

## APPLICATION REQUIREMENTS

1. Contractors & Consultants application and mold supplement - complete all questions in full.
2. Special attention should be paid to question 9. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this question we will be unable to evaluate your account.
3. Five years currently valued CGL loss runs. Include a description of each loss.
4. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).
5. Note: This application is NOT for mold remediation contractors.

**Incomplete submissions will be declined**

# CONTRACTORS AND CONSULTANTS APPLICATION

## PLEASE ANSWER ALL QUESTIONS IN FULL

**NOTICE:** If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

APPLICANT		DATE	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE #
Company is an: Individual _____ Partnership _____ Corporation _____ Joint Venture _____ Other (describe) _____			
<b>1. COVERAGE REQUESTED</b> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Professional Liability		<b>2. Proposed Effective Date:</b> _____	
<b>Proposed Retroactive Date:</b> _____		<b>3. LIMITS OF LIABILITY/DEDUCTIBLE</b> Limits Requested: _____ Deductible Requested: _____	
		<b>4. Other Coverages and Endorsements:</b> _____	
<b>5. HISTORY OF COMPANY</b>			
Date Established: _____			
Have there been any acquisitions, consolidations, dissolutions, mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain: _____			
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities			
If yes, explain: _____			
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
<b>6. PRIOR LIABILITY CARRIER INFORMATION</b>			
COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY
DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM
Any policy or coverage declined, cancelled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
<b>ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:</b> 1) Qualifications including resumes, brochures and a listing of previous projects. 2) Most recent annual income statement and balance sheet. 3) Five years of valued loss runs including pollution and professional, if applicable. 4) Copy of expiring policy, if any, showing retroactive dates.			
<b>7. Total personnel (List each person only once by primary function):</b> a. Architects, Engineers, Geologists, Hydrogeologists _____ b. Industrial Hygienists, Toxicologists, CIHs or CSPs: _____ c. Draftsmen, Technicians: _____ d. Supervisors/Foremen/Leadmen: _____ e. Laborers: _____ f. AHERA, Hazwopers: _____ g. Other (specify): _____			
Please attach all key persons resumes, certifications and licenses.			

8. 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: \_\_\_\_\_

9. Gross Receipts for the past 3 fiscal years: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts *including subcontracted work* for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

**Contracting:** **Est. Gross Receipts:**

- a) Asbestos Abatement: \$ \_\_\_\_\_  
b) Bio Remediation: \$ \_\_\_\_\_  
c) Drilling (not oil/gas): \$ \_\_\_\_\_  
d) Emergency Response: \$ \_\_\_\_\_  
e) Haz Mat clean Up: \$ \_\_\_\_\_  
f) Haz Mat Packing/Pickup: \$ \_\_\_\_\_  
g) Indoor Air/Radon: \$ \_\_\_\_\_  
h) Lead Abatement: \$ \_\_\_\_\_  
i) Liquid Waste Remed: \$ \_\_\_\_\_  
j) Medical Waste Pickup: \$ \_\_\_\_\_  
k) Medical Waste Remed: \$ \_\_\_\_\_  
l) PCB-light Ballast Removal: \$ \_\_\_\_\_  
m) PCB-Removal/Remed: \$ \_\_\_\_\_  
n) Phyto Remediation: \$ \_\_\_\_\_  
o) Soil Removal/Remed : \$ \_\_\_\_\_  
p) Tank & Pipe cleaning: \$ \_\_\_\_\_  
q) UST/AST Installation: \$ \_\_\_\_\_  
r) UST/AST Removal: \$ \_\_\_\_\_  
s) Wetlands Contracting: \$ \_\_\_\_\_  
t) Mold Remediation: \$ \_\_\_\_\_  
u) Fire/Water Restoration \$ \_\_\_\_\_  
v) Other Contracting / Please describe:  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_

Total Contracting Receipts: \$ \_\_\_\_\_

**Consulting/Laboratory**

**Est. Gross Receipts:**

- a) Environmental Compliance: \$ \_\_\_\_\_  
b) Environmental Permitting: \$ \_\_\_\_\_  
c) Air Monitoring: \$ \_\_\_\_\_  
d) Environmental Sampling: \$ \_\_\_\_\_  
e) Expert Witness: \$ \_\_\_\_\_  
f) Litigation Support: \$ \_\_\_\_\_  
g) Wildlife Studies \$ \_\_\_\_\_  
h) Environmental Impact Studies: \$ \_\_\_\_\_  
i) Safety Training: \$ \_\_\_\_\_  
j) Manual Preparation: \$ \_\_\_\_\_  
k) Phase I & II Audits/Assessment: \$ \_\_\_\_\_  
l) Remedial Investigation/Studies: \$ \_\_\_\_\_  
m) Feasibility Studies \$ \_\_\_\_\_  
n) Phase III/Project Consulting: \$ \_\_\_\_\_  
o) Haz Mat Consulting: \$ \_\_\_\_\_  
p) UST Testing: \$ \_\_\_\_\_  
q) Environmental Laboratories \$ \_\_\_\_\_  
r) Wetlands: \$ \_\_\_\_\_  
s) Geotechnical/Geophysical: \$ \_\_\_\_\_  
t) Mold Sampling/Consulting \$ \_\_\_\_\_  
u) Other Professional Services \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_  
Describe: \$ \_\_\_\_\_

Total Consulting Receipts: \$ \_\_\_\_\_

10. Subcontractors / Subconsultants / Independent Contractors

Please identify the services that you subcontract:

Applicable Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does your firm collect Certificates of Insurance from All Subcontractors? ☐ Yes ☐ No

11.	<p>Do you use a standard indemnity contract with your clients and subs? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please detail your contract procedures: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
12.	<p>Do you conduct tank installation work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following:</p> <p>What percentage of your overall sales are associated with this operation: _____</p> <p>Are the installed tanks precision tightness tested before being released to owner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you apply any type of corrosion protection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are tanks tested and certified by a registered professional before use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Please submit the following:</b> Resumes and certifications of all tank installation employees, type of tanks you install, type of corrosion protection you install, installation procedures.</p>
13.	<p>Do you install any type of liner, i.e. landfill, lagoons, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following:</p> <p>What percentage of your overall sales are associated with this operation: _____</p> <p><b>Please submit the following:</b> Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.</p>
14.	<p>Do you operate an in-house laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following:</p> <p>What percentage of your overall sales are associated with this operation: _____</p> <p>Do you conduct regular in-house training courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?: _____</p> <p>Are all laboratory employees properly certified and/or licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Please submit the following:</b> Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.</p>
15.	<p>Do you conduct any type of geotechnical or geophysical operations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following:</p> <p>What percentage of your overall sales are associated with this operation: _____</p> <p><b>Please submit the following:</b> A detailed list of your geotechnical and geophysical operations, Detailed resumes of employees who conduct these operations.</p>
16.	<p>Do you conduct any Phase I or Real Estate Transfer Assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following:</p> <p>What percentage of your overall sales are associated with this operation: _____</p> <p>Do you follow ASTM-1527 guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, attach a sample contract of your format.</p>
17.	<p>Has any claim, suit or notice of incident been made against the firm or any staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach full details on each incident. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

18. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☐ No If yes, please attach full details on each incident. \_\_\_\_\_

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**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.

**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 the insurer of such changes, and 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 or the insurer to complete the insurance.

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Notice to applicants:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

# Supplemental General Contractors Mold Application

Applicant: \_\_\_\_\_

- 1. What percentage of your revenues are attributable to habitational/residential work? \_\_\_\_%
- 2. Specifically what operations are performed? Please provide total receipts and break down the receipts by operations performed:

Operations	Previous Year \$	Current Year \$	Projected \$
Total Receipts			

- 3. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) or mold are encountered during the performance of your operations, how is this situation handled and documented?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Do you communicate to the client that mold problems almost certainly will occur, and continue to reoccur, if moisture problems are not resolved, and how is this documented?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems, and what documentation confirms and communicates this to the client? (please attach copies)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. How are odor complaints, allergic reactions, potential health problems or claims addressed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What contractual provisions are in force to protect your firm against mold-related exposures?  
(please attach copies)
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8. In which states do you perform your operations?
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9. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? (circle one)    Y        N        If yes, please attach full details on each incident.

### **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

### **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 the insurer of such changes, and 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.

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

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**(Signature)**

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**(Title)**

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**(Date)**