

**CONTRACTORS AND CONSULTANTS LIABILITY APPLICATION**

**INSTRUCTIONS:**

Please print or type clearly.  
 Please answer all questions completely.  
 If any questions do not apply, print or type "N/A" in the space provided.  
 This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the Insured.  
 If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead..

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, please attach details on a separate sheet of paper.

**APPLICANT INFORMATION**

**Applicant Name:**

**Insured Name (if different than above)**

**Address:**

**City:**

**State:**

**Zip Code:**

**Name of Contact:**

**Title:**

**Telephone:** \_\_\_\_\_

**Fax :** \_\_\_\_\_

**Insured's Principal Business Operations:** \_\_\_\_\_  
 \_\_\_\_\_

**Entity Type:** Partnership      Trust      Individual      Joint Venture      LLC/LLP      Other:

**Year business started operations:** \_\_\_\_\_

**COVERAGE REQUESTED**

Environmental Consultants Professional Liability (PL) \_\_\_\_\_      Environmental Combined Policy (GL, CPL & PL) \_\_\_\_\_

Contractors Pollution Liability (CPL) \_\_\_\_\_      Contractors & Consultants Liability (CPL & PL) \_\_\_\_\_

**Proposed Effective date:** \_\_\_\_\_

**Desired Deductible:**      \$2,500      \$5,000      \$10,000      Other: \_\_\_\_\_

**Desired Limits of Liability:**      \$1mill/\$1mill      \$1mill/\$2mill      \$2mill/\$2mill      Other: \_\_\_\_\_

**EXPIRING INSURANCE PROGRAM**

General Liability		Contractors Pollution Liability		Professional Liability	
Occurrence or Claims made		Occurrence or Claims Made		Claims Made	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible		Deductible		Deductible	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

<b>COMPANY HISTORY</b>		
Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? If yes, please explain:	Yes	No
Does applicant have any subsidiaries or related entities not listed above? If yes, please describe:	Yes	No
Has this account ever operated under a different name? If yes, please describe	Yes	No
Please describe any operations or services that have been discontinued, sold or abandoned		

<b>REVENUE HISTORY</b>			
Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)
Projected	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	

**Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:**

Category	Percent
Federal government	
State government	
Local government	
Commercial	
Residential	
Other	
Other	

**CLAIMS HISTORY** If additional space is needed, please attach details on a separate sheet of paper.

- In the past 5 years, has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities?  Yes  No  
 If yes, please provide full details (use additional paper if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- In the past 5 years, has any member of your firm or a related entity been made aware of any circumstances that could result in a claim, suit or notice of incident being brought against them?  Yes  No  
 If yes, please provide full details (use additional paper if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- In the past 5 years has any member of your firm, predecessor or any entity of which your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities?  Yes  No  
 If yes, please provide full details (use additional paper if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the applicant perform operations services in the state of New York? If yes, what percentage is performed in the 5 boroughs and what percent in the rest of New York? Yes    No

Does any one project represent more than 25% of your revenue? If so, please describe: Yes    No

**Total number of staff**

Architects:	Draftsmen, Technicians, Inspectors, Surveyor:	Tradesmen
Engineers:	Clerical and Accounting Employees:	Laborers
Geologists:	Administrative Management:	Supervisors
Industrial Hygienists, CIHs or CSPs:	Project Managers:	Scientists
Other		

Do you engage in any work outside of the U.S.?    Yes    No                      If yes, what percentage? \_\_\_\_\_%

**List below all states within which you operate and the percentage of work performed in each state:**

State	Percentage of work performed %
	%
	%
	%
	%
	%
	%
	%
	%

**Please indicate the percentage of work subcontracted out to others:** \_\_\_\_\_

**What are the minimum limits of liability required for your subcontractors/subconsultants?**

General Liability \$	Contractors Pollution Liability \$	Professional Liability\$
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**Please list your 5 largest projects completed in last 3 years**

- 1    Project Name: \_\_\_\_\_  
       Services Provided: \_\_\_\_\_  
       Value of Completed Project \_\_\_\_\_
  
- 2    Project Name: \_\_\_\_\_  
       Services Provided: \_\_\_\_\_  
       Value of Completed Project \_\_\_\_\_
  
- 3    Project Name: \_\_\_\_\_  
       Services Provided: \_\_\_\_\_  
       Value of Completed Project \_\_\_\_\_
  
- 4    Project Name: \_\_\_\_\_  
       Services Provided: \_\_\_\_\_  
       Value of Completed Project \_\_\_\_\_
  
- 5    Project Name: \_\_\_\_\_  
       Services Provided: : \_\_\_\_\_  
       Value of Completed Project \_\_\_\_\_

**Please list your Contracting Services below**

**Please check here if this page does not apply \_\_\_\_\_.**

<b>Environmental Contracting Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted to others</b>
Asbestos Abatement Commercial	\$	%
Asbestos Abatement Residential	\$	%
Crime Scene Cleanup	\$	%
Drilling/monitor well installation	\$	%
Duct Cleaning	\$	%
Emergency Spill Response	\$	%
Groundwater Remediation/Treatment	\$	%
Haz Mat Packing/Pickup	\$	%
Industrial Cleaning (powerwashing, power vacuuming, lagoon/pit cleaning)	\$	%
Lab Packing	\$	%
Landfill Construction/liner installation	\$	%
Lead Abatement Contractor: Commercial	\$	%
Lead Abatement Contractor: Residential	\$	%
Mold Remediation Commercial	\$	%
Mold Remediation Residential	\$	%
Medical Waste Pickup	\$	%
PCB Containing Materials – Removal/Remediation	\$	%
Sample Collection (soil, water, asbestos, lead paint, ect)	\$	%
Radon Venting	\$	%
Septic System Installation	\$	%
Soil Remediation – In place	\$	%
Soil Remediation – Excavating	\$	%
Storage Tank Cleaning	\$	%
Storage Tank Installation	\$	%
Storage Tank Removal	\$	%
Waste Incineration	\$	%
Wastewater Treatment Systems Installation/Maintenance	\$	%
Wetlands Contracting	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>General Contracting Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted to others</b>
Carpentry	\$	%
Concrete	\$	%
Construction Debris Removal	\$	%
Demolition – (Interior Remodel)	\$	%
Demolition – Over Two Stories	\$	%
Demolition – Two or Less Stories	\$	%
Drilling – Non-Environmental	\$	%
Electrical	\$	%
Excavation/Grading	\$	%
General Construction	\$	%
Insulation	\$	%
Janitorial	\$	%
Painting	\$	%
Plumbing	\$	%
Roofing – Commercial	\$	%
Roofing – Residential	\$	%
Street & Road	\$	%
Underground Utility Installation	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>Total Revenue for all Contracting Services:</b>	\$	

**Please list your Professional Services**

Check here if this page does not apply \_\_\_\_\_.

<b>Environmental Professional Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted to others</b>
Asbestos Assessments/Consulting	\$	%
Environmental Impact Studies	\$	%
Environmental Project Management	\$	%
Exhaust/Stack Air Testing	\$	%
Expert Witness	\$	%
Geological/Geophysical	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$	%
Industrial Hygiene Services	\$	%
Lead Assessments/Surveys	\$	%
Laboratory Analysis (soil, water, lead, asbestos ect. Does not include Mold)	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Mold Assessments/Surveys	\$	%
Mold Remediation Design and Supervision	\$	%
Mold Testing/ Lab Analysis	\$	%
Phase I Environmental Site Assessments	\$	%
Remediation Design for Soil & Groundwater	\$	%
Radon Mitigation Design	\$	%
Regulatory Consulting / Permitting	\$	%
Septic System Design	\$	%
Storage Tank Installation/removal Supervision	\$	%
Storage Tank System Testing	\$	%
Training Schools/Seminars (excluding Mold)	\$	%
Waste Brokering Services	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>Non-Environmental Professional Services:</b>		
Construction Management	\$	%
Civil Engineering	\$	%
Geotechnical/foundation Engineering	\$	%
Materials Testing Lab	\$	%
Product Design	\$	%
Architectural	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>Total Revenue for Professional Services:</b>	\$	

**FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)**

**IN FLORIDA, 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 OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE DISTRICT OF COLUMBIA, 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.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**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 is required prior to binding coverage and policy issuance.**

**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.**

Producers Signature	Producers Name (please Print)
Applicants Signature	Applicants Name (please Print)
Date signed by Applicant	