



BROKERAGE

# ENVIRONMENTAL CONTRACTORS AND CONSULTANTS COVERAGE APPLICATION

This application is for use in applying for Commercial General Liability, Environmental Contractor's Pollution Liability and Environmental Consultant's Professional Liability.

## THE FOLLOWING INFORMATION IS REQUIRED TO COMPLETE THE APPLICATION AS ATTACHMENTS:

- Three years of currently valued loss information for all lines of coverage requested. *If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.*
- Most current available financial statement.
- Resumes for key personnel (i.e. owners, officers, project managers).
- Certificates of training for any asbestos, lead or mold abatement contractors or consultants.
- Current licenses for any asbestos, lead or mold abatement contractors.
- Sample copy of subcontractor and client contracts.

## I. INSURED INFORMATION

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Corporate Entity is: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Other (Please attach description)

What Year was the Entity Founded: \_\_\_\_\_

**Please list all entities, affiliates or subsidiaries to be listed as Named Insureds (Please include general description of each).**

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Please indicate the number of personnel employed in each category:

Principals:		Engineers/Architects:	
Hygienists/Toxicologists:		Supervisors/Foremen:	
Geologists/Chemists:		Field Personnel:	

## II. CLAIMS INFORMATION

Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy? ☐ Yes ☐ No

If YES, please describe or provide attached reference:

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Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought?

☐ Yes ☐ No

If YES, please describe or provide attached reference:

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### III. COVERAGE INFORMATION

#### EXISTING COVERAGE

	Carrier	Limits of Ins.	Deductible	Eff. Date	Retro. Date	Premium
Commercial General Liability						
Contractor's Pollution Liability						
Professional Liability						

#### REQUESTED COVERAGE

	Limits of Ins.	Deductible/ Retention	Eff. Date	Retro. Date
Commercial General Liability				
Contractor's Pollution Liability				
Professional Liability				

### IV. OPERATIONS

#### REVENUES

What is your fiscal year period? \_\_\_\_\_

Total Revenue for the most recent 12-month period: \_\_\_\_\_

Total Revenue anticipated for the next 12-month period: \_\_\_\_\_

List all States in which you do business: \_\_\_\_\_

#### CLIENT INDUSTRY CLASSIFICATION

Please indicate the appropriate percentage of revenue by client/industry type:

Manufacturing/Chemical Plants	%
Pipelines	%
Drinking Water Plants	%
Apartments/Condos	%
Nursing Homes/Assisted Living	%
Dormitories	%

Petrochemical/Refineries	%
Wastewater/Sewage Treatment	%
Power Plants (non-nuclear)	%
Single-Family Homes	%
Prisons/Correctional Facilities	%
U.S. Department of Defense	%

State/Local Government	%
Other Federal Government/Agency	%
Street/Roads	%
Harbors/Piers	%
Landfills/Disposal Facilities	%
Shopping Centers:	%
Warehouses	%
Sports Arenas/Coliseums	%
Hotels/Motels	%

U.S. Department of Energy	%
Airports	%
Bridges/Tunnels	%
Offshore Marine	%
Railroad	%
Offices	%
Parking Structures	%
Schools/Colleges	%
Other: _____	%

## LARGE PROJECT INFORMATION

Please list your three (3) largest projects in the last three years (or attach SF254):

Project Name	Project Revenues	Start Date	Completion Date	Services

## REVENUE BREAKDOWN

Breakdown your anticipated revenue for the next 12-month period into the appropriate category listed below. The totals between contracting and consulting revenue should equal the total 12-month estimate.

## CONTRACTING OPERATIONS

Class	Revenues	% Sub	Class	Revenues	% Sub
Res. Asbestos Abatement			Above Ground Storage Tank Installation		
Comm. Asbestos Abatement			Above Ground Storage Tank Removal		
Res. Lead Abatement			Underground Storage Tank Installation		
Comm. Lead Abatement			Underground Storage Tank Removal		
Res. Mold Abatement			Storage Tank/Piping Cleaning		
Comm. Mold Abatement			Storage Tank/Piping Painting or Lining		
Landfill Construction/Expansion			Liner/Barrier Installation (Retention ponds, landfills, etc)		
PCB Removal			Emergency Response, HazMat Cleanup (incl. crime scenes)		
Labpack, Medical Wastes, Drum Handling			Soil Remediation (sub-surface or in-situ)		
Groundwater Remediation (including Monitoring)			Remedial Dredging		
Petroleum Contaminated Soil Excavation & Hauling			Other Contaminated Soil Excavation & Hauling		
Environmental Drilling			Environmental Sample Collection		
Carpentry & Framing			Plumbing		

Class	Revenues	% Sub	Class	Revenues	% Sub
Concrete & Masonry			Electrical		
HVAC & Mechanical			Interior Demolition (under 3-stories)		
Fire/Water Restoration & Water Extraction			Pesticide, Herbicide, Fungicide or other Chemical Application		
Drilling (Oil, Gas, Water, Utilities, etc)			Insulation		
Excavation/Grading & Associated Hauling			Pipeline Cleaning, Maintenance or Installation		
Industrial Cleaning			Painting		
Utility Contracting			Roofing		
Street & Road			Metal Erection		
Tunneling			Logging or Forestry		
Oil/Gas Lease Operation			General Maintenance, Janitorial, Contractor Yard		
Construction/Project Management			Other: _____		
<b>Total All Contracting Operations Revenues:</b>					

#### CONSULTING SERVICES

Class	Revenues	% Sub	Class	Revenues	% Sub
Air Quality Testing (including Radon):			Asbestos Assessments, Abatement Design & Monitoring:		
Lead Assessments, Abatement Design & Monitoring:			Mold Assessments, Abatement Design & Monitoring:		
Laboratory Analysis (Environmental):			Material Testing & Other Analytical Laboratory:		
Phase I Assessments:			Regulatory, Permitting & Compliance Consulting:		
Phase II Assessments:			Storage Tank & Remedial System Design		
Phase III Assessments:			Storage Tank Testing:		
Waste Arranging & Brokering:			Nuclear Facility Decommissioning Design:		
Expert Witness & Testimony:			Industrial Hygiene, Health & Safety Consulting:		
Training			Geotechnical Engineering (Slopes, Foundation, Seismic):		
Mechanical Engineering (HVAC, Systems Design):			Process Engineering (Facility Design):		
Land Surveying:			Software Design/Programming:		
Wetlands & Riparian Consulting:			Construction/Project Management (Agency):		
<b>Total All Contracting Operations Revenues:</b>					

## V. GENERAL INFORMATION

### CONSULTING SERVICES

Do you require a written contract for all jobs?

☐ Yes ☐ No

Do you use a standard indemnity limitation wording in your contracts?

☐ Yes ☐ No

Are all of your contracts reviewed by internal or external counsel?

☐ Yes ☐ No

### SUBCONTRACTORS:

*Are all subcontractors hired under a written agreement/contract?*

☐ Yes ☐ No

*Do you require all subcontractors to add you as an Additional Insured to their Policy:*

☐ Yes ☐ No

*What are the minimum limits of insurance you require from your subcontractors?* \_\_\_\_\_

### QUALITY CONTROL

*Does the insured have an in-house quality control program?*

☐ Yes ☐ No

*Does the insured have an in-house training and continuing education program?*

☐ Yes ☐ No

*Does the firm utilize ASTM1527 Audit/Assessment protocols?*

☐ Yes ☐ No

*Does the firm provide specific training for asbestos, lead or mold abatement to its employees?*

☐ Yes ☐ No

### MOLD/MICROBIAL MATTER

Is the insured aware of any known incidents, claims or other circumstances concerning the existence, growth or presence of mold in any of your previous work or projects?

☐ Yes ☐ No

Does the insured utilize a written protocol for water leaks, intrusion or mold issues at project sites?

☐ Yes ☐ No

Does the insured utilize a written protocol for handling mold reports or complaints?

☐ Yes ☐ No

Are all project materials inspected visually for the presence of mold or moisture?

☐ Yes ☐ No

Does the insured utilize a disclaimer or limitation of liability in their contracts for mold?

☐ Yes ☐ No

**FRAUD WARNING: APPLICABLE TO ALL STATES**

Any person who knowing 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. 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.

**The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant's acceptance of Century Insurance Group's written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.**

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Owner or Officer of Applicant Signature

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Date

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Printed Name

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Title

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Agent/Brokerage

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License Number

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Address of Agency/Brokerage

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Contact Person

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Phone Number