



## CONTRACTORS AND CONSULTANTS APPLICATION

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

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

1. Most recent audited financial statement.
2. Five years of currently valued loss runs including general liability, pollution, and professional, if applicable.
3. Copies of all relevant licenses, certification, resume, and/or qualifications.

I. APPLICANT INFORMATION		
Named Insured:		
Address:		
City:	State:	Zip Code:
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other Specify		
Website/Social Media:		
Year Company Established:		

II. REQUESTED COVERAGE	
Effective Date:	Expiration Date:
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal	
<input type="checkbox"/> Practice Policy <input type="checkbox"/> Project Policy (if project please provide a copy of the contract)	
<input type="checkbox"/> General Liability	Limits of Insurance: Each: Aggregate:
<input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made      Retroactive Date:	Limits of Insurance: Each: Aggregate:
<input type="checkbox"/> Professional Liability      Retroactive Date:	Limits of Insurance: Each: Aggregate:
Please list any other in-force retroactive dates or requested coverages and endorsements:	

III. GROSS RECEIPTS	
Estimated Next 12 Months	
First Prior Year	
Second Prior Year	
Third Prior Year	

Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

ENVIRONMENTAL CONTRACTING		
Please provide projected gross receipts for the next 12 months derived from each class of operations <b>including all subcontracted work</b> . List services not described below under "Other" (please be specific):		
<b>Operations</b>	<b>Projected Revenue</b>	<b>% Subcontracted</b>
Above Ground Storage Tank Installation/Removal/Maintenance		
Air Duct Cleaning		
Asbestos Abatement – Commercial		
Asbestos Abatement – Residential		

BioRemediation		
Drilling – Environmental		
Emergency Response		
Fire/Water Restoration		
Fire/Water Restoration Associated Build-Back		
Hazardous Materials Packing/Transport		
Landfill Contracting		
Lead Abatement – Commercial		
Lead Abatement – Residential		
Medical Waste Pickup/Transport		
Mold Abatement – Commercial		
Mold Abatement – Residential		
PCB Remediation		
Septic System Installation/Maintenance		
Soil Removal/Remediation		
Underground Storage Tank Installation/Removal/Maintenance		
Waste Treatment		
Wastewater Treatment System Installation/Maintenance		
Wetlands Contracting		
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>TOTAL:</b>		
<b>NON ENVIRONMENTAL CONTRACTING</b>		
<b>Operations</b>	<b>Projected Revenue</b>	<b>% Subcontracted</b>
Carpentry		
Carpet Cleaning		
Demolition – Interior Remodel		
Demolition – Exterior		
Drilling – Non Environmental		
Electrical		
General Contractor		
Grading Contractor		
Industrial Cleaning		
Janitorial		
Painting		
Paving/Site Prep		
Pipeline Installation		
Plumbing		
Roofing		
Street and Road		
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>TOTAL:</b>		
<b>CONSULTING</b>		
<b>Operations</b>	<b>Projected Revenue</b>	<b>% Subcontracted</b>
Air Monitoring		
Analytical Laboratories		
Asbestos/Lead Consulting		
Civil Engineering		
Environmental Compliance/Permitting		
Environmental Impact Studies		
Expert Witness		

Geotechnical		
Hydrogeological Investigations		
IICRC S500/S520 Consulting		
Indoor Air Quality		
Industrial Hygiene		
Mold Consulting		
Phase I Environmental Assessments		
Phase II/Remedial Action Plans		
Project Management		
Safety Training		
Underground Storage Tank Testing		
Waste Brokering		
Wastewater Treatment System Design		
Wetlands Consulting		
Other (Specify)		
Other (Specify)		
Other (Specify)		
<b>TOTAL:</b>		

IV. SUBCONTRACTED OPERATIONS		
4.1	Are all subcontractors licensed and accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Does the Applicant collect certificates of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Are all subcontractors required to named the Applicant as an additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Does the Applicant utilize hold harmless agreements and/or limitation of liability language in their standard written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Does the Applicant require subcontractors to carry General Liability insurance with minimum limits of \$1,000,000 Each Occurrence/\$2,000,000 Policy Aggregate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. GENERAL INFORMATION		
5.1	What percentage of the Applicant's operations are related to: Residential: Commercial: Industrial: Government: Other (describe):	
5.2	Please list all states where the Applicant performs operations:	
5.3	Please provide the number of personnel employed in each role (account for each person only once) Architect, Engineer, Scientist: Supervisor, Foreman: Draftsmen, Technician: Laborer: Other (describe):	
5.4	Does the Applicant provide the customer with a detailed scope of services and require the customer to sign-off/approve work upon completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	Does the Applicant share employees, operations, clients, or any other comingling with any other business entity? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.6	Is the Applicant, or any affiliated entity, currently involved in any litigation, administrative, or arbitration proceedings or subject to any court or agency order or injunction? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	Is the Applicant a successor of any other business? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8	Has the Applicant, or any affiliated entity, ever been the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceedings? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### VI. PRIOR CARRIER INFORMATION (past three years)

Coverage	Carrier	Limits	Deductible	Revenue	Premium

#### VII. CLAIMS INFORMATION

7.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor or staff member of any proposed insured, in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Has the Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against the Applicant or any proposed insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Has any policy or coverage listed been declined, cancelled and/or non-renewed during the prior five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the Applicant responded "Yes" to any of the above questions, please provide details in the below space or as an attachment to this application:



**REPRESENTATIONS AND SIGNATURE**

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.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

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

This application must be signed by an authorized partner, officer, or other principal of Applicant.

\_\_\_\_\_  
**Signature of Authorized Representative of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Type/Print Name of Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Producer Signature**

\_\_\_\_\_  
**Date**