

Environmental Services Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

Additional Named Insured(s)	
Name: _____	Name: _____
Address: _____	Address: _____
Description: _____	Description: _____

SECTION I. General Information	Space is supplied on page 3 for providing additional information																																				
Specify the year that the Applicant initially commenced operations: _____																																					
What are the Applicant's total revenues for each of the last 3 years? 1st Preceding Year: \$ _____ 2nd Preceding Year: \$ _____ 3rd Preceding Year: \$ _____																																					
Applicant's Total Number of Employees: _____																																					
What is the Applicant's current Workers Comp experience modification factor? _____																																					
The Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (please identify) _____																																					
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SECTION II. Retention, Limit & Coverage

Effective Date: _____ **Policy Term:** One Year Two Year Other _____

Retention Type: Self-Insured Retention Deductible **Limits of Liability:**

Retention Amount: \$2,500 \$5,000 \$10,000 \$25,000 Other _____ \$1M/\$1M \$1M/\$2M \$2M/\$2M Other _____

Coverages:

	YES	NO		
Hired & Non-Owned Auto Liability:	<input type="checkbox"/>	<input type="checkbox"/>		
	Occurrence	Claims-Made	None	Retro Date
Commercial General Liability (CGL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):		<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION III. Prior Insurance Information

	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Policy Type (CM; Occ; No Covg)			
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

SECTION IV. Claims

Space is supplied on page 3 for providing additional information

Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?

	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				

For Claims Greater than \$5,000, **provide details**, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.

Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? **If YES, provide full details.**

SECTION V. Safety & Practices

Copies of all of the below must be made available to ASI upon request.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Company/Site specific Health & Safety Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have written Work Procedures for all services selected?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Hazardous Communication Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Respiratory Protection Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Medical Surveillance Program?

SECTION VI. Subcontracted Services

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are all subcontractors licensed and accredited?
<input type="checkbox"/>	<input type="checkbox"/>	Are the subcontractors required to name the Applicant as an additional insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?
		What are the minimum limits the Applicant requires of subcontractors? _____

SECTION VII. Mobile Equipment	Check here if this section does not apply. <input type="checkbox"/>
YES NO <input type="checkbox"/> <input type="checkbox"/> Are there any self-propelled vehicles which primarily provide mobility to permanently mounted power cranes, shovels, loaders, diggers or drills or road construction or resurfacing equipment such as graders, scrapers or rollers? If YES, specify number and description. _____ _____	
<input type="checkbox"/> <input type="checkbox"/> Are the above-described vehicles insured for liability coverage on your commercial automobile policy? If YES, specify Carrier Info, Policy Period and Limits. _____ If NO, specify Radius Driven, Annual Mileage and provide MVRs for all drivers. _____	

SECTION VIII. Microbiological Contracting & Consulting	Check here if this section does not apply. <input type="checkbox"/>
All policies will include a mold, mildew and fungus exclusion. Limited microbiological coverage may be available for this applicant. Please provide the information requested below:	
Describe the services performed. _____ _____	
Specify the number of years involved in microbiological work. _____	
Coverage Requested:	
<input type="checkbox"/> Contractors Pollution Liability - Microbiological Decontamination	<input type="checkbox"/> Microbiological Assessments <input type="checkbox"/> Consulting on Microbiological Decontamination Projects
<input type="checkbox"/> Professional Liability -	<input type="checkbox"/> Microbiological Laboratory Analysis
IF MOLD SUPPLEMENTAL COVERAGE IS REQUESTED, THE FOLLOWING MUST BE SUBMITTED AND ACCEPTED PRIOR TO BINDING	
Requirements for Contractors	
<ul style="list-style-type: none"> ▪ Statement of qualifications and/or experience for performing Microbiological Decontamination ▪ Training certificates for all employees performing Microbiological Decontamination (training course: 16 hr for workers and 24 hr for supervisors) ▪ Copy of the written proposal / contract. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied ▪ Written company specific standard operating procedures for Microbiological Decontamination 	
Requirements for Consultants (except Microbiological Lab Analysis)	
<ul style="list-style-type: none"> ▪ Statement of qualifications or resumes for all personnel providing Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments ▪ Training certificates for all employees providing Consulting on Microbiological Decontamination Projects and Microbiological Assessments (training course: 24 hr) ▪ Sample of proposal / contract prepared for Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied ▪ Copy of written reporting format (findings report) applies only to microbiological assessments, not consulting on microbiological decontamination 	

SECTION IX. Additional Information	Check here if this section does not apply. <input type="checkbox"/>
Please provide further descriptions below for General Information questions which request additional detail:	
Successor of any other business?	_____ _____ _____
Project Name and Location?	_____ _____ _____
Litigation, administrative or arbitration, court or agency orders or injunctions?	_____ _____ _____
Crime Conviction?	_____ _____ _____
Affiliated/Related Company(s)?	_____ _____ _____
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	_____ _____ _____
Claim details?	_____ _____ _____
Claims greater than \$5,000?	_____ _____ _____
Potential Claims descriptions?	_____ _____ _____
Additional Comments	_____ _____ _____

SECTION X. Contracting Services		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Revenues	% Subcontracted	
Asbestos Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Lead Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Environmental Contractor:			
Building Decontamination (excluding Mold, Mildew, Fungus)	\$	%	
Drilling – Environmental	\$	%	
Duct Cleaning	\$	%	
Emergency Response	\$	%	
Groundwater Remediation	\$	%	
Haz Mat Packing/Pickup	\$	%	
Medical Waste Pickup	\$	%	
Medical Waste Remediation	\$	%	
PCB – Light Ballast Removal	\$	%	
PCB – Removal/Remediation	\$	%	
Phyto Remediation	\$	%	
Septic System Installation	\$	%	
Soil Remediation – Bioremediation	\$	%	
Soil Remediation - Dig & Haul	\$	%	
Soil Remediation - Soil Incineration	\$	%	
Soil Remediation - Vapor Extraction	\$	%	
Spill Clean-Up	\$	%	
Superfund Landfill	\$	%	
Waste Incineration	\$	%	
Wastewater Treatment Systems Installation/Maintenance	\$	%	
Wetlands Contracting	\$	%	
Other (please specify) _____	\$	%	
Microbiological Decontamination Contractor:			
Commercial	\$	%	
Residential	\$	%	
Underground Storage Tank Contractor:			
Service Station Work (pump maintenance, fire suppression, power supply)	\$	%	
Storage Tank Cleaning	\$	%	
Storage Tank Installation	\$	%	
Storage Tank Removal	\$	%	
General Contractor (Non-Environmental):			
Carpentry	\$	%	
Concrete Construction	\$	%	
Construction Debris Removal	\$	%	
Demolition – Non-Structural (Interior Remodel)	\$	%	
Demolition – Over Two Stories	\$	%	
Demolition – Two or Less Stories	\$	%	
Drilling – Non-Environmental	\$	%	
Electrical	\$	%	
Excavation/Grading	\$	%	
General Construction	\$	%	
Insulation	\$	%	
Janitorial	\$	%	
Painting	\$	%	
Plumbing	\$	%	
Roofing – Commercial	\$	%	
Roofing – Residential	\$	%	
Service Station Construction and Maintenance	\$	%	
Underground Utility Installation	\$	%	
Other (please specify) _____	\$	%	
Total Revenue for Contracting Services:			

Hazardous Materials/Substances Disposal Procedures				Check here if this section does not apply. <input type="checkbox"/>			
What Procedure does the Applicant employ in the disposal and transportation of hazardous materials/substances?							
YES	NO		YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Bagged	<input type="checkbox"/>	<input type="checkbox"/>	Manifested	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drummed	<input type="checkbox"/>	<input type="checkbox"/>	Stored	<input type="checkbox"/>	<input type="checkbox"/>
					Treated On-Site	<input type="checkbox"/>	<input type="checkbox"/>
					Transported	<input type="checkbox"/>	<input type="checkbox"/>
					Labeled	<input type="checkbox"/>	<input type="checkbox"/>

Storage Tank Installation & Removal Information		Check here if this section does not apply. <input type="checkbox"/>	
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Is a leak detection system a part of all Installations? If YES, give the types and percentages. _____	Approximately how many tanks will be installed over the next twelve (12) months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are soil samples always taken and tested before excavation commences? If NO, when are tests done and by whom? _____	

SECTION XI. Professional Services		Check here if this section does not apply. <input type="checkbox"/>	
Professional Services	Projected Revenues	% Subcontracted	
Asbestos Assessments	\$		%
Consulting On Asbestos Abatement Projects	\$		%
Consulting On Drilling Projects	\$		%
Consulting On Landfill Projects	\$		%
Consulting On Lead Abatement Projects	\$		%
Consulting On Microbiological Decontamination Projects	\$		%
Consulting On Soil Remediation Projects	\$		%
Consulting On Storage Tank Projects	\$		%
Consulting On Superfund Projects	\$		%
Environmental Geotechnical / Geophysical Consulting	\$		%
Environmental Feasibility Studies	\$		%
Environmental Impact Studies	\$		%
Environmental Project Management	\$		%
Exhaust/Stack Air Testing	\$		%
Expert Witness	\$		%
Ground or Surface Water Monitoring	\$		%
Health and Safety Consulting	\$		%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$		%
Industrial Hygiene Services	\$		%
Lead Assessments	\$		%
Lab Packing	\$		%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$		%
Litigation Support	\$		%
Manual Preparation	\$		%
Microbiological Assessments	\$		%
Microbiological Lab Analysis	\$		%
Phase I Environmental Site Assessments	\$		%
Phase II Sampling and Remedial Studies	\$		%
Phase III Remedial Project Design and Supervision	\$		%
Property Inspections	\$		%
Radon Detection	\$		%
Regulatory Consulting / Permitting	\$		%
Septic System Testing	\$		%
Soil Testing	\$		%
Storage Tank Replacement and Remedial Project Design Supervision	\$		%
Training Schools/Seminars (excluding Mold, Mildew or Fungus)	\$		%
Underground Storage Tank System Testing	\$		%
Waste Brokering Services	\$		%
Wastewater Testing	\$		%
Wetlands Consulting	\$		%
Wildlife Studies	\$		%
Other (please specify) _____	\$		%
Total Revenue for Professional Services:			

