

APPLICANT INFORMATION

Applicant Name _____
 Physical Address _____
 City, State, Zip _____
 Year Business Started _____ Applicant's Website _____

COVERAGE REQUESTED

Proposed Effective Date _____ Proposed Expiration Date _____
 (At least 12 months, not to exceed 18 months)

Limits of Liability (Per Occurrence/Aggregate) Circle one

\$500K/\$500K	\$2MM/\$2MM	\$4MM/\$4MM	\$6MM/\$6MM	\$8MM/\$8MM	\$10MM/\$10MM
\$500K/\$1MM	\$2MM/\$4MM	\$4MM/\$8MM	\$6MM/\$12MM	\$8MM/\$16MM	\$10MM/\$20MM
\$1MM/\$1MM	\$3MM/\$3MM	\$5MM/\$5MM	\$7MM/\$7MM	\$9MM/\$9MM	
\$1MM/\$2MM	\$3MM/\$6MM	\$5MM/\$10MM	\$7MM/\$14MM	\$9MM/\$18MM	

Deductible Amount (circle) \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Is there currently a Retro Date on the applicant's policy? Yes _____ No _____

If YES:

Retroactive Dates: Contractor's Pollution _____ Professional _____

Coverage Requested:	General Liability	Contractor's Pollution Liability	Professional (E&O) Liability
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made
	<input type="checkbox"/> Claims Made	<input type="checkbox"/> Claims Made	

COMPANY PROFILE

Is the applicant a start-up? Yes _____ No _____

If NO, total revenue for the prior 12-month period: \$ _____

Has applicant sold acquired or discontinued any operations in the last 5 years? Yes _____ No _____

If YES, please explain: _____

Are there any OTHER named insureds to be covered by this policy? Yes _____ No _____

If YES, please list other named insureds:

Named Insured	Relationship
_____	_____
_____	_____
_____	_____

OPERATIONS

Specify the percentage of gross receipts in the U.S. attributable to each state:

Alabama _____ %	Indiana _____ %	Nevada _____ %	South Dakota _____ %
Alaska _____ %	Iowa _____ %	New Hampshire _____ %	Tennessee _____ %
Arizona _____ %	Kansas _____ %	New Jersey _____ %	Texas _____ %
Arkansas _____ %	Kentucky _____ %	New Mexico _____ %	US Virgin Is. _____ %
California _____ %	Louisiana _____ %	New York _____ %	Utah _____ %
Colorado _____ %	Maine _____ %	North Carolina _____ %	Vermont _____ %
Connecticut _____ %	Maryland _____ %	North Dakota _____ %	Virginia _____ %
D.C. _____ %	Massachusetts _____ %	Ohio _____ %	Washington _____ %
Delaware _____ %	Michigan _____ %	Oklahoma _____ %	West Virginia _____ %
Florida _____ %	Minnesota _____ %	Oregon _____ %	Wisconsin _____ %
Georgia _____ %	Mississippi _____ %	Pennsylvania _____ %	Wyoming _____ %
Hawaii _____ %	Missouri _____ %	Puerto Rico _____ %	
Idaho _____ %	Montana _____ %	Rhode Island _____ %	
Illinois _____ %	Nebraska _____ %	South Carolina _____ %	

SERVICES-ENVIRONMENTAL CONTRACTING

Does applicant provide Environmental Contracting services? Yes _____ No _____

If YES, please complete this page; otherwise skip to next page.

Provide a detailed description of all Environmental Contracting Services performed.

Enter Projected Sales for each Environmental Contracting Category

	Sales	Percent Subcontracted	%Habitational (homes, condos, apartments)
Asbestos Abatement	\$ _____	_____ %	_____ %
Drilling (environmental)	\$ _____	_____ %	_____ %
Emergency Spill Control	\$ _____	_____ %	_____ %
Ground Water Remediation	\$ _____	_____ %	_____ %
HazMat Cleanup	\$ _____	_____ %	_____ %
Indoor Air/Radon	\$ _____	_____ %	_____ %
Industrial Cleaning	\$ _____	_____ %	_____ %
Lab Packing	\$ _____	_____ %	_____ %
Landfill Liner Installation	\$ _____	_____ %	_____ %
Lead Abatement	\$ _____	_____ %	_____ %
Liquid Waste Remediation	\$ _____	_____ %	_____ %
Medical Waste Pickup	\$ _____	_____ %	_____ %
Medical Waste Remediation	\$ _____	_____ %	_____ %
Mobile Distillation	\$ _____	_____ %	_____ %
Mobile Incineration	\$ _____	_____ %	_____ %
Mold Abatement	\$ _____	_____ %	_____ %
PCB Removal/Remediation	\$ _____	_____ %	_____ %
Phyto Remediation	\$ _____	_____ %	_____ %
Soil Remediation	\$ _____	_____ %	_____ %
Soil/Ground Water Sampling	\$ _____	_____ %	_____ %
Superfund Remediation Contracting	\$ _____	_____ %	_____ %
Tank & Pipe Cleaning	\$ _____	_____ %	_____ %
Tanks - AST Installation	\$ _____	_____ %	_____ %
Tanks - AST Removal	\$ _____	_____ %	_____ %
Tanks - UST Installation	\$ _____	_____ %	_____ %
Tanks - UST Removal	\$ _____	_____ %	_____ %
Waste Disposal	\$ _____	_____ %	_____ %
Water Treatment	\$ _____	_____ %	_____ %
Wetlands Contracting	\$ _____	_____ %	_____ %
Total Projected Sales: \$	_____		

SERVICES-ENVIRONMENTAL CONSULTING

Does applicant provide Environmental Consulting services? Yes _____ No _____

If YES, please complete this page; otherwise skip to next page.

Provide a detailed description of all Environmental Consulting Services performed.

Enter Projected Sales for each Environmental Consulting Category

	Sales	Percent Subcontracted	%Habitational (homes, condos, apartments)
Air Monitoring (non-mold)	\$ _____	_____ %	_____ %
Asbestos/Lead/Radon Consulting	\$ _____	_____ %	_____ %
Environmental Compliance Training	\$ _____	_____ %	_____ %
Environmental Impact Studies	\$ _____	_____ %	_____ %
Environmental Permitting	\$ _____	_____ %	_____ %
Environmental Sampling	\$ _____	_____ %	_____ %
Expert Witness/Litigation Support	\$ _____	_____ %	_____ %
Feasibility Studies or Reports without Design	\$ _____	_____ %	_____ %
Hazardous Materials Consulting	\$ _____	_____ %	_____ %
Health and Safety Training (environmental)	\$ _____	_____ %	_____ %
Lab Testing/Analysis (environmental)	\$ _____	_____ %	_____ %
Mold Inspection and Assessment	\$ _____	_____ %	_____ %
Phase I-Site Assessment	\$ _____	_____ %	_____ %
Phase II-Surface Investigation	\$ _____	_____ %	_____ %
Phase III-Remedial Design Plans	\$ _____	_____ %	_____ %
Regulatory Consulting/Permitting	\$ _____	_____ %	_____ %
Remediation Oversight/Management	\$ _____	_____ %	_____ %
Surveying for Environmental Report	\$ _____	_____ %	_____ %
Tanks - UST/AST Design	\$ _____	_____ %	_____ %
Tanks - UST/AST Testing	\$ _____	_____ %	_____ %
Waste Brokering	\$ _____	_____ %	_____ %
Wastewater Sewage Design	\$ _____	_____ %	_____ %
Wetlands/Wildlife Consulting	\$ _____	_____ %	_____ %
Total Projected Sales: \$	_____		

SERVICES-NON-ENVIRONMENTAL WORK

Does applicant provide Non-Environmental services? Yes _____ No _____

If YES, please complete this page; otherwise skip to next page.

Provide a detailed description of all Non-Environmental Services performed.

Enter Projected Sales for each Non-Environmental Category

	Sales	Percent Subcontracted	%Habitational (homes, condos, apartments)
Carpentry	\$ _____	_____ %	_____ %
Civil or Structural Engineering	\$ _____	_____ %	_____ %
Concrete / Masonry	\$ _____	_____ %	_____ %
Demolition	\$ _____	_____ %	_____ %
Demolition (interior only)	\$ _____	_____ %	_____ %
Dredging	\$ _____	_____ %	_____ %
Drilling (oil, gas, water)	\$ _____	_____ %	_____ %
Electrical / HVAC / Mechanical	\$ _____	_____ %	_____ %
Excavation / Grading	\$ _____	_____ %	_____ %
Feasibility Studies (non-environmental)	\$ _____	_____ %	_____ %
Fire / Water Restoration	\$ _____	_____ %	_____ %
General Construction	\$ _____	_____ %	_____ %
Geotechnical Engineering / Foundation	\$ _____	_____ %	_____ %
Health and Safety (non-environmental)	\$ _____	_____ %	_____ %
Insulation	\$ _____	_____ %	_____ %
Lab Testing (non-environmental)	\$ _____	_____ %	_____ %
Marine	\$ _____	_____ %	_____ %
Manufacturing Sales or Distribution	\$ _____	_____ %	_____ %
Painting	\$ _____	_____ %	_____ %
Pipeline Cleaning and Maintenance	\$ _____	_____ %	_____ %
Plumbing	\$ _____	_____ %	_____ %
Process Engineering	\$ _____	_____ %	_____ %
Road / Bridge Construction	\$ _____	_____ %	_____ %
Roofing	\$ _____	_____ %	_____ %
Scaffold Errection (exterior)	\$ _____	_____ %	_____ %
Sewer/Septic Maintenance	\$ _____	_____ %	_____ %
Surveying by a licensed Land Surveyor	\$ _____	_____ %	_____ %
Transportation	\$ _____	_____ %	_____ %
Water (Potable) System Design	\$ _____	_____ %	_____ %
Total Projected Sales: \$	\$ _____		

SERVICES (Continued)

Does applicant select or arrange, on behalf of clients, the disposal site of hazardous or non-hazardous wastes? Yes _____ No _____

If YES, please explain: _____

CURRENT GENERAL LIABILITY

Carrier Name _____
Per Occurrence Limit \$ _____
Aggregate Limit \$ _____
Expiration Date _____
Deductible / SIR \$ _____
Expiring Premium \$ _____

CURRENT CONTRACTOR'S POLLUTION LIABILITY

Does applicant currently have CPL coverage? Yes _____ No _____

If YES, is Contractor's Pollution Liability coverage provided on a combined form with the general liability coverage? Yes _____ No _____

If Not Combined Form:

Carrier Name _____
Per Occurrence Limit \$ _____
Aggregate Limit \$ _____
Expiration Date _____
Deductible / SIR \$ _____

CURRENT PROFESSIONAL LIABILITY

Does applicant currently have Professional (E&O) Liability coverage? Yes _____ No _____

If YES, is Professional Liability coverage provided on a combined form with the general liability coverage? Yes _____ No _____

If Not Combined Form:

Carrier Name _____
Per Occurrence Limit \$ _____
Aggregate Limit \$ _____
Expiration Date _____
Deductible / SIR \$ _____

ADDITIONAL DETAILS

Enter any additional information that you would like the underwriter to consider in reviewing this application.

