

SENECA ENVIRONMENTAL
A division of Seneca Insurance Company
160 Water Street, 16th Floor
New York, New York 10038

CONTRACTORS AND CONSULTANTS APPLICATION

INSTRUCTIONS: Please complete all sections applicable to each coverage that is desired, and return the properly completed and signed application to your local Seneca Environmental Management office. Make sure to include all required supplemental information identified below. Incomplete applications will not be processed. If additional space is needed, attach separate paper as necessary.

The Company reserves the right to reject any application for any reason, including an application that does not have an original signature.

<u>APPLICANT</u>	<u>PRODUCER</u>
Business Name _____	Business Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____
Website Address _____	Email _____
Contact Name _____	Contact Name _____

REQUIRED SUPPLEMENTAL INFORMATION - All of the following information must be submitted with this application:

- a. Audited financial statements or tax returns for each of the past three years, including all supplemental attachments
- b. Detailed, five year - loss history for general liability, professional liability and contractor's pollution liability insurance
- c. Promotional materials (i.e., brochures) used in describing services and operations offered by the applicant
- d. Specimen contracts used with clients and subcontractors
- e. Statement of Qualifications, including resumes of key staff members and professional licenses/certifications

SECTION I - General Information

A	Next 12 Months*	Current Year Est.** Yr _____	Prior Year Actual Yr _____	
Gross Revenue				*from date this application is signed **estimate for current calendar year All revenue sources, including subcontractors
Employee Count				include all employees
Payroll Expense				excluding payroll taxes
Subcontractor Expense				including all Form 1099 expenses
# Projects Started				

B Does the applicant conduct any business in the states of CA, IL or NY? YES NO If yes, please estimate expected gross revenue for each such state below.

New York: \$ _____ California: \$ _____ Illinois: \$ _____

C Categorization of Professional Employees - indicate current number of employees for each category

Environmental Engineers _____	Certified Industrial Hygienists _____	Geologists/Hydrologists _____
Chemists _____	Hygienists/Toxicologists _____	Other Scientists/Engineers _____

D Categorization of Employees - indicate current number of employees for each category

Management/Officers (included in C above) _____	Proj. Management/Supervisors (included in C above) _____	Field Personnel/Laborers (included in C above) _____
Management/Officers (not included in C above) _____	Proj. Management/Supervisors (not included in C above) _____	Field Personnel/Laborers (not included in C above) _____

E Categorization of Subcontractors - indicate the current number of each type of subcontractor utilized by the applicant

Contractors _____	Consultants _____	Part-Time Personnel/Laborers _____
-------------------	-------------------	------------------------------------

F Has the applicant ever changed its name or conducted business under another name? YES NO If yes, please provide details.

Date applicant first commenced operations _____

G Business organization - list all business entities that have an ownership interest in the applicant or in which the applicant has an ownership interest. Use a separate sheet if necessary or attach an organizational chart.

H Does any one project, contract or client represent greater than 25% of gross annual revenue? YES NO
If yes, provide a copy of applicable contract(s).

I Categorization of Clientele - indicate % of work performed for each client category - total must equal 100%

Commercial	_____	Contractors/Consultants	_____	Government/Municipal	_____
Industrial	_____	Institutional	_____	Other (specify)	_____

J Does the applicant employ (full-time or part-time) a Certified Safety Professional? YES NO

SECTION II - Business Practices

A Are annual financial statements audited or reviewed by a CPA? YES NO

B Does the applicant possess and maintain a formalized Health & Safety Plan? YES NO If yes, version date? _____

C Does the applicant always use a standard written contract with its clients? YES NO If no, how often used? _____

1. Does it contain a limitation of liability clause? YES NO If yes, to what extent? _____

2. Does it contain indemnification provision in favor of applicant? YES NO

3. Are any changes to this contract always reviewed by an attorney? YES NO

D Does the applicant always use a written contract with subcontractors? YES NO If no, how often used? _____

1. Does it contain an indemnification provision in favor of applicant? YES NO

2. Are any changes to this contract always reviewed by an attorney? YES NO

3. Complete the following for each type of insurance **required** of all subcontractors:

	Minimum Limits Required	Maximum Deductible	Special Requirements
Commercial General Liability			
Professional Liability			
Contractors Pollution Liability			
Worker's Compensation			
Automobile Liability			

4. Does the applicant review and keep on file certificates of insurance from all subcontractors? YES NO

5. Does the applicant always require to be named as additional insured under insurance in item 3 above? YES NO

SECTION III - Insurance Information

A Current Insurance Coverage

	Claims Made or Occurrence (select one)	Per Claim - Occurrence Limit (\$M)	Policy Aggregate Limit (\$M)	Deductible - Retention Amount (\$k)	Name of Insurance Company	Retroactive Date	Total Annual Premium	Policy Period
General Liability								
Professional Liability								
Contractor's Pollution								

B Desired Coverage

	Claims Made or Occurrence (select one)	Per Claim - Occurrence Limit (\$M)	Policy Aggregate Limit (\$M)	Deductible - Retention Amount (\$k)	Retroactive Date*	Effective Date	Special Requirements
General Liability							
Professional Liability							
Contractor's Pollution							

*Proof of substantially similar coverage and an acknowledgement of any claims/loss is required

SECTION V - LISTING OF TEN LARGEST PROJECTS STARTED DURING THE PAST 12 MONTHS

1	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
2	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
3	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
4	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
5	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
6	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
7	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
8	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
9	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		
10	Project Name _____	Contract Value \$ _____	Subcontractor Costs \$ _____
	Scope of Work & Total Project Value:		

IMPORTANT INFORMATION

Please read carefully before signing.

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. Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued and will be attached to the policy.

WARRANTY STATEMENT: The undersigned applicant represents and warrants that the statements and facts included in this application and any supplemental information provided are true and that no material facts have been suppressed or misstated. Should the applicant become aware of any change, or error or omission, involving any information provided herein, the applicant warrants that the applicant will notify the Company as soon as practicable after first becoming aware of such change, error or omission. The applicant further acknowledges that the Company shall make decisions in reliance upon the information provided herein, including, but not limited to, the acceptability of the account based on the information contained herein and all supplemental information submitted therewith.

PLEASE READ THE FOLLOWING STATE FRAUD NOTICES.

NOTICE TO ARKANSAS 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 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 AUTHORITIES."

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 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 KNOWINGLY 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 OR 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 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 CIVIL FINES AND CRIMINAL 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 CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 VALUATION."

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 PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATIONS 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 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."

Applicant: _____
(Signature of Officer of Corporation)

Date: _____

Applicant: _____
(Print Name and Title of Officer above)

APPLICATIONS MAY BE SENT TO:

SENECA ENVIRONMENTAL - BOSTON
5230 Washington Street, Suite 200
Boston, MA 02132
TEL: 617-325-4400
FAX: 617-325-4644

SENECA ENVIRONMENTAL - CLEVELAND
Island Park Building One
7550 Lucerne Drive, Suite 307
Middleburg Heights, OH 44130
TEL: 440-239-8830
FAX: 440-239-8860