

CONTRACTORS AND CONSULTANTS APPLICATION

Please submit the following information in addition to this application:

1. ACORDS 125, 126, 130 and 131 (All ACORDS required for lines of business being sought)
2. Five Years recently valued detailed loss runs (for each line of business being sought)
3. Most recent year-end financials, including balance sheet and income statement
4. Resumes / certifications / licenses of all key personnel
5. Complete Job List, including all Work In Progress (WIP)
6. Copy of Company Standard Operating Procedures (SOP)
7. Copy of Subcontract Agreement, and Master Subcontract Agreement if applicable

APPLICANT INFORMATION

Named Insured(s):		Street address:	
City / State:	Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):		Website address:	FEIN:
Street address:		City/State:	Zip code:
Contact E-mail:	Contact Name & phone number		Year business started operations
Is applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what entity?	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> LLC		<input type="checkbox"/> Other (Describe):	

COVERAGE REQUESTED

Check the box that applies:	<input type="checkbox"/> Environmental Combined Policy (GL, CPL & ECL)	<input type="checkbox"/> Environmental Consultants Liability (ECL) only
	<input type="checkbox"/> Contractors Pollution Liability (CPL) only	<input type="checkbox"/> Contractors & Consultants Policy (CPL & ECL) combined
Limits of Insurance Requested:		
Each Occurrence/Claim \$	Aggregate \$	Deductible/SIR \$
Proposed Effective date (mm/dd/yyyy):		Proposed Expiration date (mm/dd/yyyy):

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made <input type="checkbox"/>	
Carrier:		Carrier:		Carrier:	
Limits		Limits		Limits	
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates (mm/dd/yyyy):		Effective Dates (mm/dd/yyyy):		Effective Dates (mm/dd/yyyy):	
Retroactive Date (mm/dd/yyyy):		Retroactive Date (mm/dd/yyyy):		Retroactive Date (mm/dd/yyyy):	

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant have any subsidiaries or related entities not listed above? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any mergers/acquisitions, consolidations or divestitures? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this account ever operated under a different name? If yes, please describe your obligations for past, present & future liabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SALES HISTORY

Year	Total Gross Sales (\$)	Payroll (\$)	Employees (#)
Projected	\$	\$	\$
Expiring	\$	\$	\$
First Prior	\$	\$	\$
Second Prior	\$	\$	\$

OPERATIONS AND SERVICES

Type of Operations and Services	Projected Gross Sales	Projected Subcontracted Costs	Projected Payroll
ENVIRONMENTAL CONTRACTING OPERATIONS <i>Check here if this section does not apply</i> <input type="checkbox"/>			
Asbestos Abatement	\$	\$	\$
AST Cleaning/Maintenance	\$	\$	\$
AST Installation	\$	\$	\$
Bioremediation	\$	\$	\$
Emergency Response/Haz Mat Cleanup	\$	\$	\$
Environmental Drilling	\$	\$	\$
Fire and Water Restoration	\$	\$	\$
Groundwater Remediation	\$	\$	\$
Industrial Cleaning	\$	\$	\$
Labpacking/Drum Handling	\$	\$	\$
Landfill Operation/Maintenance	\$	\$	\$
Landfill Liner Installation	\$	\$	\$
Lead Abatement	\$	\$	\$
Low Level Radiation Remediation	\$	\$	\$
Medical Waste Pickup	\$	\$	\$
Mold/Fungus Abatement – Commercial <i>(Please complete mold/fungus section below)</i>	\$	\$	\$
Mold/Fungus Abatement – Residential <i>(Please complete mold/fungus section below)</i>	\$	\$	\$
PCB Removal	\$	\$	\$
Pesticide/Herbicide Application	\$	\$	\$
Pipeline Cleaning/Installation	\$	\$	\$
Sampling	\$	\$	\$
Septic Tank Cleaning	\$	\$	\$
Soil Excavation – petroleum	\$	\$	\$
Soil Excavation – other (explain):	\$	\$	\$
Soil Remediation	\$	\$	\$
UST Installation	\$	\$	\$
UST Removal	\$	\$	\$
Water Treatment Plant Operation/Maintenance	\$	\$	\$
Wastewater Treatment Plant Operation/Maintenance	\$	\$	\$
Wetlands Contracting	\$	\$	\$
Other (explain):	\$	\$	\$
NON-ENVIRONMENTAL CONTRACTING OPERATIONS <i>Check here if this section does not apply</i> <input type="checkbox"/>			
Carpentry	\$	\$	\$
Concrete	\$	\$	\$
Demolition above three stories	\$	\$	\$
Demolition below three stories	\$	\$	\$
Demolition – Interior	\$	\$	\$
Dredging	\$	\$	\$
Electrical	\$	\$	\$
HVAC	\$	\$	\$

OPERATIONS AND SERVICES

Type of Operations and Services	Projected Gross Sales	Projected Subcontracted Costs	Projected Payroll
Industrial Maintenance	\$	\$	\$
Insulation	\$	\$	\$
Landscaping	\$	\$	\$
Maintenance/Janitorial	\$	\$	\$
Marine Construction	\$	\$	\$
Masonry	\$	\$	\$
Mechanical	\$	\$	\$
Metal Erection	\$	\$	\$
Non-Environmental Drilling	\$	\$	\$
Painting	\$	\$	\$
Pile Driving	\$	\$	\$
Pipeline Maintenance or Construction	\$	\$	\$
Plumbing – Commercial	\$	\$	\$
Plumbing – Residential	\$	\$	\$
Roofing – Commercial	\$	\$	\$
Roofing – Residential	\$	\$	\$
Sewer and Water	\$	\$	\$
Soil Excavation/Grading	\$	\$	\$
Street & Road Cleaning	\$	\$	\$
Street & Road Construction	\$	\$	\$
Tunneling	\$	\$	\$
Utility Contracting	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$	\$	\$

PROFESSIONAL SERVICES *Check here if this section does not apply* ☐

Type of Operations and Services	Projected Gross Sales	Projected Subcontracted Costs	Projected Payroll
Analytical Laboratories	\$	\$	\$
Architectural Engineering	\$	\$	\$
Asbestos and/or Lead Consulting	\$	\$	\$
AST Testing	\$	\$	\$
Building Materials Testing	\$	\$	\$
Civil/Structural Engineering	\$	\$	\$
Construction Management	\$	\$	\$
Electrical Engineering	\$	\$	\$
Environmental Consulting	\$	\$	\$
Environmental Training	\$	\$	\$
Eyewitness Testimony/Litigation	\$	\$	\$
General Consulting	\$	\$	\$
Geophysical Engineering	\$	\$	\$
Geotechnical Engineering	\$	\$	\$
Groundwater Monitoring	\$	\$	\$
Hydrogeological Investigations	\$	\$	\$

OPERATIONS AND SERVICES

Type of Operations and Services	Projected Gross Sales	Projected Subcontracted Costs	Projected Payroll
Industrial Engineering	\$	\$	\$
Industrial Hygiene/Health & Safety	\$	\$	\$
Mechanical Engineering	\$	\$	\$
Mold/Fungus Assessments/Testing/Consulting – Commercial <i>(Please complete mold/fungus section below)</i>	\$	\$	\$
Mold/Fungus Assessments/Testing/Consulting – Residential <i>(Please complete mold/fungus section below)</i>	\$	\$	\$
Phase I Environmental Assessments	\$	\$	\$
Phase II and III Environmental Assessments	\$	\$	\$
Process Engineering	\$	\$	\$
Project Management	\$	\$	\$
Real Estate Audits/Assessments	\$	\$	\$
Regulatory Compliance/Permitting	\$	\$	\$
Remedial Design	\$	\$	\$
Remediation Oversight	\$	\$	\$
Software Design	\$	\$	\$
Soil Testing/Analysis	\$	\$	\$
Surveying	\$	\$	\$
UST Testing	\$	\$	\$
Waste Brokering	\$	\$	\$
Wetlands Consulting	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL FOR ALL PROFESSIONAL SERVICES	\$	\$	\$

NOTE: The Total Projected Gross Sales for all Contracting (Environmental & Non-Environmental) Operations and Professional Services should equal the Projected Total Gross Sales entered within the Sales History section above.

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

Category	Percent	Category	Percent
Federal government	%	Real estate development	%
State government	%	Lending institutions / banks	%
Local government	%	Owners who act as their own contractors	%
Contractors	%	Educational facilities	%
Commercial	%	Industrial	%
Residential	%	Other (explain):	%
Architects, engineers or environmental consultants	%		

Please indicate the approximate percentage of your total gross sales derived from the following types of projects:

Airports	%	Manufacturing / Industrial	%
Apartments	%	Office / Commercial buildings	%
Bridges	%	Parking Structures	%
Condominiums	%	Retail / Shopping Centers	%
Dams / Tunnels	%	Roads / Highways / Bridges	%
Government Buildings	%	Telecommunications	%
Harbors / Piers / Ports	%	Stadiums	%
Hospitals	%	Water / Wastewater Treatment	%
Hotels / Hospitality	%	Other (explain):	%
Interior Building Renovation	%		

SUBCONTRACTORS AND SUBCONSULTANTS

Indicate the percentage of work subcontracted out to others, including 1099 employees: %

What percentage of your work is with repeat customers? %

Are subcontractors and/or subconsultants required to have Contractors Pollution Liability and/or Professional Liability Insurance? ☐ Yes ☐ No

If required by trade only, please identify trades:

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

General Liability \$ Contractors Pollution Liability \$ Professional Liability \$

When hiring subcontractors and/or subconsultants, do you:

Obtain certificates of insurance? ☐ Yes ☐ No

Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance? ☐ Yes ☐ No

Require to be named as an Additional Insured on the subcontractor's and/or subconsultant's policies? ☐ Yes ☐ No

Obtain Waivers of Subrogation? ☐ Yes ☐ No

Obtain Hold Harmless Agreements? ☐ Yes ☐ No

Verify all hired subcontractors and/or subconsultants carry workers' compensation coverage?: ☐ Yes ☐ No

MOLD/FUNGUS INFORMATION

Check here if this section does not apply ☐

Note: all policies include a mold/fungus exclusion. Mold/fungus coverage may be available for the applicant. Please provide all information requested below:

COVERAGE REQUESTED:

☐ **Contractors Pollution Liability**
☐ Mold/Fungus Remediation/Abatement

☐ **Professional Liability**
☐ Mold/Fungus Assessments
☐ Mold/Fungus Laboratory Analysis
☐ Mold/Fungus Consulting

Describe the mold/fungus operations and/or services performed:

Specify the number of years involved in mold/fungus work:

What percentage of your work is attributed to residential/habitational work? %

MOLD/FUNGUS INFORMATION

Describe your firm's use of water misting as a method of mold/fungus spore release control during remediation or testing:

If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?

What mold/fungus guidelines do you adhere to in the performance of abatement and/or assessments?

Are your subcontractors and/or subconsultants required to provide evidence of mold/fungus insurance?

☐ Yes ☐ No

If yes, please provide limits required:

Do you state to the client, both verbally and written within your service contract that mold/fungus problems may reoccur if the moisture problem is not resolved?

Yes No

Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing?

☐ Yes ☐ No

Please submit the following information in addition to this signed application for review prior to quoting mold/fungus coverage

- Written company mold / fungus – Standard Operating Procedures (SOP)
- Statement of Qualification and/or resumes for all personnel performing mold/fungus Operations and/or Services
- Mold/fungus training certificates for all personnel performing mold/fungus Operations and/or Services
- Details of any mold/fungus losses or claims in the past three years
- Copy of the insured's mold/fungus remediation service contract. The contract must provide detailed scope of services and must not state any warranties or guarantees of mold/fungus work performed
- List of 10 most recent mold projects performed.

GENERAL INFORMATION

Does the applicant own, operate or lease a water treatment, wastewater treatment, storage or disposal facility?

☐ Yes ☐ No

Does the applicant perform operations / services in the state of New York?

☐ Yes ☐ No

If yes, what percentage is performed in the five boroughs?

%

Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, manufacture, sell, lease or distribute any product? If yes, please explain:

☐ Yes ☐ No

Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, develop, design, redesign, or lease computer software or equipment or provide computer consulting activities? If yes, please explain:

☐ Yes ☐ No

Does any one project represent more than 25% of your revenue?

☐ Yes ☐ No

If so, please describe:

Total number of staff

Architects or Environmental Engineers:

Draftsmen, Technicians, Inspectors, Surveyors

General Engineers other than above:

Clerical and Accounting Employees

Geologists or Hydro geologists:

Administrative Management:

Industrial Hygienists, CIHs or CSPs:

Other:

Project Managers:

Number of Principals (included in listing above):

Do you engage in any work outside of the U.S.? If yes, what percentage? _____%

☐ Yes ☐ No

List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:

State/Country	Operations and/or Services Performed	Percentage of work performed %
		%
		%
		%
		%

List below the estimated amount of your work to be performed under the respective project delivery methods during the next 12 months:

Contract Type	Estimated Construction Value	Percentage of work performed
Design / Bid / Build		%
Design/Build with In-house Design		%
Design / Build with Subcontracted Design		%
Construction Management – At Risk		%
Construction Management - Agency		%
Engineer / Procure / Construct (EPC)		%
Integrated Project Delivery (IPD)		%

BUSINESS PRACTICES

Please complete the Project Description – Supplemental Page attached at end of this application.

Do you ever perform Contracting Operations or Professional Services within 50 feet of a railroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have any aircraft, watercraft or drone exposures? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have written quality control procedures? If yes, please include the table of contents with this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place? If yes, what percentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any operations, involving Exterior Insulation and Finishing Systems (EIFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize the ASTM – 1527 standard Protocol for Audits/Assessments? If not, please attach a sample copy of your contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide written warranties for your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS

Have any claims been made within the past three years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details:

☐ Yes ☐ No

Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):

☐ Yes ☐ No

Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:

☐ Yes ☐ No

CYBER EXPOSURES Check here if this section does not apply ☐

Limits Requested

Aggregate Sublimit(s) of Insurance	Aggregate Limit of Insurance	
\$10,000	\$25,000	
\$25,000	\$50,000	
\$50,000	\$100,000	
\$100,000	\$200,000	
\$250,000	\$500,000	
\$500,000	\$1,000,000	

Annual revenue generated from or attributable to activities conducted on your web site(s) (If Applicable):

Summary of E-Commerce Activities Conducted Via Your Web Site(s):

Encryption

- a.** Does your organization encrypt all e-mails containing sensitive information (e.g., Personally Identifiable Information [PII], Personal Health Information [PHI], Payment Card Information [PCI]) sent to external parties?
- b.** Does your organization encrypt all sensitive information (e.g., PII, PHI, PCI) Stored on mobile devices (e.g., phones, tablets, wearable computers, flash drives)?

☐ Yes ☐ No

☐ Yes ☐ No

Information Security Leadership

Does your organization have an individual officially designated for overseeing information security?

☐ Yes ☐ No

Cloud

Does your organization have sensitive information (e.g., PII, PHI, PCI) stored on the cloud (e.g., Carbonite, Google Drive, Dropbox)?

If so, which provider(s) is used?:

☐ Yes ☐ No

Employee Management

Does your organization provide mandatory information security training to all employees at least annually?

If yes, are your information security personnel provided with additional training to help them understand current security threats?

Please describe:

☐ Yes ☐ No

Cyber Insurance Coverage History

1. List prior cyber/security privacy insurance for past three years, including both stand-alone policies and supplemental coverage provided under some other type of insurance.

Insurance Company	Insurance Limits	Deductible/Retention	Policy Period MM/DD/YYYY	Premium
	\$			\$
	\$			\$
	\$			\$

2. Has any cyber/security privacy insurance policy listed above been canceled or nonrenewed? ☐ Yes ☐ No

3. What is the Retroactive Date of your Cyber Insurance Policy currently in effect? If you do not have a Cyber Insurance Policy currently in effect, please check N/A. ☐ N/A

Insuring Agreement	Retroactive Date (mm/dd/yyyy)
a) Security Agreement	
b) Extortion Threats	
c) Replacement or Restoration of Electronic Data	
d) Business Income and Extra Expense	
e) Public Relations Expense	
f) Security Breach Liability	

During the last three years has your organization suffered a security breach requiring customer or third-party notification according to state or federal regulations? ☐ Yes ☐ No

If Yes, please describe both the cause of the security breach and the economic loss to your organization:

If Yes, how did your organization respond to the security breach?

VEHICLE EXPOSURES

Number of company owned vehicles (list below)		Number of drivers	
Private Pass:	Light Trucks:	Medium Trucks	
Heavy Trucks:	Heavy Truck Tractors:	Extra-Heavy Trucks:	
Extra-Heavy Truck Tractors:		Trailers	
Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are MVR's pulled on all drivers? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a vehicle maintenance program in place? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles: _____%			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use owner/operators? If yes, please describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE EXPOSURES

Do you allow employees to take company vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE JOBSITE EXPOSURES

Number of employees	Employee turnover rate	Percent union employees	Percent non-union employees
Do you use temporary employees? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job training provided? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain a written employment application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you obtain pre/post-employment physicals? If yes, which one (pre or post-employment)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform drug/substance abuse tests? If yes, for all employees or just CDL drivers? If yes, indicate what testing is done: pre-hire, post-accident, random and/or for-cause?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a specific medical provider to treat injured employees? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a full time Safety Director? If yes, please provide their name:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written safety program? If yes, please provide copy of table of contents.			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a written safety program does it include a positive incentive program? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety/tailgate meetings conducted? If yes, how often?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written fall protection program? If yes, indicate at what height 100% fall protection is required:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any work performed above two stories?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform roof work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use scaffolds?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any excavation or below-grade work? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform any confined space work? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a lock-out/tag-out program? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a hazardous materials communication program? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a formal equipment inspection/maintenance program? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have set procedures for reporting a claim? If yes, please provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYEE JOBSITE EXPOSURES

Is there a formal accident investigation report? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is modified duty offered to injured employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Return To Work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:			
Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:			
Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please provide:			
Name of Firm		Contact	
Phone Number		E-mail	

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Please have application signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Berkley Environmental (a W. R. Berkley Company)

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
2	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
3	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
4	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
5	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
6	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
7	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
8	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
9	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	
10	Project Name/Client:
Services Provided:	
Value of Completed Project Gross Revenue: \$	

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of 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 LOUISIANA 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 fines and confinement in prison.

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 of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a 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, 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.

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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA 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 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 RHODE ISLAND: 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 fines and confinement in prison.

NOTICE TO TENNESSEE 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.

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.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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.