



ENVIRONMENTAL APPLICATION CONTRACTORS & CONSULTANTS

SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT:			DATE:		
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
TELEPHONE:		WEB ADDRESS:			
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER
PROVIDE BRIEF DESCRIPTION OF OPERATIONS:					

SECTION II: COVERAGE REQUESTED

<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made					
<input type="checkbox"/> Contractors Pollution Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	<input type="checkbox"/> Mold Retro:	Mold Retro:
<input type="checkbox"/> Professional Liability		Claims Made Form Only		<input type="checkbox"/> Mold Retro:	Mold Retro:
<input type="checkbox"/> Transportation Pollution Liability					
<input type="checkbox"/> Site Pollution Liability				Retro:	
Do you need any additional coverage's (e.g. Crawford, Alacrity, TPL Endorsement):					
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED (Occurrence/ Aggregate)		Deductible Requested:		
	\$ / \$		\$		

SECTION III: COMPANY INFORMATION

1. Does the applicant have <input type="checkbox"/> Parent Company <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Other related entities, if yes please explain:		
2. Date Established:	3. Do you Share Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
4. Number of Directors/ Officers:	5. Number of Other Key Personnel:	6. Total Personnel:
7. Do you or any employee have at least of 3 years' experience in the field in which you operate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, then please submit Resume of key personnel.		

SECTION IV: SUPPLEMENTAL COVERAGES

1. Do You Transport Laboratory Samples?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A. Do You Store Laboratory Samples?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Handle The Disposal Of Laboratory Samples?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Do you transport products or materials for others for hire?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A. Do you transport products and materials only used in your operations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Do you Store Hazmat at your location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A. Do you generate Hazmat at your location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section V: Gross Receipts

Estimated Gross Revenue for the next 12 months:		New Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 st Prior Year:	2 nd Prior Year:	3 rd Prior Year:

Section VI: Environmental Service Revenue (*) Indicates The Need For A Supplemental Application

Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Asbestos Abatement		Environmental Trucking (Hazardous)		PCB Contractors	
Lead Abatement		Emergency/Spill Response (Rolling stock)		Radon Mitigation	
Mold Abatement		Environmental Trucking (Non- Hazardous)		*Recycling	
Air Duct Cleaning		Fuel System Contracting		Renewable Energy	
Bio Remediation		Ground Water Remediation		Soil Remediation Contractors	
Debris Removal		Indoor Air Quality		Soil Removal	
Debris Removal (Hazardous)		Landfill Construction		*UST/AST Contractors	
Drilling (Environmental)		Liquid Waste Management and Treatment		Waste Water Facility Operators	
EFIS		*Livestock Waste Contractors		Water Extraction – Drying	
Erosion Control		Crime Scene Cleanup		Wetland Restoration & Construction	
Emergency/Spill Response (Fire & Water)		Fire & Water Damage Restoration		Other (Specify)	
Subtotal					

Environmental Consulting / Professional Service Revenue

Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Analytical Laboratories (not mold)		Environmental Regulatory & Compliance		Mold Project Design/Supervision	
Mold Analytical Laboratories		Remediation Project Design/Supervision		Radon Testing	
Air Monitoring		Environmental Sampling		Renewable Energy Consulting	
Audits, Assessments (Phase I & II Surveys)		Environmental Training Providers		UST Consulting and Testing	
Expert Witness & Litigation Support		Geotechnical/Geophysical Consulting		Wetlands Delineations	
Environmental Feasibility Studies		Hazardous Material Consulting		Wetlands Project Design/Consulting	
Environmental Impact Studies		Health and Safety Training		Wildlife Impact Studies	
Environmental Investigations/Studies		Industrial Hygiene Consulting		Other (Specify)	
Environmental Manual Preparations		Mold Air Monitoring & Inspections		Other (Specify)	
Permitting & Compliance		Mold Post Remediation Sampling		Other (Specify)	
Subtotal:					

Non Environmental Service Revenue					
Operations	Projected Revenue	Operations	Projected Revenue	Operations	Projected Revenue
Appliance Installation		Gas Mains or Connections		Pile Driving	
Bridge or Elevated Highway Construction		General Contracting		Plastering or Stucco (No EIFS)	
Carpentry		Glass Dealers & Glaziers – < 3 Stories In Height		Plumbing	
Carpet, Rug, Furniture or Upholstery Cleaning		Glass Dealers & Glaziers – > 3 Stories In Height		Refrigeration Systems or Equipment	
Concrete – Foundation		Grading of Land		Roofing	
Dredging		HVAC		Salvage Operations	
Drilling (Not Oil/Gas)		Industrial Cleaners, Maintenance		Sewer Mains or Connections	
Driveway, Parking Area or Sidewalk -Paving Or Repaving		Insulation Work – (ALL)		Street Cleaning	
Drywall or Wallboard Installation		Interior Demolition / by hand		Trucking	
Electrical		Landscaping / Landscape Gardening		Utility Contracting - Cable, Telephone	
Equipment Sales		Machinery & Equipment (Inst, Service & Repair)		Waterproofing	
Excavation		Maintenance/janitorial		Water Mains or Connections Construction	
Exterior Demolition		Masonry (No EIFS)		Weatherproofing	
Fencing		Metal Erection		Welding or Cutting (No Oil/Gas Pipeline)	
Fire & Water Damage Reconstruction		Millwright / Welders		Exterior Demolition of 1 & 2 Story buildings	
Floor Covering Installation		Painting – Exterior		Other (Specify)	
Framing		Painting – Interior		Other (Specify)	
Subtotal:					

SECTION VII: CURRENT/PRIOR LIABILITY CARRIER INFORMATION						
COVERAGES	CARRIER	LIMITS	DEDUCTIBLE	MOLD	RETRO	PREMIUM
<input type="checkbox"/> General Liability						
<input type="checkbox"/> CPL				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Professional Liability				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> TPL						
<input type="checkbox"/> Site Pollution						
<input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
PREMIUM						

Section VIII : Subcontracted Operations

1. Do you subcontract any work to others? Yes No If Yes, please specify the percentage:

2. What percentage of your subcontracted work is performed by contractors hired under a standard written contract? **Please attach contract used**

Please describe the minimum insurance requirements held by your subcontractors/consultants:

General Liability:		Contractors Pollution		Professional Liability	
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Section IX: Claims Information

1. Are you aware of any claims, both closed and opened, that have been made previously against the insured? Yes No If yes, please provide additional information below.

2. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain:

3.	Number of Claims	Total Incurred / Reserved	Please provide explanation of incident
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase terrorism coverage for certified acts of terrorism.

I hereby decline to purchase terrorism coverage for certified acts of terrorism.

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

It is agreed that:

1.The following definition is added to all coverage parts:

Application means the EEUM application or proposal that was signed and dated on behalf of the Named Insured or Insureds as of date indicated below.

2.The following Condition is added to the Common Policy Conditions, SSI-EE-COM-02 (03-16) and applicable to all coverage parts:

It is further agreed that all Insureds declare that the statements set forth in the Application are their statements and that thorough efforts have been made to obtain sufficient information from all Insureds in order to facilitate proper and accurate completion of the Application. All Insureds represent that the statements and representations contained in the Application are true and accurate and shall be deemed material to the acceptance of the risk and the Policy was issued in reliance upon the truth and accuracy of such statements and representations. It is agreed by all Insureds the Application has been completed as respects all Insureds and that if any significant change in the condition of any Insured was discovered, between the date the Application was signed and the effective date of the Policy which would render the information in the Application inaccurate or incomplete, any such information was immediately reported in writing to the Insurer. All Insureds agree the Application shall be maintained on file with the Insurer and shall be deemed to be attached to the Policy as if physically attached.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

(Signature)

(Title) _____

(Date) _____