

**APPLICATION FOR CGL POLLUTION AND PROFESSIONAL LIABILITY INSURANCE**

If any of the insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis, claims are covered subject to the policy provisions only if they are first made against you and reported to the Company during the Policy Period. The Limits of Liability stated in the Policy for Pollution Liability and Consultants Professional Liability are reduced by Claim Expenses. If you have any questions about the coverage, please discuss them with your insurance broker or agent.

**Instructions**

1. Please complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
2. Application form must be signed and dated by an owner, partner or director/officer of your firm.
3. Additional information required for this submission:
  - Resumes of key personnel – If new venture
  - Licenses and certifications
  - Financial statements for last 1 year
  - Minimum of five years of loss history applicable to coverages requested
  - Sample Client and Subcontractor contract forms

**Coverage Requested:** \_\_\_\_\_ CGL – Occurrence Form or Claims Made?  
 (Please circle proposed choices) Contractors Pollution Liability - Occurrence Form or Claims Made?  
 Professional Liability (Claims Made only) Yes or No

**Proposed Limits:** \_\_\_\_\_ **Proposed Deductible(s):** \_\_\_\_\_

**Proposed Effective Date:** \_\_\_\_\_ **Proposed Retro Date:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Part I: APPLICANT**

1. Full Name of Entity(s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Web Address \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Company is:  Individual,  Partnership,  Corporation,  Joint Venture, or  Other, (Describe) \_\_\_\_\_

Years in business: \_\_\_\_\_ Years performing environmental services \_\_\_\_\_

FEIN# : \_\_\_\_\_ NAIC Code: \_\_\_\_\_

Has the name of the firm been changed, or has any other business been purchased or has any merger or consolidation taken place? Yes  No  If so, please detail changes in chronological order since inception \_\_\_\_\_

Does the firm have: Subsidiaries \_\_\_\_\_ A Parent Company \_\_\_\_\_ Other Related Entities \_\_\_\_\_  
If Yes, Describe: \_\_\_\_\_

2. Address of Any other Locations for Branch Offices or Subsidiaries:  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Please provide percentage of work performed in each state. Include foreign operations.

State:	Revenue%:
State:	Revenue%:
State:	Revenue%:
Foreign:	Revenue%:

4. Does any location include Operations with an environmental exposure on site?  YES  NO  
 If yes, attach description: (Landfill, storage, transfer site, etc.) **The pollution provided by this policy is limited to your work at a job site and not applicable to a location owned, occupied, rented, or loaned to you.**

5. Total Staff of Personnel of Applicant: \_\_\_\_\_

Break Out of Personnel:

Principals	_____	Supervisors / Foremen	_____
Engineers & Architects	_____	Field Personnel	_____
Geologist & Chemists	_____	Clerical, Technical	_____
All Other:	_____	(Describe)	_____

**Part II: COVERAGE & OPERATIONS**

**1. REVENUES:**

a. Total Revenue for previous three years:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

b. Total Revenue estimated for the next 12-month period: \$ \_\_\_\_\_

\*This figure should match the sum of the Total Contracting Revenue and the Total Consulting/Laboratory Revenue shown as sub-totals below.

2. List your estimated revenue for the next 12 months next to appropriate category below:

<b>ENVIRONMENTAL CONTRACTING</b>		<b>Est. Gross Revenue</b>	<b>% In House</b>	<b>Est. Payroll</b>
a.	Abatement-Asbestos			
b.	Abatement-Lead			
c.	Commercial – Mold Abatement			
d.	Residential – Mold Abatement			
e.	Barrier Liner Contracting			
f.	Bio Remediation			
g.	Building Decontamination (exc. Mold/Fungus)			
h.	Dredging			
i.	Drilling Environmental			
j.	Duct Cleaning			
k.	Emergency response/HazMat Cleanup			
l.	Fire/Water Restoration			
m.	Groundwater Remediation			
n.	HazMat Packing/Pickup			
o.	HazMat Treatment On-site			
p.	Mobile Soil Incineration			
q.	PCB Removal/Remediation			
r.	Soil Remediation			
s.	Spill Cleanup			
t.	Storage Tank Cleaning			
u.	Storage Tank Installation			
v.	Storage Tank Removal			
o.	Wetlands Contracting			
<b>GENERAL CONTRACTING – NON ENVIRONMENTAL</b>		<b>Est. Gross Revenue</b>	<b>% In House</b>	<b>Est. Payroll</b>
a.	Carpentry			
b.	Concrete Construction/Masonry			
c.	Construction Debris Removal			
d.	Demolition – Interior/Non-Structural			

e.	Demolition – Over 3 Stories			
f.	Demolition – 3 or Less Stories			
g.	Drilling – Non Environmental			
h.	Electrical			
i.	Excavation/Grading/Site Prep			
j.	General Construction/Contracting			
k.	HVAC/Mechanical Contracting			
l.	Industrial Cleaning			
m.	Insulation			
n.	Janitorial			
o.	Operation & Maintenance			
p.	Painting			
q.	Pipeline Work (cleaning & installation)			
r.	Plumbing			
s.	Roofing – Commercial			
t.	Roofing – Residential			
u.	Sandblasting/Hydroblasting			
v.	Sewer/Septic Services			
w.	Street & road Contracting			
x.	Waste Pickup/Hauling			
	<b>Total Contracting Revenue</b>			

<b>CONSULTING/ENVIRONMENTAL</b>		<b>Est. Gross Revenue</b>	<b>% In House</b>	<b>Est. Payroll</b>
a.	Asbestos Consulting/Design/ Habitational			
b.	Asbestos Abatement Design/ Non-Habitational			
c.	Consulting on Superfund Projects			
d.	Decommissioning & Demolition – Environmental			
e.	Environmental Project Management/Observation			
f.	Environmental Risk Assessment			
g.	Environmental Training/Seminars			
h.	Exhaust/Stack Air Testing			
i.	Expert Witness/Litigation Support - Environmental			
j.	Feasibility Studies			
k.	Ground & Surface Water Modeling			
l.	Groundwater Sampling			
m.	Indoor Air Quality Consulting(exc. Mold, Fungus)			
n.	Industrial Hygiene Services			
o.	Laboratory Analysis			
p.	Landfill Consulting/Design			
q.	Lead Abatement Consulting/Design			
r.	Mold Abatement Consulting/Design			
s.	Commercial Mold Assessment			
t.	Residential Mold Assessment			
u.	Phase I Environmental Assessments			
v.	Phase II Sampling & Remedial Studies			
w.	Phase III Remedial Project Design & Supervision			
x.	Regulatory Consulting/Permitting			
y.	Remedial Design Plans & Specs			
z.	Remedial Investigations/Sampling			
aa.	Soil Testing			
bb.	Storage Tank Consulting/Design			
cc.	Storage Tank Systems Testing			
dd.	Wetlands/Wildlife Studies			
ee.	Waste Brokering Services			
<b>CONSULTING/NON-ENVIRONMENTAL</b>		<b>Est. Gross Revenue</b>	<b>% In House</b>	<b>Est. Payroll</b>
a.	Building Material Testing			

b.	Civil or Structural Engineering			
c.	Construction Project Management/Observation			
d.	Demolition Design – Non Environmental			
e.	Geotechnical/Soils Engineering			
f.	Potable Water System Design			
g.	Process Engineering			
h.	Real Estate Audits			
i.	Safety Consulting			
j.	Sewer/Civil Design			
k.	Software Design			
l.	Structural Engineering			
m.	Surveying			
<b>Total Consulting/Laboratory Revenue</b>				
<b>Other – please describe</b>				

**(Note: The sum of Total Contracting & Consulting /Laboratory Revenues noted above should equal the total estimated revenue for the next 12 months entered in question 1b.)**

3. Questions regarding Specific Operations in question 2 above:

- a. Sub-consultants/Sub-contractors: Do you subcontract a part of your operations?  YES  NO
- (1) If yes, do you obtain certificates of insurance from your subcontractors?  YES  NO
- (2) If yes, do you require the subcontractor's policies to add you as an additional insured?  YES  NO
- (3) What are the minimum limits of liability you require of your subcontractors?  
 General Liability \$ \_\_\_\_\_ Contractors Pollution Liability \$ \_\_\_\_\_ Professional Liability \$ \_\_\_\_\_

- b. Do your operations include professionals conducting Phase I or Real Estate audits?  YES  NO

If yes, answer questions below:

- (1) Please indicate if any of the following provisions are included in your Environmental Site Assessment Agreements:

\_\_\_\_\_ Limitation of Liability of specified dollar amount arising out of act, error or omission on behalf of Insured. Indicate amount \$ \_\_\_\_\_

\_\_\_\_\_ Statement prohibiting third party reliability of the report.

- (2) Do you utilize the ASTM -1527 standard Protocol for Audits/Assessments? \_\_\_\_\_

If not, please attach a sample copy of your contract.

- c. Do you participate in Joint Ventures?  YES  NO

If yes, describe: \_\_\_\_\_

d. Contracts

- (1) What percentage of your jobs are performed under the following types of agreements?

Written Contract \_\_\_\_\_% Letter Agreement \_\_\_\_\_% Oral Agreement \_\_\_\_\_%

- (2) Do you use a standard indemnity contract with your clients and subcontractors?  YES  NO

If yes, attach a copy of the contract, and if no, please detail your contract procedures:

\_\_\_\_\_

- e. Does any one project represent more than 25% of your revenue? \_\_\_\_\_ If so, please describe \_\_\_\_\_

\_\_\_\_\_

- f. What is the largest project you have worked on during the past three years?

Client: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Contract Value: \_\_\_\_\_

- g. Please describe any operations or services that have been discontinued or abandoned:

\_\_\_\_\_

\_\_\_\_\_

- h. Do you perform any operations in New York?  YES  NO
- i. Do you perform Exterior Insulation Finishing Systems?  YES  NO
- j. Do you perform any operations over three stories?  YES  NO If "YES" what percentage \_\_\_\_\_ %
- k. Do you perform any operations on scaffolding:  YES  NO If "YES" what percentage \_\_\_\_\_ %

**Part III: CLAIMS HISTORY**

1. Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution, or Professional Liability policies?  YES  NO  
If yes, describe: \_\_\_\_\_
2. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for whom coverage is being sought?  YES  NO  
If yes, describe: \_\_\_\_\_
3. Has any staff member or employee been the subject of disciplinary action by authorities as a result of Professional or contracting activities?  YES  NO  
If yes, describe: \_\_\_\_\_

**Part IV: PRESENT INSURANCE COVERAGE**

	General Liability	Pollution Liability	Professional	Auto Liability	Employers Liability	Other
Carrier						
Limits						
Deductible						
Policy dates						
Premium						
Occurrence or Claims Made						
Retro Date If applicable						

**Part V: EXCESS LIABILITY INFORMATION**

The above chart must be completed in full or marked not applicable as it is also used to rate and underwrite any applicable Excess Coverage.

1. Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew?  YES  NO  
If yes, explain: \_\_\_\_\_
2. Auto Information: Total Number of Autos: \_\_\_\_\_ What is the radius of Auto operations: \_\_\_\_\_ miles  
Please provide the breakout of Auto Fleet: PP \_\_\_\_\_, Light Truck \_\_\_\_\_, Medium Truck \_\_\_\_\_,  
Heavy Truck \_\_\_\_\_, Extra Hvy Truck/Tractor \_\_\_\_\_, Trailer \_\_\_\_\_
3. Auto Liability Loss Information: # of auto liability claims in the past 5 years \_\_\_\_\_  
Total value of auto liability claims for the past 5 years \_\_\_\_\_
4. Workers Compensation Information:
- a. Is statutory workers compensation coverage carried in all states where the applicant is exposed?  YES  NO If no, explain \_\_\_\_\_
- b. Is the Applicant subject to any of the following?

- YES  NO Jones Act
- YES  NO Federal Railroad Employee Act
- YES  NO Longshoreman's & Harbor Workers Act

5. Does the applicant have any aircraft or watercraft exposure?  YES  NO  
 If yes, please provide the following details:  
 a. Provide number and description of all owned or leased aircraft or watercraft:

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6. Has any underlying policy had a loss over \$10,000?  YES  NO  
 If yes, describe or reference other parts of this application as necessary:

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**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 and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data shall be the basis of the contract should a policy be issued, and will be attached to the policy.**

**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. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.**

**PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO ARKANSAS, LOUISIANA AND 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 fines and confinement in prison.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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:** Warning: 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 of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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 MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**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 YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE & 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 WASHINGTON 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.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(signature of owner or officer of corporation)

APPLICANT \_\_\_\_\_  
(print name & title)

BROKER/  
AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
(print name of firm & license #)

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