527 Audit/Assessment protocols?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Does the firm provide specific training for asbestos, lead or mold abatement to its employees?</b>	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured utilize a written protocol for water leaks, intrusion or mold issues at project sites?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured utilize a written protocol for handling mold reports or complaints?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all project materials inspected visually for the presence of mold or moisture?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured utilize a disclaimer or limitation of liability in their contracts for mold?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**FRAUD WARNING: APPLICABLE 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 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.

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.***

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

<b>AGENT/BROKERAGE:</b>	
<b>LICENSE NUMBER:</b>	
<b>ADDRESS OF AGENCY/BROKERAGE:</b>	
<b>CONTACT PERSON &amp; TELEPHONE:</b>	