

ACE Commercial Risk Services®

ENVIRONMENTAL CONTRACTORS AND CONSULTANTS APPLICATION

	SEC	ΓΙΟΝ	I: APPLICANT			
APPLICANT NAME:	5201				D	DATE:
MAILING ADDRESS:						
CITY:			STATE:		ZIP CODE:	
TELEPHONE:		WEB	SITE:			
Applicant is an: INDIVIDUAL			CORPORATION	□ JOINT	VENTURE	
					-	
	SECTION II:	COV	ERAGE REQU	ESIED		
Commercial General Liability			Claims-Made		Retroactiv	ve Date:
Contractors Pollution Liability			Claims-Made and	Reported	Retroactiv	ve date:
Professional Liability		Clai	ms-Made and Re	ported Onl	y Retroacti	ve Date:
Onsite Cleanup		Clai	ms-Made and Re	ported Only	y Retroacti	ve Date:
Third-Party Premises Pollution		Clai	ms-Made and Re	ported Onl	y Retroacti	ve Date:
List any enhancements/endorsemer	its that the applicar	nt is se	eeking or currentl	y has:		
PROPOSED EFFECTIVE DATE:	LIMITS REQUE \$	ESTEI	D: (Occurrence / / / \$	Aggregate)	DEDUC \$	TIBLE REQUESTED:
1. Is this coverage being requeste If yes, complete Project Spec		ific pr	oject?			🗌 Yes 🗌 No
2. Does the Applicant want covera						🗌 Yes 🗌 No
		GEN	ERAL INFORM			
1. Year Applicant was established		GLM		ATION		
 Year Applicant was established Has the Applicant ever operated If yes, explain: 		me?				🗌 Yes 🗌 No
3. Has the Applicant acquired, me If yes, explain:	rged, or discontinu	ed an	y operations in th	e last five (5) years?	🗌 Yes 🗌 No
4. Does the Applicant have: If yes, explain:			Subsidiaries	Parent Co	mpany 🗌	Other Related Entities
Do you share employees? If yes, explain:						🗌 Yes 🗌 No
Please list any other Named Ins	sureds:					
5. Is coverage intended for a Joint If yes, explain:	Venture?					🗌 Yes 🗌 No

6.	Detail geographical extent of operations: % Domestic % Foreign (Pr	ovide geographical locations of	all foreign projects)	
	Please list any all affiliated persons or busi principal place of business is located, outs coverage:			
7.		n which your work is performed	d:	
8.	Does the Applicant or any other party to this contracting operations or professional servic fracturing and/or the handling, transportatio If yes, please provide a detailed description	es associated with, in whole or n, disposal of hydraulic fracturi	in part, hydraulic ng fluid?	□ Yes □ No
	SECTION IV: BUS	INESS PRACTICES & SAF	ETY PROTOCOL	
1.	Describe the minimum insurance requireme			
			conountarito.	
	General Liability \$			
	Contractors Pollution Liability \$			
	Professional Liability \$			
2.	Does Applicant have written in-house qualit	y control or written in-house he	alth and safety procedure	es? 🗌 Yes 🗌 No
		N V: FINANCIAL INFORM	ATION	
\$	Estimated gross revenue	for the next 12 months	Fiscal Yea	ar Period
\$	1 st prior year's revenue		to	
\$	2 nd prior year's revenue			
Bre	akdown of Revenue by Project	Pasidontial: % Haanitala	Aluraing Hamaa 9/ 1	nductrial 0/
Cla	ssification:	Residential:% Hospitals	Nursing Homes:%	ndustriai:%
(Es	timated Percentage for next 12 months)	Commercial: % Schools/E	Education:% Other:_	%
(Es	timated Percentage for next 12 months)	SECTION VI: SERVICES	Education:% Other:_	%
				%
Α.	Environmental Contracting Services		Education:% Other:% Projected Revenues \$	
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Civil or Structural Engineering\$%Concrete\$%			
Concrete \$ %			
	Demolition – Interior	\$	%
Demolition - Exterior \$			
Dredging \$ %			
Drilling (oil, gas, drinking water) \$		\$	
Electrical \$ %	Electrical		
Excavation/Grading \$ %	Excavation/Grading	\$	%

General Construction	\$	%
Geotechnical Engineering	\$	%
Health and Safety Consulting (non-environmental)	\$	%
HVAC/Mechanical	\$	%
Insulation	\$	%
Lab Testing (non-environmental)	\$	%
Marine	\$	%
Manufacturing, Sales or Distribution	\$	%
Masonry	\$	%
Painting	\$	%
Pipeline Cleaning and Maintenance	\$	%
Plumbing	\$	%
Process Engineering	\$ \$	%
Road and Bridge Construction	\$ \$	<u>%</u>
Roofing Scaffold Erection (exterior)	\$ \$	<u>%</u>
	\$ \$	<u>%</u>
Sewer/Septic Cleaning and Maintenance Surveying by a Licensed Land Surveyor	\$	76 %
Transportation (non-environmental)	\$	<u> </u>
Water - Potable System Design	\$	<u> </u>
OTHER (specify)	\$	%
Total Revenue for Non-Environmental Services:	\$	%
SECTION VII: CLAIMS HISTO	ξŶ	
 Within the past five (5) years, have any claims been made or legal actions 		
regulatory proceedings) been brought against the Applicant, its legal pred party to the proposed insurance?		🗌 Yes 🗌 No
If yes, please provide additional Information:		
n yes, please provide additional mormation.		
2. Within the past five (5) years, has the Applicant its legal predecessor(s) or	any other party to the	
proposed Insurance been involved in any pollution incidents on or at project		6
legal predecessor(s) or any other party to the proposed insurance performe		
	0 1	
If yes, please provide additional Information:		
3. Does the Applicant or any other party to the proposed insurance have know	vledge of injury to people	
or damage to property during the last five (5) years on or at projects where		
predecessor(s) or any other party to the proposed insurance performed co		🗌 Yes 🗌 No
	induling operations:	
If yes, please provide additional Information:		
4. Is any member of the Applicant or any other party to this insurance, or any		
wholly or partly owns, manages and/or controls, aware of any circumstanc claim, suit or notice of incident or occurrence against them?	es that may result in any	🗌 Yes 🗌 No
If yes, please provide additional Information:		
*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAII	MS EXIST. OR ANY	SUCH FACTS OR
CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLA		
OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMST		
PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY S		
CURRENTLY VALUED LOSS RUNS MUST	BE FURNISHED	

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL 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 OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME. MISSTATMENTS, MISREPRESENTATIONS, OMISSIONS AND CONCEALMENTS ARE NOT FRAUDULENT UNLESS MADE WITH INTENT TO KNOWINGLY DEFRAUD. IN ORDER TO DENY A CLAIM ON THE BASIS OF SUCH MISSTATEMENTS, MISREPRRESENTATIONS, OMISSIONS OR CONCEALMENTS, THE INSURER MUST SHOW RELIANCE UPON THE INFORMATION; THE INFORMATION WAS MATERIAL TO THE CONTENT OF THE POLICY; AND THE INFORMATION WAS MATERIAL TO THE ACCEPTANCE OF THE RISK OR PROVIDED FRAUDULENTLY.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS 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 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 APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name of Applicant			
Signature of Authorized Applicant	Signature of Broker/Agent		
Print Name	Print Name		
Title	Agency Name		
Date	Date		