

Environmental Application

INSTRUCTIONS: Please complete all applicable sections of this Application and return it to Colony Management Services, Inc. along with the Supplemental Information requested. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

APPLICANT INFORMATION

APPLICANT'S MAILING ADDRESS PHYSICAL ADDRESS IF DIFFERENT TH MAILING ADDRESS				
Name	Name			
Address	Address			
City, State, Zip	City, State, Zip			
Telephone #	Telephone #			
Fax #	Fax # E-mail			
PLEASE INDICATE COVERAGE(S) DESIRED - And complete the applicable supplemental application for each				
Contractors Pollution Liability	Site Pollution Coverage			
Professional Errors & Omissions Liability for Environmental Engineers and Consultants	General Liability Coverage (submit an Acord application)			
GENERAL INFORMATION - Explain all "YES" responses				
YES NO				
□ □ Is work done through or by any affiliated or related companies?	□ □ Is work done through or by any affiliated or related companies?			
Does Applicant transport hazardous materials or substances in vehicles	owned, leased, operated or rented by the Applicant?			
Is Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction?				
Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime?				
To the best of your knowledge, are you in compliance with all federal, state and local safety, health and environmental regulations and notification requirements? If NO, attach an explanation.				
At the time of signing this application, is the applicant aware of any circumstances which may reasonably be expected to give rise to a claim under any of the policies for which the applicant is applying?				
Are any organizations closely associated with Applicant in the form of a holding company, subsidiary, sister or parent company, or a firm with substantially the same ownership? If YES, does any such company or firm, require coverage under Applicant's policy? If YES, complete a separate application for each.				
During the past five years has the company changed names, purchased other companies or been a part of any mergers or consolidations?				
Has Applicant or any affiliated, related or predecessor entity ever been (or currently) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceeding, or has it made an assignment for the benefit of creditors?				
Has Applicant or any affiliated, related or predecessor entity ever been cited by a federal, state, county, city, municipal or other government agency or court for violation of any applicable construction, safety and health and/or environmental standards?				
□ □ In the last 3 years has any insurance been declined or cancelled?				
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PRIOR CARRIER INFORMATION - Please attach a copy of Applicant's current policies						
Effective	/ /		/	/	/ /	
Date:	, ,				, ,	
Carrier: Policy # &						
Coverage:						
Policy Type:	Claims-Made	Occurrence	Claims-Mad	e 🗌 Occurrence	Claims-Made Occurrence	
Retro Date:	/ /		/	/	/ /	
Limit of Liability:						
Deductible:						
Total						
Premium:						
Effective Date:	/ /		/	/	/ /	
Carrier:						
Policy # &						
Coverage: Policy Type:	Claims-Made	Occurrence	Claims-Mad	e 🗌 Occurrence	Claims-Made Occurrence	
Retro Date:						
Limit of	, ,		/	,	, , ,	
Liability:						
Deductible:						
Total Premium:						
Effective	/ /		/	1	/ /	
Date:	, ,		,	,	, ,	
Carrier: Policy # &						
Coverage:						
Policy Type:	Claims-Made	Occurrence	Claims-Mad	e 🗌 Occurrence	Claims-Made Occurrence	
Retro Date:	/ /		/	/	/ /	
Limit of						
Liability:						
Deductible:						
Total Premium:						
LOSS HISTORY - Provide information on all claims, events or occurrences that may give rise to or result in a claim						
	RE IF NONE 🗌					
DATE OF LOSS		COVERAGE		DESCRIPTION OF THE LOSS INCLUDING AMOUNT PAID & DATE O LOSS	F STATUS OF CLAIM/AMOUNT RESERVED OR PAID	
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ADDITIONAL NAMED INSUREDS - Attach additional page if necessary						
Name	Address	Name	Address			
City, State, Zip	Telephone #	City, State, Zip	Telephone #			
	Fax #		Fax #			
INTEREST:		INTEREST:				
CONTACT NAME:		CONTACT NAME:				
Name	Address	Name	Address			
City, State, Zip	Telephone #	City, State, Zip	Telephone #			
	Fax #		Fax #			
INTEREST:		INTEREST:				
CONTACT NAME:		CONTACT NAME:				
ADDITIONAL INSU	IREDS - Attach additional page if n	ecessary				
Name	Address	Name	Address			
City, State, Zip	Telephone #	City, State, Zip	Telephone #			
	Fax #		Fax #			
INTEREST:		INTEREST:				
CONTACT NAME:		CONTACT NAME:				
Name	Address	Name	Address			
City, State, Zip	Telephone #	City, State, Zip	Telephone #			
	Fax #		Fax #			
INTEREST:		INTEREST:				
CONTACT NAME: CONTACT NAME:						
SUPPLEMENTAL IN	IFORMATION - Required from all	Applicants (Attach each it	em listed to App	olicatio	n)	
Resumes of Applicant's	key personnel	Website address				
Available literature/broo	chures on all operations	Total projected gro	oss revenue (next	12 mont	hs):	
	licy for retroactive date consideration	Revenue: \$	Payroll: \$		·	
APPLICANT'S SIGN	IATURE					
	nd with intent to injure, defraud, or deceive any			tion cont	aining false,	
incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution.						
Applicant's Signature:	Title		Da	ate:	/	/
Comments:						
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Contractor's Pollution Liability Supplemental Application

APPLICANT'S NAME:					
DEDUCTIBLE DESIRED:	LIMITS OF LIABILITY REQUESTED:				
□ \$1,000 □ \$2,500 □ \$5,000	\$1,000,000 each claim/\$1,000,000 aggregate policy limit				
\$10,000 Other \$	\$ each claim/\$ aggregate policy limit				
COVERAGES REQUESTED					
General Liability ISO Class Code(s)	Contractor's Pollution Liability ISO Class Code(s)				
Occurrence	Occurrence				
Claims-Made retroactive date: / /	Claims-Made retroactive date: / /				
ENVIRONMENTAL CONTRACTING SERVICES					
Check types of environmental contracting services Applicant provides, a each.	nd provide the estimated revenue during the next twelve (12) months for				
Amount in House % Subbe					
Soil Remediation:	Asbestos Abatement \$				
Other (describe)	Pesticide/Herbicide Application \$ Sampling Activities \$				
	Groundwater Remediation \$				
	Building Decontamination \$				
	(other than asbestos or lead) \$				
	Superfund \$				
	Landfill \$				
	Waste Incinerator (describe) \$				
ABOVE/UNDERGROUND STORAGE TANKS:	Taul Installation 6				
Tank Tightness Testing \$ Tank Removal \$	Tank Installation \$ Tank Cleaning \$				
NON-ENVIRONMENTAL CONTRACTING SERVICE					
Amount in House % Subbe					
Janitorial (96816) \$	Construction Debris Removal \$ (91629)				
Insulation (96408/09/10) \$	Demolition (structural)				
Painting \$	Blasting \$				
Carpentry (91342) \$	Wrecking Ball \$				
Excavation/Grading (94007) \$	Demolition (non-structural) \$				
Concrete Construction \$ (91560)	General Construction \$				
Roofing Commercial \$ (98677)	Other (describe)				
Residential \$	\$				
(98678)					
Document1	Contractor's Pollution Liability Page 1 of 3				



Contractor's Pollution Liability Supplemental Application

SUBCONTRACTED SERVICES			
1. Please describe any environmental or non-environmental contracting services checked above wh	ich are performed by subcontractors of Applicant.		
2. What insurance does the applicant require the sub-contractors to carry?			
3. Does the applicant require the sub-contractors to carry limits equal to their own? YES NO	Coverages the applicant requires.		
DISPOSAL PROCEDURES			
What procedures does Applicant employ in the disposal of hazardous materials/substances?			
YES NO YES NO	YES NO		
Image: Manifested or Disposal Forms Image: Treatment (on/off site) ? Image: Bagged in two 6 mil bags and Image: Drummed/over pack?	Transportation by independent hauler?		
labeled?	Transported by Applicant?		
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	Waste Characteristic Sampling		
Analysis done by Applicant's employees Analysis done by independent laboratory	Closure Sampling: Type:		
	Clearance Sampling		
STORAGE TANK INFORMATION INOT APPLICABLE What type of tanks are installed? INOT APPLICABLE			
Number of years experience:			
Approximately how many tanks will be removed over the next twelve (12) months?			
GENERAL INFORMATION/OPTIONAL COVERAGES			
YES NO			
Does Applicant require coverage for incidental professional activities performed? If YES,	describe activities:		
Does Applicant perform any work that presents an underground exposure? If YES, describe all such work:			
Loss Applicant perform any work that presents an underground exposure: IFTES, describe all such work.			
Years in business under present name			
Years of experience in conducting environmental operations			
(If YES, please describe:)			
Document1 Contractor's Pollu	tion Liability Page 2 of 3		



Contractor's Pollution Liability Supplemental Application

TRA	NSIT INFORMATION		NOT APPLICABLE
What i	s the radius (in miles) of operations?		
Driver	training and MVR review policy in place?		
Driver			
How m	nany vehicles are used and type?		
What r	nobile equipment is used?		
What r	nobile equipment is owned?		
			YES NO
-	I have EPA or State status required to transport and/or store waste ma	Iterials generated from your work? (Attach an E	xplanation)
What r	naterials are transported?		
	MATERIALS TRANSPORTED	AMOUNT TRANSPORTED AT	ANY ONE TIME
1.		1.	
2.		2.	
3.		3.	
Com	ments:		
RFO	UIRED ATTACHMENTS FROM ALL APPLICANT	ς.	
	following items must accompany this section:		
	Written remediation procedures for all environmental contracting services listed above.	Copies of all licenses/certifications.	
	Sample of site safety and health plans (site work plans) including		
	confined space entry protocol.	Resumes of key personnel.	
	Provide evidence of GL coverage or a completed Acord application		
	for a GL quotation.		
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