



ENVIRONMENTAL SERVICE PROVIDERS APPLICATION

APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	WEB ADDRESS	
Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER		
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION: 1) Qualifications of key personnel including resumes, brochures and a listing of previous projects. 2) Most recent income statement and balance sheet. 3) Five years of currently valued loss runs for all lines of coverage. 4) Completed Acord applications.		
COVERAGE REQUESTED: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business	PROPOSED EFFECTIVE DATE:	
LIMITS OF LIABILITY & DEDUCTIBLE	Limits Requested: Deductible Requested:	
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form Retroactive date ___/___/___
CONTRACTOR'S POLLUTION LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form Retroactive date ___/___/___
PROFESSIONAL LIABILITY	Claims Made Form only Retroactive date ___/___/___	
SITE POLLUTION LIABILITY	Claims Made Form only Retroactive date ___/___/___	
Company History		
Date Established:		
Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):		
Do you share employees (if yes, explain)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Liability Carrier Information		
Commercial General Liability	Contractors Pollution Liability	Professional Liability
None: _____	None: _____	None: _____
Occurrence Claims Made	Occurrence Claims Made	Occurrence Claims Made
Carrier _____	Carrier _____	Carrier _____
Limit of Liability _____	Limit of Liability _____	Limit of Liability _____
Deductible _____	Deductible _____	Deductible _____
Premium _____	Premium _____	Premium _____
Expiration Date _____	Expiration Date _____	Expiration Date _____
Retroactive Date _____	Retroactive Date _____	Retroactive Date _____
Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of has a liability policy issued to any of the aforementioned ever been cancelled at the instigation of any premium finance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)		

Staff: Specify the total number of staff as follows

- | | | | |
|--|-------|---|-------|
| a. Architects or Environmental Engineers | _____ | e. Draftsmen, Technicians, Inspectors, Surveyors: | _____ |
| b. General Engineers other than above | _____ | f. Clerical and Accounting Employees: | _____ |
| c. Geologists or Hydrogeologists | _____ | g. Administrative Management: | _____ |
| d. Industrial Hygienists, Toxicologists, CIHs or CSPs Project Managers | _____ | h. Other: _____ | _____ |
| | | Total: | _____ |
| | | i. Number of Principals (included in listing above) | _____ |

Please attach all key person's resumes, certifications and licenses.

Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele. The total must equal 100%

- | | | | |
|-------------------------|---------|------------------|---------|
| a. Commercial | _____ % | f. Industrial | _____ % |
| b. Contractors | _____ % | g. Institutional | _____ % |
| c. Design Professionals | _____ % | h. Utilities | _____ % |
| d. Developers | _____ % | i. Habitational | _____ % |
| e. Governmental | _____ % | j. Other: _____ | _____ % |

Business Practices

Does the Applicant use a standard written contract with its clients: Yes No (If yes, please answer the following & forward a copy of your standard contract)

a. Does the form contain a limitation of liability clause? Yes No (If yes, to what extent is liability limited?) _____

b. Does the form contain any of the following:

- | | |
|---|---|
| _____ Hold Harmless Clause | _____ Right of Entry Clause |
| _____ Undiscovered Hazardous Materials Clause | _____ Limitation of Consequential Damages |
| _____ Subsurface Structure Clause | _____ Ownership of Documents Clause |
| _____ Detailed Scope of Services | |

c. What percentage of your projects are contracted using:

- | | |
|----------------------------------|---------|
| The Applicants standard contract | _____ % |
| A letter of agreement | _____ % |
| A client's contract form | _____ % |
| Verbal agreement | _____ % |
| Other: _____ | _____ % |

Are subconsultants and subcontractors hired under a written, standard subcontract?

- Yes No (Please attach a copy)

Describe the minimum insurance requirements:

- | | |
|---------------------------------------|----------|
| General Liability | \$ _____ |
| Professional Liability | \$ _____ |
| Contractors Pollution Legal Liability | \$ _____ |

How are non-standard client and/or subcontract agreements reviewed?

- | | |
|---|--|
| <input type="checkbox"/> Attorney: Outside | <input type="checkbox"/> Agent Reviews |
| <input type="checkbox"/> Attorney: In-house | <input type="checkbox"/> Staff |

If staff are used, please describe who and what authority level they have for your firm:

Does your firm have written, in-house quality control procedures? Yes No

- a. Who is responsible at your firm for educating staff members and updating procedures?

Does your firm have written, in-house health and safety procedures? (If yes, please forward the table of contents) Yes No

- a. Who is responsible at your firm for educating staff members and updating the procedures?

Business Practices - continued

Does your firm have an in-house continuing education program? (If yes, please describe) Yes No

If no, please describe how your professional receives continuing education / training:

List professional society memberships:

AIA ACEC ASCE ASLA ASME DBIA NSPE Other (specify):

Revenue History:

Please forward audited financial statements for the last three years. Enter firm's gross receipts for the last three years below:

Fiscal Year Period: _____ to _____

\$ _____ Estimated receipts for the upcoming year

\$ _____ 1st prior year's receipts

\$ _____ 2nd prior year's receipts

What percentage of estimated receipts is subcontracted to others _____% (describe services below)

Detail geographical extent of operations: % Domestic: _____ % Foreign _____

Please provide geographical locations of all foreign projects:

Please provide percentage of gross revenue derived from the following operations:

Contracting

Above Ground Storage Tanks Installation	_____ %	Maintenance / Janitorial	_____ %
Sampling	_____ %	Fencing	_____ %
Labpacking / Drum Handling	_____ %	Soil excavation/grading	_____ %
Industrial Cleaning	_____ %	Pipeline Installation	_____ %
Tank Cleaning	_____ %	Mechanical construction	_____ %
Soil Excavation - petroleum	_____ %	Interior Demolition	_____ %
Thermal Treatment	_____ %	Bridge Construction	_____ %
Underground Storage Tank Testing	_____ %	Road Construction	_____ %
Underground Storage Tank Removal	_____ %	Paving	_____ %
Drilling	_____ %	Drilling (not oil and gas production)	_____ %
Emergency Response	_____ %	Metal Erection	_____ %
Bioremediation	_____ %	Rigging / Stevedoring	_____ %
Soil remediation	_____ %	Street Cleaning	_____ %
Soil excavation - other than petroleum	_____ %	Explosive Demolition	_____ %
Asbestos Abatement	_____ %	Dismantling	_____ %
Lead Abatement	_____ %	Roofing – Commercial	_____ %
Hazardous Waste Cleanup	_____ %	Roofing – Residential	_____ %
Underground Storage Tank Installation	_____ %	Pile Driving	_____ %
Mold Remediation	_____ %	Painting	_____ %
Plumbing – Commercial	_____ %	Dredging	_____ %
Plumbing – Residential	_____ %	Tunneling	_____ %
Electrical	_____ %	Pesticide / Herbicide Application	_____ %
Carpentry	_____ %	Other (please describe)	_____ %
Concrete	_____ %		

Professional Services

Regulatory Compliance / Permitting	_____ %	Remedial Design	_____ %
Industrial Hygiene / Health & Safety	_____ %	Hydrogeological Investigations	_____ %
Phase II & III Environmental Assessment	_____ %	Underground Storage Tank Testing	_____ %
General Consulting	_____ %	Phase I Environmental Assessments	_____ %
Project Management	_____ %	Mold evaluation	_____ %
Training	_____ %	Geotechnical Engineering	_____ %
Analytical Laboratories	_____ %	Civil Engineering	_____ %
Lead & Asbestos Consulting	_____ %	Process Engineering	_____ %
Remediation Oversight	_____ %	Other (please describe)	_____ %

Asbestos

Has your firm or any predecessor firm installed, distributed, or manufactured asbestos containing products? Yes No

If yes, please provide details on a separate sheet of paper (include dates, company names, products and/or services provided)

Claims, Circumstances, Incidents & Loss History

Has any claim, suit, or notice of incident been made against:

Your firm:

Predecessor firm:

Entities your firm wholly or partly owns, manages or controls; or any member of your firm or of the above entities? (If yes, please provide details) Yes No

- Date when claim, suit or notice was made
- Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
- Name of the claimant
- Nature of the claim, suit or notice
- Amount of the initial demand
- Maximum amount of reserves established
- Final disposition (including amount of settlement payment)

Is any member of your firm, predecessor firm or any entity your firm wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident/occurrence against them? Yes No

If yes, please provide full details on the same basis as the above requirements (use additional paper if necessary)

Has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities? Yes No

If yes, please provide details (use additional paper if necessary)

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
2	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
3	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
4	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
5	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
6	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
7	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue		Project Completion Date:
8	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue:		Project Completion Date:
9	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue:		Project Completion Date:
10	Project Name/Client	
Services Provided:		
Value of Completed Project Gross Revenue:		Project Completion Date: