



ace westchester

RESTORATION CONTRACTORS POLLUTION LIABILITY

APPLICATION

SECTION I: APPLICANT			
NAME OF APPLICANT			DATE
ADDRESS			
CITY		STATE	ZIP-CODE
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 _____			
<b>PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:</b>			
1. Statement of Qualifications (SOQ) including resumes and evidence of training for Mold and/or Water Intrusion.			
2. Two most recent years' income statement and balance sheet.			
3. Three years of currently valued loss runs for both General Liability and Pollution Liability.			
4. Recent Project Descriptions – (See page six of this application)			
5. Sample of standard client and subcontractor's contract forms.			
SECTION II: COVERAGES REQUESTED <input type="checkbox"/> General Liability <input type="checkbox"/> Contractors Pollution Liability			
Proposed Effective Date:	Limits:	Deductible : GL: \$ _____ CPL:\$ _____	Retroactive Date:
1. Is this coverage being requested for only one specific project? If yes, complete Project Specific Addendum			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Applicant want coverage for mold? If yes, provide evidence of retroactive date, if any. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION III: GENERAL INFORMATION			
1. Date applicant was established: _____ How long has applicant performed restoration services: _____			
2. Applicant is an industry group member of: _____ Applicant is a franchise member of: _____ Applicant is neither of the above: <input type="checkbox"/>			
3. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities If yes, explain:			
5. Do you share employees? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. List the State(s) in which your work is performed:			
7. List entities that have specific General Liability or Contractors Pollution Liability Insurance requirements and/or require to be named as Additional Insured: <input type="checkbox"/> Alacrity Services, LLC <input type="checkbox"/> Crawford Contractor Connection <input type="checkbox"/> Other: _____ <input type="checkbox"/> SERVPRO Declined National Accounts <input type="checkbox"/> SERVPRO National Accounts <input type="checkbox"/> SERVPRO Select National Accounts			
8. List any changes that have occurred during the past year in management or in types of services provided:			

ACE Westchester - Environmental Division

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WSGENV-1415 (03-08)

**SECTION IV: CURRENT INSURANCE INFORMATION**

Coverage	Carrier	Limits	Premium	Retention	Effective Date	Retroactive Date
General Liability						
Contractors Pollution						
Business Auto						

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 or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? (If yes, provide details below)  Yes  No

**SECTION V: GROSS REVENUE**

\$ _____	<b>Estimated gross revenue for the next 12 months</b>	\$ _____	<b>1st prior year's revenue</b>
		\$ _____	<b>2nd prior year's revenue</b>

**SECTION VI: CONTRACTING OPERATIONS**

Services	Estimated Revenue For the Next 12 Months	Percent that will be Subcontracted
Air Duct Cleaning	\$	%
Appliance Installation	\$	%
Asbestos or Lead Abatement	\$	%
Carpentry or Framing	\$	%
Carpet and/or Upholstery Cleaning	\$	%
Concrete (Foundation)	\$	%
Concrete (Other)	\$	%
Construction Management	\$	%
Crime Scene Cleanup	\$	%
Debris Removal	\$	%
Demolition - Interior	\$	%
Demolition - Other	\$	%
Document Drying or Restoration	\$	%
Drug Lab Cleanup	\$	%
Drywall/Wallboard	\$	%
EIFS (Exterior Installation and Finish Systems)	\$	%
Electrical	\$	%
Emergency Response – Fire or Water	\$	%
Flooring	\$	%
General Contracting (Commercial)	\$	%
General Contracting (Residential)	\$	%
Glass and Window Installation or Repair	\$	%
Home Building	\$	%
HVAC and/or Mechanical Refrigeration	\$	%
Insulation	\$	%
Janitorial	\$	%
Masonry	\$	%
Mold Abatement (Commercial)	\$	%
Mold Abatement (Residential)	\$	%
Painting	\$	%
Plastering	\$	%
Plumbing (Commercial)	\$	%
Plumbing (Residential)	\$	%
Roofing	\$	%
Sewage Cleanup	\$	%
Stucco or Artificial Stucco	\$	%
Siding Installation	\$	%
Water Extraction and/or Drying (Commercial)	\$	%
Water Extraction and/or Drying (Residential)	\$	%
Waterproofing	\$	%
OTHER (specify)	\$	%
OTHER (specify)	\$	%
<b>Total Revenue for Contracting Services:</b>	\$	%

**Breakdown of Revenue by Project Classification** (Estimated Percentage for next 12 months)

Residential: \_\_\_\_\_ %  
Industrial: \_\_\_\_\_ %  
Commercial: \_\_\_\_\_ %

Hospitals/Nursing Homes: \_\_\_\_\_ %  
Schools/Educational: \_\_\_\_\_ %  
Other: \_\_\_\_\_ %

**SECTION VII: BUSINESS PRACTICES & SAFETY PROTOCOL**

1. Indicate the percentage of the Applicant's gross revenues generated from each type of client:

\_\_\_\_\_ % Insurance Companies  
\_\_\_\_\_ % Insurance Service Providers (such as Alacrity or Crawford)  
\_\_\_\_\_ % Government - Federal  
\_\_\_\_\_ % Government – State or Local  
\_\_\_\_\_ % Homebuilders  
\_\_\_\_\_ % Industrial  
\_\_\_\_\_ % Plumbers  
\_\_\_\_\_ % Other

2. What percentage of your operations is not directly associated with fire/water restoration? \_\_\_\_\_ %  
Please provide brief description of those services:

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

4. What percentage of your projects are contracted using:  
\_\_\_\_\_ % The applicants standard contract  
\_\_\_\_\_ % A letter of agreement  
\_\_\_\_\_ % A client's contract form  
\_\_\_\_\_ % Verbal agreement  
\_\_\_\_\_ % Other \_\_\_\_\_

5. Does the Applicant's Standard Contract contain a limitation of liability clause?  Yes  No  
If Yes, to what extent is liability limited?

6. What percentage of your subcontractors is hired under a written, standard subcontract? \_\_\_\_\_ %  
(Attach a copy of the standard subcontract)

7. Describe the minimum insurance requirements for subcontractors:  
General Liability \$ \_\_\_\_\_  
Contractors Pollution Liability \$ \_\_\_\_\_

8. Do you require your subcontractors to name you as an additional insured on their policy?  Yes  No

9. Do you collect Certificates of Insurance from all subcontractors?  Yes  No

**SECTION VIII: CLAIMS HISTORY**

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies?  Yes  No  
If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary)

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them?  Yes  No  
If yes, please provide details:

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities?  Yes  No  
If yes, please provide details:

**CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED**

**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. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.**

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

\_\_\_\_\_  
Signature of Authorized Applicant

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required By Law)



## Recent Project Description

1	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
2	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
3	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
4	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
5	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
6	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
7	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
8	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:



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# Project Specific Coverage Addendum

For Restoration Contractors Pollution Liability

PROJECT INFORMATION		
Project / Contract Number:		
Project Address:		
City:	State:	Zip:
Estimated Start Date:	Estimated Completion Date:	
Will the Applicant be acting as a General Contractor or Subcontractor:		
Limits Requested:	Retention Requested:	
Project Scope of Work:		
OWNER INFORMATION		
Project Owner:		
Address:		
City:	State:	Zip:
List any other Additional Insured Request and their interest in the project or Other Endorsement Requests:		