

2. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

Contracting		Consulting/Laboratory	
Above Ground Storage Tank Installation	\$	Air Monitoring	\$
Above Ground Storage Tank Removal	\$	Analytical Laboratories	\$
Underground Storage Tank Installation	\$	Civil Engineering	\$
Underground Storage Tank Removal	\$	Environmental Compliance	\$
Asbestos Abatement	\$	Environmental Impact Studies	\$
Bio Remediation	\$	Environmental Permitting	\$
Drilling (not oil/gas)	\$	Environmental Sampling	\$
Emergency Response	\$	Expert Witness	\$
Hazardous Materials Clean Up	\$	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$
Hazardous Materials Packing / Pickup	\$		
Lead Abatement	\$	Geophysical (i.e. drilling, sampling, etc.)	\$
Liquid Waste Remediation	\$	Hazardous Materials Consulting	\$
Mold Remediation	\$	Hydrogeological Investigations	\$
PCB Removal / Remediation	\$	Litigation Support	\$
Non-Environmental Contracting		Manual Preparation	\$
Carpentry	\$	Mold Evaluation / Consulting	\$
Demolition	\$	Phase I Environmental Assessments	\$
Fire / Water Restoration	\$	Phase II & III Environmental Assessments	\$
Plumbing	\$	Project Management	\$
Roofing	\$	Remedial Design	\$
Soil Removal / Remediation	\$	Remedial Investigation / Studies	\$
Soil Excavation – other than petroleum	\$	Remediation Oversight	\$
Tank and/or Pipe Cleaning	\$	Safety Training	\$
Wetlands Contracting	\$	Underground Storage Tank Testing	\$
Other – Contracting		Wetlands	\$
Describe: _____	\$	Other - Consulting / Laboratory	
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$	Describe: _____	\$
Describe: _____	\$	Describe: _____	\$
Total Projected Contracting Gross Receipts: \$ _____		Total Projected Consulting/Laboratory Gross Receipts: \$ _____	

PRIOR CARRIER LIABILITY INFORMATION (Past Three Years)

1. Please indicate the following for your current and prior carriers:

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Policy Type	Rate	Premium

2. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? Yes No
 If Yes, please explain: _____

HISTORY OF COMPANY (Please explain all "Yes" responses.)

1. Date Company was established: _____
2. Is work done through or by any affiliated or related company(s)? Yes No
 If Yes, please explain: _____

3. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? Yes No
 If Yes, please explain: _____

4. Has the applicant or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? Yes No
 If Yes, please explain: _____

5. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? Yes No
 If Yes, please explain: _____

6. Is the applicant a successor of any other business? Yes No
 If Yes, please list predecessor: _____

7. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? Yes No
 If Yes, please explain: _____

SUBCONTRACTED SERVICES (Please explain all "No" responses.)

1. Please identify the services that are subcontracted:

Description	Applicable Cost
	\$
	\$
	\$
	\$

- 2. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? Yes No
- 3. Are the subcontractors required to name the applicant as an additional insured? Yes No
- 4. Does the applicant collect certificates of insurance from all subcontractors? Yes No
- 5. Are all subcontractors licensed and accredited? Yes No

GENERAL INFORMATION (Please explain all "Yes" responses.)

- 1. Does the applicant directly or indirectly perform work on residential properties? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
- 2. Are more than 50% of the applicant's services subcontracted? Yes No
- 3. Is the applicant applying for project specific coverage? Yes No
 If Yes, please attach a copy of the contract for the project and project supplemental application.
- 4. Are any of the applicant's revenues generated by contracting services performed in New York City? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
- 5. Does the applicant conduct tank installation work? Yes No
 If Yes, please answer the following:
 - a. What percentage of the applicant's overall sales is associated with this operation? _____ %
 - b. Are the installed tanks precision tightness tested before being released to owner? Yes No
 - c. Does the applicant apply any type of corrosion protection? Yes No
 - d. Are tanks tested and certified by a registered professional prior to use? Yes No

Please submit the following: Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs and installation procedures.
- 6. Does the applicant install any type of liner, i.e., landfill, lagoons, etc.? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %

Please submit the following: Resumes and certifications of employees installing the liners, installation procedures and testing procedures for the installed liners.
- 7. Does the applicant conduct more than 10% geotechnical or geophysical operations? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %

Please submit the following: A detailed list of the applicant's geotechnical and geophysical operations and detailed resumes of employees who conduct these operations.
- 8. Does the applicant conduct any Phase I or Real Estate Transfer Assessments? Yes No
 If Yes, what percentage of the applicant's overall sales is associated with this operation? _____ %
 If Yes, does the applicant follow ASTM-1527 guidelines? Yes No

Please submit the following: A sample contract if the applicant utilizes a different format than indicated in ASTM-1527 guidelines.
- 9. Does the applicant conduct any type of mold contracting or mold consulting work? Yes No
 If Yes, please complete and attach a Supplemental Mold Contractors and Consultants Application.
 If No, but the applicant is interested in being considered for claims-made mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.

10. Total personnel (list each person only once, by primary function):

- Architects, Engineers, Geologists, Hydrogeologists _____
- Industrial Hygienists, Toxicologists, CIHs or CSPs _____
- Supervisors/Foremen/Leadmen _____
- Draftsmen, Technicians _____
- Laborers _____
- AHERA, Hazwopers _____
- Other (please specify primary function and count per primary function): _____

TRANSIT INFORMATION NOT APPLICABLE

1. What is the radius (in miles) of operations? _____
2. Are driver training and a MVR review policy in place? Yes No
3. If pollution coverage is desired, please indicate vehicle type and VIN below:

Vehicle Type	VIN

4. Does the applicant have EPA or State status required to transport and/or store waste materials generated from your work? (If Yes, attach an explanation and complete table below.) Yes No

MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT ANY ONE TIME

STORAGE TANK INFORMATION NOT APPLICABLE

1. What types of tanks are installed? _____
2. Number of years experience: _____
3. Approximately how many tanks will be removed over the next twelve (12) months? _____
4. Approximately how many tanks will be installed over the next twelve (12) months? _____

SAMPLING AND MONITORING PROCEDURES

Check appropriate boxes for applicant's typical sampling and monitoring procedures in work areas:

- Sampling done by Applicant's employees Sampling done by independent laboratory/consultant
- Analysis done by Applicant's employees Analysis done by independent laboratory
- Waste Characteristic Sampling Closure Sampling: Type: _____ Clearance Sampling

DISPOSAL PROCEDURES NOT APPLICABLE

Indicate procedures the applicant employs in the disposal of hazardous materials/substances:

- Manifested or Disposal Forms? Yes No Drummed/over pack? Yes No
- Bagged in two 6 mil bags and labeled? Yes No Transportation by independent hauler? Yes No
- Treatment (on/off site)? Yes No Transported by Applicant? Yes No

CLAIM INFORMATION (Please explain all "Yes" responses.)

1. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If Yes, please provide full details on each incident: _____

2. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No

If Yes, please provide full details on each incident: _____

FRAUD WARNING: APPLICABLE TO ALL STATES

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.

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 to the insurer to complete the insurance.

NOTICE TO APPLICANTS

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.

Applicant's Signature

Date

Print Name

Title