



ENVIRONMENTAL APPLICATION

CONTRACTORS POLLUTION LIABILITY

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
SECTION II: COVERAGE REQUESTED			
Do you need any additional coverage's (e.g. Crawford, Alacrity, TPL Endorsement):			
Proposed Effective Date:	Limits Requested (Occurrence/ Aggregate) /	Deductible Requested:	
Mold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Retro (if any):	Expiring Premium:	
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. Provide Brief Description of Operations:			
8. 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 products or materials for others for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
2. 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 materials at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
4. Do you generate Hazmat materials at your location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Section VIII : Subcontracted Operations			
1. Do you subcontract any work to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the percentage:			
2. What percentage of your subcontracted work is performed by contractors hired under a standard written contract?			
3. Please describe the minimum insurance requirements held by your subcontractors/consultants:			
General Liability:		Contractors Pollution	
4. Does your standard written contract with your subcontractors/ independent contractors contain? <input type="checkbox"/> Requirement that you be named as an Additional Insured on their CGL Policy? <input type="checkbox"/> Requirement that you be named as a Waiver of Subrogation on their CGL Policy? <input type="checkbox"/> Detailed Scope of Services Clause? <input type="checkbox"/> Hold Harmless & Indemnification Clause in your favor?			
5. Does your firm collect Certificates of Insurance from all Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Do you require proof of Workers Compensation Coverage from all Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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
Air Duct Cleaning		Floor Covering Installation		PCB Contractors	
Appliance Installation		Framing		Pile Driving	
Asbestos Abatement		Fuel System Contracting		Plastering or Stucco (No EIFS)	
Bio Remediation		Gas Mains or Connections		Plumbing	
Bridge or Elevated Highway Construction		General Contracting		Radon Mitigation	
Carpentry		Glass Dealers & Glaziers– < 3 Stories In Height		Recycling *	
Carpet, Rug, Furniture or Upholstery Cleaning		Glass Dealers & Glaziers – > 3 Stories In Height		Refrigeration Systems or Equipment	
Concrete – Foundation		Grading of Land		Renewable Energy	
Crime Scene Cleanup		Ground Water Remediation		Rolling stock)	
Debris Removal		HVAC		Roofing	
Debris Removal (Hazardous)		Indoor Air Quality		Salvage Operations	
Dredging		Industrial Cleaners, Maintenance		Sewer Mains or Connections	
Drilling (Environmental)		Inst, Service & Repair)		Soil Remediation Contractors	
Drilling (Not Oil/Gas)		Insulation Work – (ALL)		Soil Removal	
Driveway, Parking Area or Sidewalk		Interior Demolition / by hand		Street Cleaning	
Drywall or Wallboard Installation		Landfill Construction		Trucking	
EFIS		Landscaping / Landscape Gardening		UST/AST Contractors *	
Electrical		Lead Abatement		Utility Contracting - Cable, Telephone	
Emergency/Spill Response		Liquid Waste Management and Treatment		Waste Contractors	
Emergency/Spill Response (Fire & Water)		Livestock Waste Applicators *		Waste Water Facility Operators	
Environmental Trucking (Hazardous)		Machinery & Equipment		Water Extraction – Drying	
Environmental Trucking (Non- Hazardous)		Maintenance/janitorial		Water Mains or Connections Construction	
Equipment Sales		Masonry (No EIFS)		Waterproofing	
Erosion Control		Metal Erection		Weatherproofing	
Excavation		Millwright / Welders		Welding or Cutting (No Oil/Gas Pipeline)	
Exterior Demolition		Mold Abatement		Wetland Restoration & Construction	
Exterior Demolition of 1 & 2 Story buildings		Painting – Exterior		Other (Specify)	
Fencing		Painting – Interior		Other (Specify)	
Fire & Water Damage Restoration		Paving or Repaving		Subtotal:	

Section IX: Claims Information

1. Are you aware of any claims, both closed and opened, that have been made previously against you in the past 3 years? Yes No If yes, please provide additional information below.

A. Did Any of these claims involve Mold? Yes No

B. Did any of these claims involve water intrusion or leakage into any building or Structure? Yes No

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) _____