





## Environmental Application

<b>PRIOR CARRIER INFORMATION - Please attach a copy of Applicant's current policies</b>			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
Effective Date:	/ /	/ /	/ /
Carrier:			
Policy # & Coverage:			
Policy Type:	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence
Retro Date:	/ /	/ /	/ /
Limit of Liability:			
Deductible:			
Total Premium:			
<b>LOSS HISTORY - Provide information on all claims, events or occurrences that may give rise to or result in a claim</b>			
<b>CHECK HERE IF NONE <input type="checkbox"/></b>			
DATE OF LOSS	COVERAGE	DESCRIPTION OF THE LOSS INCLUDING AMOUNT PAID & DATE OF LOSS	STATUS OF CLAIM/AMOUNT RESERVED OR PAID
<b>Document2</b>		<b>Applicant Information</b>	
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## Environmental Application

<b>ADDITIONAL NAMED INSUREDS - Attach additional page if necessary</b>			
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:	
<b>ADDITIONAL INSUREDS - Attach additional page if necessary</b>			
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:	
<b>SUPPLEMENTAL INFORMATION - Required from all Applicants (Attach each item listed to Application)</b>			
<input type="checkbox"/> Resumes of Applicant's key personnel	<input type="checkbox"/> Website address		
<input type="checkbox"/> Available literature/brochures on all operations	<input type="checkbox"/> Total projected gross revenue (next 12 months):		
<input type="checkbox"/> Copy of the expiring policy for retroactive date consideration	Revenue: \$	Payroll: \$	
<b>APPLICANT'S SIGNATURE</b>			
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: _____		Title _____ Date:    /    /	
<b>Comments:</b>			
<b>Document2</b>		<b>Applicant Information    Page 3 of 3</b>	



## Contractor's Pollution Liability Supplemental Application

<b>APPLICANT'S NAME:</b>			
<b>DEDUCTIBLE DESIRED:</b>		<b>LIMITS OF LIABILITY REQUESTED:</b>	
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000,000 each claim/\$1,000,000 aggregate policy limit	
<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other \$	<input type="checkbox"/> \$ each claim/\$ aggregate policy limit	
<b>COVERAGES REQUESTED</b>			
<b>General Liability</b> ISO Class Code(s)		<b>Contractor's Pollution Liability</b> ISO Class Code(s)	
<input type="checkbox"/> Occurrence		<input type="checkbox"/> Occurrence	
<input type="checkbox"/> Claims-Made retroactive date: / /		<input type="checkbox"/> Claims-Made retroactive date: / /	
<b>ENVIRONMENTAL CONTRACTING SERVICES</b>			
Check types of environmental contracting services Applicant provides, and provide the estimated revenue during the next twelve (12) months for each.			
<input type="checkbox"/> Emergency Response	Amount in House \$	% Subbed	<input type="checkbox"/> Asbestos Abatement
<input type="checkbox"/> Soil Remediation:	\$		<input type="checkbox"/> Lead Abatement
<input type="checkbox"/> Other (describe)			<input type="checkbox"/> Pesticide/Herbicide Application
			<input type="checkbox"/> Sampling Activities
			<input type="checkbox"/> Groundwater Remediation
			<input type="checkbox"/> Building Decontamination (other than asbestos or lead)
			<input type="checkbox"/> Superfund
			<input type="checkbox"/> Landfill
			<input type="checkbox"/> Waste Incinerator (describe)
<input type="checkbox"/> ABOVE/UNDERGROUND STORAGE TANKS:			
Tank Tightness Testing	\$		Tank Installation
Tank Removal	\$		Tank Cleaning
<b>NON-ENVIRONMENTAL CONTRACTING SERVICES</b>			
<input type="checkbox"/> Electrical (92451)	Amount in House \$	% Subbed	<input type="checkbox"/> Plumbing (98428 or 98483)
<input type="checkbox"/> Janitorial (96816)	\$		<input type="checkbox"/> Construction Debris Removal (91629)
<input type="checkbox"/> Insulation (96408/09/10)	\$		<input type="checkbox"/> Demolition (structural)
<input type="checkbox"/> Painting	\$		<input type="checkbox"/> Blasting
<input type="checkbox"/> Carpentry (91342)	\$		<input type="checkbox"/> Wrecking Ball
<input type="checkbox"/> Excavation/Grading (94007)	\$		<input type="checkbox"/> Demolition (non-structural)
<input type="checkbox"/> Concrete Construction (91560)	\$		<input type="checkbox"/> General Construction
<input type="checkbox"/> Roofing <input type="checkbox"/> Commercial (98677)	\$		<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Residential (98678)	\$		



## Contractor's Pollution Liability Supplemental Application

### SUBCONTRACTED SERVICES

1. Please describe any environmental or non-environmental contracting services checked above which 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

NOT APPLICABLE

What procedures does Applicant employ in the disposal of hazardous materials/substances?

- |                              |                                       |                              |                             |                              |                                       |
|------------------------------|---------------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/>           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/>           |
| <input type="checkbox"/>     | Manifested or Disposal Forms          | <input type="checkbox"/>     | Treatment (on/off site) ?   | <input type="checkbox"/>     | Transportation by independent hauler? |
| <input type="checkbox"/>     | Bagged in two 6 mil bags and labeled? | <input type="checkbox"/>     | Drummed/over pack?          | <input type="checkbox"/>     | Transported by Applicant?             |

### SAMPLING AND MONITORING PROCEDURES

NOT APPLICABLE

Check appropriate boxes for Applicant's typical sampling and monitoring procedures in work areas.

- |                          |  |                          |  |                          |                               |
|--------------------------|--|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Sampling done by Applicant's employees | <input type="checkbox"/> | Sampling done by independent laboratory/consultant | <input type="checkbox"/> | Waste Characteristic Sampling |
| <input type="checkbox"/> | Analysis done by Applicant's employees | <input type="checkbox"/> | Analysis done by independent laboratory            | <input type="checkbox"/> | Closure Sampling: Type:       |
|                          |  |                          |  | <input type="checkbox"/> | Clearance Sampling            |

### STORAGE TANK INFORMATION

NOT APPLICABLE

What type of tanks are installed?

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: \_\_\_\_\_

Years in business under present name

Years of experience in conducting environmental operations

(If YES, please describe: )



## Contractor's Pollution Liability Supplemental Application

### TRANSIT INFORMATION

NOT APPLICABLE

What is the radius (in miles) of operations?

Driver training and MVR review policy in place?

How many vehicles are used and type?

What mobile equipment is used?

What mobile equipment is owned?

Do you have EPA or State status required to transport and/or store waste materials generated from your work? (Attach an Explanation)

YES NO

What materials are transported?

#### MATERIALS TRANSPORTED

#### AMOUNT TRANSPORTED AT ANY ONE TIME

1.

1.

2.

2.

3.

3.

### Comments:

### REQUIRED ATTACHMENTS FROM ALL APPLICANTS :

*The 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.