

# ENVIRONMENTAL SERVICES APPLICATION

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

## APPLICANT INFORMATION

Name:		Date:
Address:		
City:	State:	Zip Code:
Email Address:		Telephone #:
Website:		Primary Contact Name:

## SECTION I. General Information

Space is supplied for providing additional information in Section V.

**Specify the year that the Applicant initially commenced operations:**

What are the Applicant's total gross receipts for each of the last 3 years?

Estimated Revenues: \$                      1st Preceding Year: \$                      2<sup>nd</sup> Preceding Year: \$

The Applicant is:     Corporation     Sole Proprietor     Partnership     Joint Venture     LLC     Other (Please Identify)

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant a successor of any other business? <b>If YES, list predecessor entities in Section V.</b>	<input type="checkbox"/>	<input type="checkbox"/>	Is work done through or by any affiliated or related company(s)? <b>If YES, provide details in Section V.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? <b>If YES, provide details in Section V.</b>	<input type="checkbox"/>	<input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? <b>If YES, provide details in Section V.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Is the Applicant applying for project specific coverage? <b>If YES, provide Project Name and Location in Section V.</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant directly or indirectly perform non-environmental work on residential properties?
<input type="checkbox"/>	<input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? <b>If YES, describe in Section V.</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant perform operations in New York State? <b>If YES, What % of total operations are performed in New York State?</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Are more than 50% of the Applicant's services subcontracted?			

## SECTION II. Retention, Limit & Coverage

Effective Date: \_\_\_\_\_ Policy Term:  One Year     Other \_\_\_\_\_

Retention Type:     Self-Insured Retention     Deductible                      **Limits of Liability:**

Retention Amount:  \$2,500     \$5,000     \$10,000     \$25,000     Other \_\_\_\_\_                       \$1M/\$1M     \$1M/\$2M     \$2M/\$2M     Other \_\_\_\_\_

**SECTION II. Retention, Limit & Coverage**

New Business       Renewal

**Coverages:**

	Occurrence	Claims-Made	None	Retro Date
Commercial General Liability (CGL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):		<input type="checkbox"/>	<input type="checkbox"/>	_____
Pollution Legal Liability (Claims Made Only) – <b>must complete separate application for this coverage</b>				
<input type="checkbox"/> Third Party Pollution Liability				
<input type="checkbox"/> On-Site Clean Up				

**SECTION III. Prior Insurance Information**

	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Policy Type (CM; Occ; No Covg)			
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

**SECTION IV. Claims** **Space is supplied for providing additional information in Section V.**

Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?    Yes       No

	Total Incurred*	Number of Claims	Valuation Date	* Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				

For Claims Greater than \$5,000, **provide details**, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved in Section V. Additional Information.

Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought?    Yes     No     **If YES, provide full details in Section V below.**

**SECTION V. Additional Information** **Check here if this section does not apply.**

Please provide further descriptions below for questions above which request additional detail:

<b>Section I.</b> Successor of any other business?	
Litigation, administrative or arbitration, court or agency orders or Injunctions?	
Project Name and Location?	
Crime Conviction?	
Affiliated/Related Company(s)?	
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	

<b>SECTION V. Additional Information</b>		Check here if this section does not apply. <input type="checkbox"/>
<b>Please provide further descriptions below for questions above which request additional detail:</b>		
<b>Section IV.</b> Claims details?		
Claims greater than \$5,000?		
Potential Claims descriptions?		
<b>General</b> Additional Comments		

<b>SECTION VI. Safety &amp; Practices</b>	
<b>Copies of all of the below must be made available upon request.</b>	
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Company/Site specific Health & Safety Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have written Work Procedures for all services performed?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Hazardous Communication Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Respiratory Protection Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Medical Surveillance Program?

<b>SECTION VII. Subcontracted Services</b>	
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/> Are all subcontractors licensed and accredited?
<input type="checkbox"/>	<input type="checkbox"/> Are the subcontractors required to name the Applicant as an additional insured?
<input type="checkbox"/>	<input type="checkbox"/> Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?
What are the minimum limits the Applicant requires of subcontractors?	

<b>SECTION VIII. Contracting Services</b>		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Gross Receipts	% Subcontracted	
Asbestos Abatement Contractor:			
Commercial	\$		%
Residential	\$		%
Lead Abatement Contractor:			
Commercial	\$		%
Residential	\$		%
Environmental Contractor:			
Application of Mold Care	\$		%
Building Decontamination (excluding Mold, Mildew, Fungus)	\$		%
Cathodic Protection	\$		%
Drilling – Environmental	\$		%
Duct Cleaning	\$		%
Emergency Response	\$		%
Groundwater Remediation	\$		%
Haz Mat Packing/Pickup	\$		%
Hazardous Waste Facilities	\$		%
Landfill Operations	\$		%
Medical Waste Pickup	\$		%
Medical Waste Remediation	\$		%
PCB – Light Ballast Removal	\$		%
PCB – Removal/Remediation	\$		%
Phyto Remediation	\$		%
Radon Mitigation	\$		%
Recycling	\$		%

SECTION VIII. Contracting Services		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Gross Receipts	% Subcontracted	
Recycling Facilities	\$		%
Sampling (Sample collection)	\$		%
Septic System Installation	\$		%
Soil Remediation – Bioremediation	\$		%
Soil Remediation - Dig & Haul	\$		%
Soil Remediation - Soil Incineration	\$		%
Soil Remediation - Vapor Extraction	\$		%
Spill Clean-Up	\$		%
Superfund/Landfill Work	\$		%
Transfer Station Operations	\$		%
Vac Truck Services	\$		%
Waste Incineration	\$		%
Wastewater Services	\$		%
Wastewater Treatment Systems Installation/Maintenance	\$		%
Wetlands Contracting	\$		%
Other (please specify):	\$		%
Microbiological Decontamination - Commercial	\$		%
Microbiological Decontamination - Residential	\$		%
Underground Storage Tank Contractor:			
Service Station Work (pump maintenance, fire suppression, power supply)	\$		%
Storage Tank Cleaning	\$		%
Storage Tank Installation	\$		%
Storage Tank Removal	\$		%
Other (please specify):	\$		%
Fire / Water Restoration Contractor:			
Fire/Water Restoration	\$		%
Fire/Water Debris Removal	\$		%
Water Extracting/Drying	\$		%
Pack Outs	\$		%
Contents Cleaning and Restoration	\$		%
Crime Scene Cleanup	\$		%
Drug Lab Cleanup	\$		%
Carpet Cleaning	\$		%
Build-back - Restoration	\$		%
Other (please specify):	\$		%
General Contractor (Non-Environmental):			
Bulk Terminals	\$		%
Carpentry	\$		%
Concrete Construction	\$		%
Construction Debris Removal	\$		%
Demolition – Non-Structural (Interior Remodel)	\$		%
Demolition – Over Two Stories	\$		%
Demolition – Two or Less Stories	\$		%
Door & Window Installation (excl. Mold)	\$		%
Drilling – Non-Environmental	\$		%
EIFS & Stucco (excl. Mold)	\$		%
Electrical	\$		%
Excavation/Grading	\$		%
General Construction	\$		%
HVAC (excl. Mold)	\$		%
Industrial Cleaning	\$		%
Insulation	\$		%
Janitorial	\$		%
Painting	\$		%
Plumbing	\$		%
Remodeling	\$		%
Roofing – Commercial	\$		%
Roofing – Residential	\$		%
Septic System Installation	\$		%

<b>SECTION VIII. Contracting Services</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>	
<b>Contracting Services</b>	<b>Projected Gross Receipts</b>	<b>% Subcontracted</b>	
Service Station Construction and Maintenance	\$		%
Underground Utility Installation	\$		%
Utility Installation Services	\$		%
Waterproofing	\$		%
Weatherization Services	\$		%
Other (please specify):	\$		%
<b>Total Gross Receipts for Contracting Services:</b>	\$		

<b>SECTION IX. Storage Tank Installation &amp; Removal Information</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>
<b>YES</b>	<b>NO</b>	Approximately how many tanks will be installed over the next twelve (12) months? _____
<input type="checkbox"/>	<input type="checkbox"/>	
Is a leak detection system a part of all Installations? <b>If YES, give the types and percentages:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Are soil samples always taken and tested before excavation commences? <b>If No, when are the tests done and by whom?</b>

<b>SECTION X. Professional Services</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>	
<b>Professional Services</b>	<b>Projected Gross Receipts</b>	<b>% Subcontracted</b>	
Asbestos Assessments	\$		%
Brownfield Reclamation Consulting	\$		%
Cathodic Professional Consulting	\$		%
Consulting On Asbestos Abatement Projects	\$		%
Consulting On Drilling Projects	\$		%
Consulting On Landfill Projects	\$		%
Consulting On Lead Abatement Projects	\$		%
Consulting On Microbiological Decontamination Projects	\$		%
Consulting On Soil Remediation Projects	\$		%
Consulting On Storage Tank Projects	\$		%
Consulting On Superfund Projects	\$		%
Environmental Geotechnical / Geophysical Consulting (Excluding Geological Engineering, Geotechnique or Geophysics)	\$		%
Environmental Feasibility Studies	\$		%
Environmental Home Inspection	\$		%
Environmental Impact Studies	\$		%
Environmental Project Management	\$		%
Exhaust/Stack Air Testing	\$		%
Expert Witness	\$		%
Ground or Surface Water Monitoring	\$		%
Health and Safety Consulting	\$		%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$		%
Industrial Hygiene Services	\$		%
Lead Assessments	\$		%
Lab Packing	\$		%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$		%
Litigation Support	\$		%
Manual Preparation	\$		%
Microbial Screening	\$		%
Microbiological Assessments	\$		%
Microbiological Lab Analysis	\$		%
Phase I Environmental Site Assessments	\$		%
Phase II Sampling and Remedial Studies	\$		%
Phase III Remedial Project Design and Supervision	\$		%
Point Source of Moisture	\$		%
Property Inspections	\$		%
Radon Detection	\$		%
Radon Mitigation System Design	\$		%
Regulatory Consulting / Permitting	\$		%
S500/520 Std. Reference Guide	\$		%
Septic System Testing	\$		%
Soil Testing	\$		%
Storage Tank Replacement and Remedial Project Design Supervision	\$		%
Stormwater Monitoring	\$		%

SECTION X. Professional Services		Check here if this section does not apply. <input type="checkbox"/>	
Professional Services	Projected Gross Receipts	% Subcontracted	
Surveying	\$		%
Training Schools/Seminars (excluding Mold, Mildew or Fungus)	\$		%
Underground Storage Tank System Testing	\$		%
Waste Brokering Services	\$		%
Wastewater Testing	\$		%
Wastewater Treatment Facility Design	\$		%
Wetlands Consulting	\$		%
Wildlife Studies	\$		%
Other (please specify):	\$		%
<b>Total Gross Receipts for Professional Services:</b>	<b>\$</b>		

SECTION XI. Licensed/Accredited States		Check here if this section does not apply. <input type="checkbox"/>	
State	Licenses / Accreditation	Services	

**NOTICE TO APPLICANT-PLEASE READ CAREFULLY**

**FRAUD WARNINGS: 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.

**WARRANTY STATEMENT:**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify C&S Specialty Underwriters, LLC and the insurer of such changes, and C&S Specialty Underwriters, LLC and/or the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

**I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.**

\_\_\_\_\_  
**NAME OF APPLICANT**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**NAME OF PRODUCER**

\_\_\_\_\_  
**TITLE**

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

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