

ENVIRONMENTAL SERVICE PROVIDERS APPLICATION

APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	WEB ADDRESS	
Company is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER		
PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:		
1) Statement of Qualifications (SOQ) including resumes. 2) Most recent income statement and balance sheet. 3) Three years of currently valued loss runs. 4) Project Description – Supplemental Page or Form 254.		
COVERAGE REQUESTED: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business	PROPOSED EFFECTIVE DATE:	
LIMITS OF LIABILITY & DEDUCTIBLE	Limits Requested: Deductible Requested:	
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form Retroactive date __/__/__
CONTRACTOR'S POLLUTION LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form Retroactive date __/__/__
PROFESSIONAL LIABILITY	Claims Made Form only Retroactive date __/__/__	
SITE POLLUTION LIABILITY	Claims Made Form only Retroactive date __/__/__	
Company History		
Date Established:		
1. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):		
3. Do you share employees (if yes, explain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Liability Carrier Information		
Commercial General Liability	Contractors Pollution Liability	Professional Liability
None: _____	None: _____	None: _____
Occurrence Claims Made	Occurrence Claims Made	Occurrence Claims Made
Carrier _____	Carrier _____	Carrier _____
Limit of Liability _____	Limit of Liability _____	Limit of Liability _____
Deductible _____	Deductible _____	Deductible _____
Premium _____	Premium _____	Premium _____
Expiration Date _____	Expiration Date _____	Expiration Date _____
Retroactive Date _____	Retroactive Date _____	Retroactive Date _____
4. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of has a liability policy issued to any of the aforementioned ever been cancelled at the instigation of any premium finance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)		

5. Staff: Specify the total number of staff as follows

- | | |
|--|---|
| a. Architects or Environmental Engineers _____ | e. Draftsmen, Technicians, Inspectors, Surveyors: _____ |
| b. General Engineers other than above _____ | f. Clerical and Accounting Employees: _____ |
| c. Geologists or Hydrogeologists _____ | g. Administrative Management: _____ |
| d. Industrial Hygienists, Toxicologists, CIHs or CSPs Project Managers _____ | h. Other: _____
Total: _____ |
| | i. Number of Principals (included in listing above) _____ |

Please attach all key person's resumes, certifications and licenses.

6. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele. The total must equal 100%

- | | |
|--------------------------------|---------------------------------------|
| a. Commercial _____% | f. Industrial _____% |
| b. Contractors _____% | g. Residential – Single Family _____% |
| c. Design Professionals _____% | h. Residential – Multi Family _____% |
| d. Developers _____% | i. Utilities _____% |
| e. Governmental _____% | j. Other: _____% |

Business Practices

7. Does the Applicant use a standard written contract with its clients: Yes No (If yes, please answer the following & include a copy of your standard contract)

a. Does the form contain a limitation of liability clause? Yes No (If yes, to what extent is liability limited?) _____

b. Does the form contain any of the following:

- | | |
|---|---|
| _____ Hold Harmless Clause | _____ Right of Entry Clause |
| _____ Undiscovered Hazardous Materials Clause | _____ Limitation of Consequential Damages |
| _____ Subsurface Structure Clause | _____ Ownership of Documents Clause |
| _____ Detailed Scope of Services | |

c. What percentage of your projects are contracted using:

- | | |
|----------------------------------|--------|
| The Applicants standard contract | _____% |
| A letter of agreement | _____% |
| A client's contract form | _____% |
| Verbal agreement | _____% |
| Other: _____ | _____% |

8. Are subconsultants and subcontractors hired under a written, standard subcontract?

- Yes No (Please attach a copy)

9. Do you have established relationships with sub-contractors?

- Yes No

10. How do you select your subcontractors?

Describe the minimum insurance requirements:

- | | |
|---------------------------------------|----------|
| General Liability | \$ _____ |
| Professional Liability | \$ _____ |
| Contractors Pollution Legal Liability | \$ _____ |

11. How are non-standard client agreements reviewed?

- Attorney: Outside Attorney: In-house Staff (Please Describe)

12. Does your firm have written quality control procedures? (If yes, please include the table of contents with this application) Yes No

Business Practices - continued

13. Does your firm have a written health and safety procedures? (If yes, please include the table of contents with this application) Yes No

14. Does your firm have a confined space protocol? (If yes, please include the table of contents with this application) Yes No

15. Does your firm have an in-house continuing education program? (If yes, please describe) Yes No

If no, please describe how your professional receives continuing education / training:

Gross Revenue:

16. Enter firm's gross revenue for the last three years below:

Fiscal Year Period: _____ to _____

\$ _____ Estimated gross revenue for the upcoming year

\$ _____ 1st prior year's revenue

\$ _____ 2nd prior year's revenue

17. What percentage of estimated receipts is subcontracted to others _____% (Describe services below)

18. Detail geographical extent of operations: % Domestic: _____ % Foreign: _____

Please provide geographical locations of all foreign projects:

19. Please provide percentage of gross revenue derived from the following operations:

Services (amounts must total 100%)

Above Ground Storage Tank Installation	_____ %	Regulatory Compliance / Permitting	_____ %
Lab-packing / Drum Handling	_____ %	Industrial Hygiene / Health & Safety	_____ %
Industrial Cleaning	_____ %	Phase II & III Environmental Assessment	_____ %
Tank Cleaning	_____ %	General Consulting (Please Describe)	_____ %
Soil Excavation - petroleum	_____ %		
Thermal Treatment	_____ %	_____	_____ %
Underground Storage Tank Removal	_____ %	Project Management	_____ %
Underground Storage Tank Installation	_____ %	Training (Please Describe)	_____ %
Home Heating Oil Tank Removal	_____ %		
Home Heating Oil Tank Installation	_____ %	_____	_____ %
Drilling	_____ %	Analytical Laboratories	_____ %
Sampling	_____ %	Lead & Asbestos Consulting	_____ %
Emergency Response	_____ %	Remediation Oversight	_____ %
Bioremediation	_____ %	Remedial Design	_____ %
Soil remediation	_____ %	Hydrogeological Investigations	_____ %
Soil excavation - other than petroleum	_____ %	Underground Storage Tank Testing	_____ %
Asbestos Remediation	_____ %	Phase I Environmental Assessments	_____ %
Lead Based Paint Remediation	_____ %	Mold evaluation	_____ %
Mold Remediation	_____ %	Geotechnical Engineering	_____ %
Hazardous Waste Cleanup	_____ %	Civil Engineering	_____ %
Demolition (Please Describe)	_____ %	Process Engineering	_____ %
	_____ %		
Roofing – Commercial	_____ %	Other (please describe)	_____ %
Roofing – Residential	_____ %		
Pesticide / Herbicide Application	_____ %		

Claims, Circumstances, Incidents & Loss History

20. In the past 3 years, has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities? Yes No

(If yes, please provide details)

- Date when claim, suit or notice was made
- Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
- Name of the claimant
- Nature of the claim, suit or notice
- Amount of the initial demand
- Maximum amount of reserves established
- Final disposition (including amount of settlement payment)

21. In the past 3 years, has any member of your firm or a related entity aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? Yes No

If yes, please provide full details on the same basis as the above requirements (use additional paper if necessary)

22. In the past 3 years has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities? Yes No

If yes, please provide details (use additional paper if necessary)

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: *In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree."

NOTICE TO HAWAII APPLICANTS: *"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."*

NOTICE TO KENTUCKY APPLICANTS: "Any person who knowingly and with intent to defraud any insurance company or other 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."

NOTICE TO LOUISIANA APPLICANTS: "Any person who knowingly presents a false or fraudulent claim for payment 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 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 denial of insurance benefits."

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 MEXICO APPLICANTS: "Any person who knowingly presents a false or fraudulent claim for payment 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 civil fines and criminal penalties."

NOTICE TO OHIO APPLICANTS: "Any person who, with intent to defraud or knowing that he/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: “Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.”

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: *In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

NOTICE TO NEW YORK APPLICANTS: *“Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.”*

Applicant: _____ Title: _____

FEIN #: _____

Applicant’s Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

2 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

3 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

4 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

5 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

6 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

7 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

8 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

9 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

10 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

Supplemental Application
for
**Contractors and Consultants Performing
Mold Services**

Please submit the following in addition to the Supplemental Application:

- Applicants own Mold/Fungus Remediation Standard Operating Procedures
- SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.

Applicant: _____

Part I General Information

1. Estimated receipts for the upcoming year \$ _____

Please break down your receipts derived from Mold operations as follows:

Operations	Total Revenue	% By Insured	% By Subs.
Mold Remediation			
Mold Testing & Analysis/Lab Services			
Mold Sampling			
Remediation Design w/out implementation			
Remediation Design w/implementation			
Project Management w/supervision of Subs.			
Other:			
Other:			
Other:			
Total Receipts			

2. What percentage of your revenues is attributable to residential work? ____%
3. What percentage of your work is for insurance companies? ____%
Single Family Dwellings? ____% Multi Family (Condo or Apartment)? ____%
4. In which states do you perform your operations? _____
5. Who determines to what extent the contamination exists? _____

6. Is the analysis of Mold subcontracted to an outside laboratory? Yes No

7. Do you present the client with remedial alternatives prior to performing the mold remediation along with the limitations of each alternative? Yes No If yes, how is this documented?

8. Do you communicate to the client that mold problems almost certainly will reoccur if moisture problems are not resolved? Yes No If yes, how is this documented?

9. Are the conditions that caused the mold / fungus contamination always corrected before you begin mold / fungus remediation? _____

10. If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented? _____

11. Do you ever accept responsibility to diagnose, correct, or warranty against, the moisture problems that contribute to creating mold problems? Yes No

What documentation confirms and communicates this to the client? (please attach copies)

Part II Contractual Information

1. What contractual provisions are in force to protect your firm against mold-related exposures?

2. Please provide the standard contract or engagement letter used for mold projects

a) Is the contract used for all jobs? Yes No

b) Is the contract reviewed by counsel if altered or amended? Yes No

3. Please provide the standard contract used with consultants, laboratories or subcontractors/sub-consultants

a) Is the contract used for all jobs? Yes No

b) Is the contract reviewed by counsel if altered or amended? Yes No

4. How do you address evaluation of mold in non-viable areas (areas difficult to access or visually inspect, i.e. wall cavities), and what documentation confirms and communicates this to the client?

5. What warranties or guarantees do you give regarding the mold remediation operations and mold related professional services you perform? _____

Part III Subcontractor/Sub Consultant Information

1. Are Subcontractors/Sub-consultants hired under written contract? Yes No
- Does the contract contain an Indemnity provision in favor of the applicant? Yes No
2. Are Sub-consultants required to carry Professional Liability Insurance? Yes No
- Do Subcontractors/Sub-consultants provide Certificates of Insurance? Yes No
 - Does the Applicant review and maintain all Insurance Certificates provided? Yes No
 - Does the Applicant require to be named Additional Insured under the Subcontractors policy(ies)?
 Yes No

Part IV Job Site/Operations

1. What measures are employed to protect personnel at or in proximity to the job site?

2. Do you use temporary, casual, or labor pool workers? Yes No
If yes, how do you address training/qualifications of these workers? _____

3. Is a project manager/supervisor on site at all times during remediation projects? Yes No
If no, please explain. _____

4. How are odor complaints, allergic reactions, potential health problems or claims addressed?

5. What guidelines do you adhere to in the performance of mold services? _____

6. Do you perform bulk and/or surface sampling prior to and after remediation? Yes No
If yes, who performs this sampling and what are their qualifications? _____

7. Do you perform air quality testing prior to, during, and after remediation? Yes No
If yes, who performs this sampling and what are their qualifications? _____

8. Final clearance:
a.) Are final clearance criteria always established before mold remediation begins? Yes No
b.) Has your firm ever failed to achieve final clearance the first time? Yes No
After re-cleaning? Yes No
After more than three times? Yes No If yes, please describe clearance criteria, and explain. _____

9. Who makes the final decision as to when mold remediation is complete, and how is this documented?

10. Airduct cleaning:
a.) Will you perform HVAC duct cleaning? Yes No
b.) If yes, what guidelines will you follow? _____
c.) Will you routinely introduce biocides into the HVAC system? Yes No
d.) What provisions of licensing are adhered to when using biocides? _____

11. Mold contaminated contents:
a.) Describe the area, both on-site and off-site, where you perform cleaning of mold contaminated contents. _____

b.) What additional steps do you take when contents are cleaned off-site? _____

(Signature)

(Date)

(Title)