



## ENVIRONMENTAL FACILITY: CONTRACTORS & CONSULTANTS POLLUTION LIABILITY APPLICATION

**NOTICE:** If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

**PLEASE ANSWER ALL QUESTIONS IN FULL**

If more space is needed to complete a question, please attach a separate page.

### SECTION I - APPLICANT INFORMATION

<b>Applicant:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone:</b>
<b>Website:</b>			<b>Fax:</b>
<b>Contact Name/Title:</b>			
<b>Email:</b>			
<b>Company Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual <input type="checkbox"/> Other (please describe)			

### SECTION II – REQUESTED COVERAGE (select all coverage's requested)

New     Renewal

Coverage <i>*Notes that coverage requires completion of a supplemental application</i>	Occurrence	Claims Made	Effective Date	Retro Date	Limits of Liability	Deductible
Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>			\$ / \$	\$
Contractors Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>			\$ / \$	\$
Professional Liability	NA	<input type="checkbox"/>			\$ / \$	\$
Site Specific Pollution Liability*	NA	<input type="checkbox"/>			\$ / \$	\$
Motor Vehicle Pollution Liability*	<input type="checkbox"/>	NA			\$ / \$	\$
Products Pollution Liability*	<input type="checkbox"/>	<input type="checkbox"/>			\$ / \$	\$

**Automobile Liability:**     Yes     No (If Yes, please attach the Acord Application, Loss Runs and MVR's)

**Umbrella:**     Yes     No (If Yes, please complete Section VII and attach Loss Runs)

**Project Policy :**     Yes     No (If Yes, please attach the Project Specific Coverage Request Form)

**Other Coverage's (list):**

  
  

**Endorsements (list):**

  
  

### SECTION III – HISTORICAL INFORMATION

- 1) Date company was established:
- 2) How many years has the applicant performed environmental services?
- 3) Please list the state(s) in which you operate or plan to operate:

4) Is work done through or by any affiliated or related company(s)? If <b>Yes</b> , please explain:	Yes	No
5) Is the applicant a successor of any other business? If <b>Yes</b> , please identify predecessor(s):	Yes	No
6) Does the applicant share office space, use of employees or commingle of affiliated or related operations or services of any kind? If <b>Yes</b> , please explain:	Yes	No
7) Has the applicant ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If <b>Yes</b> , please explain:	Yes	No
8) Is the applicant, past or present, entity currently involved in litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If <b>Yes</b> , please explain:	Yes	No
9) Has applicant entity or any officer or owner ever been convicted of a crime? If <b>Yes</b> , please explain:	Yes	No

10) Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? If <b>Yes</b> , please explain:	Yes	No
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**SECTION IV - PRIOR LIABILITY CARRIER INFORMATION (Past three years)**

Type of Policy	Carrier	Receipts	Limits of Liability	Deductible	Premium
		\$	\$ / \$	\$	\$
		\$	\$ / \$	\$	\$
		\$	\$ / \$	\$	\$

Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years? If  Yes  No  
**Yes**, please explain:

**SECTION V - SUBCONTRACTED SERVICES**

1) Do you subcontract any service to any entity including Subcontractors/Subconsultants/Independent Contractors?  Yes  No

If **Yes**, please identify the services that are performed on your behalf by others with and without written contract:

Service Description	w/ contract	w/o contract	Applicable Cost \$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL SUBCONTRACTED WORK</b>			\$

2) Does your Standard Contract with your Subconsultants/Subcontractors/Independent Contractors contain the following contract specifications? *(Attach copy of standard contract w/ application)*

Contract Specification	Yes	No	If No, please describe alternative contract procedure.
Hold Harmless & Indemnification Clause in your favor			
Detailed Scope of Services Clause			
Requirement that you be named as an Additional Insured on their CGL Policy			
Requirement that you be granted a Waiver of Subrogation on their CGL Policy			

3) What percentage of the applicant's services is subcontracted? \_\_\_\_\_%

4) Are all subcontractors licensed and accredited?  Yes  No

5) Does the applicant collect Certificates of Insurance from all Subcontractors?  Yes  No

6) Please identify the Minimum Insurance Requirements of your Subconsultants/contractors/Independent Contractors:

- Commercial General Liability \$ \_\_\_\_\_ / \$ \_\_\_\_\_
- Contractors Pollution Liability \$ \_\_\_\_\_ / \$ \_\_\_\_\_
- Professional Liability \$ \_\_\_\_\_ / \$ \_\_\_\_\_

**SECTION VI - GENERAL INFORMATION**

1) Total number of employees (#EEs): List each employee only once, by primary function.

Job Function	#EEs	Job Function	#EEs
Architects, Engineers, Geologists, Hydrogeologists		Industrial Hygienists, Toxicologists, CIHs, CSPs	
Supervisors/Foremen/Leadmen		Draftsmen, Technicians	
AHERA, Hazwopers		Driver	
Office		Laborers	
Other <i>(describe function)</i> :		Other <i>(describe function)</i> :	

**NOTE: PLEASE ATTACH ALL KEY EMPLOYEE(S) RESUMES, CERTIFICATIONS AND LICENSES**

2) What is the applicant's total payroll? \$ \_\_\_\_\_

3) What is the maximum height at which the applicant will work (in feet)? \_\_\_\_\_

4) What is the maximum depth below ground at which the applicant will work (in feet)?	_____												
5) Does the applicant directly or indirectly perform work on residential, habitational, condominium or apartment properties? If <b>Yes</b> , what percentage of your overall sales are associated with:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Single-family fully detached units?</td> <td style="width: 30%; text-align: right;">_____%</td> </tr> <tr> <td>Multi-family units (more than one family, attached anywhere)?</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>New construction?</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Remodeling of existing properties?</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Build back as a direct part of fire/water restoration?</td> <td style="text-align: right;">_____%</td> </tr> <tr> <td>Construction on hillsides, slopes, or subsidence areas?</td> <td style="text-align: right;">_____%</td> </tr> </table>	Single-family fully detached units?	_____%	Multi-family units (more than one family, attached anywhere)?	_____%	New construction?	_____%	Remodeling of existing properties?	_____%	Build back as a direct part of fire/water restoration?	_____%	Construction on hillsides, slopes, or subsidence areas?	_____%	
Single-family fully detached units?	_____%												
Multi-family units (more than one family, attached anywhere)?	_____%												
New construction?	_____%												
Remodeling of existing properties?	_____%												
Build back as a direct part of fire/water restoration?	_____%												
Construction on hillsides, slopes, or subsidence areas?	_____%												
Please describe these operations:													
6) Are any of the applicant's revenues generated by contracting services performed in New York?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• What percentage of your overall sales is associated with this operation?	_____%												
• What percentage of your overall sales is performed in the five boroughs of New York City?	_____%												
7) Does the applicant loan, lease or rent equipment to others? If <b>Yes</b> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• What percentage of your overall sales is associated with this operation?	_____%												
• What Commercial General Liability Limits do you require from clients who use this equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• When loaning, renting or leasing equipment to others, is the applicant named as an Additional Insured on their Commercial General Liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
8) Does the applicant conduct tank installation work? If <b>Yes</b> , please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• What percentage of the applicant's overall sales are associated with this operation:	_____%												
• Are the installed tanks precision tightness tested before being released to owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• Does the applicant apply any type of corrosion protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• Are tanks tested and certified by a registered professional before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<i>Please submit the following: Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs &amp; installation procedures.</i>													
9) Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If <b>Yes</b> , please answer the following:													
• What percentage of the applicants overall sales is associated with this operation?	_____%												
<i>Please submit the following: Resumes and certifications of employees installing the liners, installation procedures &amp; testing procedures for the installed liner.</i>													
10) Does the applicant conduct more than 10% geotechnical operations (i.e. foundation, retaining wall, slope stability, etc.)? If <b>Yes</b> , please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
• What percentage of the applicant's overall sales is associated with this operation?	_____%												
<i>Please submit the following: A detailed list of the applicant's geotechnical operations &amp; detailed resumes of employees who conduct these operations.</i>													
11) Does the applicant conduct any Phase I or Real Estate Transfer Assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If <b>Yes</b> , please answer the following:													
• What percentage of the applicants overall sales is associated with this operation?	_____%												
• Does the applicant follow ASTM-1527 guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
If <b>No</b> , please attach a sample contract of the applicant's format.													

**SECTION VII - GROSS RECEIPTS INFORMATION**

**Gross Receipts (GR) for the past 3 fiscal years:** Gross Receipts (GR) are the total of all receipts, invoices and/or billing without any deductions of any kind.

<b>Insert Prior Year 1:</b> _____	<b>Insert Prior Year 2:</b> _____	<b>Insert Prior Year 3:</b> _____
\$	\$	\$

**Important Note:** Please list your projected **Gross Receipts, including subcontracted work**, for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

**CONTRACTING SERVICES**

Asbestos Abatement	\$	Carpentry / Framing	\$
Bio Remediation	\$	Construction Supervision	\$
Construction Debris Removal	\$	Crane Operation/Rigging	\$
Disaster Restoration (Fire/Water)	\$	Demolition (Interior, Non-Structural)	\$
Drilling (other than Oil/Gas)	\$	Demolition (Structural)	\$
Emergency Response/Cleanup	\$	Dredging	\$
Groundwater Remediation	\$	Drilling (Oil/Gas)	\$
Haz Mat Packing / Pickup	\$	Electrical	\$
Landfill/Liner Construction Capping	\$	Excavation/Grading	\$
Lead Abatement	\$	Fueling Equipment Services	\$
Liquid Waste Remediation	\$	Herbicide/Pesticide Application	\$
Medical/Infectious Waste	\$	HVAC / Mechanical / Duct Cleaning	\$
Mold Remediation	\$	Industrial Cleaning	\$
PCB Removal	\$	Insulation Installation	\$
Recycling	\$	Masonry/Concrete	\$
Sewer / Water	\$	Marine Construction	\$
Soil Removal / Remediation	\$	Operations & Maintenance	\$
Surface Water Remediation	\$	Oil/Gas Leasing/Operations	\$
Tank/Pipe Cleaning/Maintenance	\$	Painting/Coating	\$
Above Ground Storage Tank Installation	\$	Pipeline Construction/Maintenance	\$
Above Ground Storage Tank Removal	\$	Plumbing	\$
Underground Storage Tank Installation	\$	Roofing	\$
Underground Storage Tank Removal	\$	Scaffolding	\$
Waste Hauling	\$	Service Station Contracting (building, construction, concrete, electric)	\$
Wetlands Contracting	\$	Steel Erection	\$
<b>Equipment/Parts Sales</b>		Street and Road	\$
Equipment Sold with Installation Describe:	\$	<b>Other Contracting</b>	
Equipment Sold without Installation Describe:	\$	Describe:	\$
		Describe:	\$

**Total Contracting Services** \$

**CONSULTING AND LABORATORY SERVICES**

Air Monitoring	\$	Analytical Laboratories (Non-Environmental)	\$
Analytical Laboratories (Environmental)	\$	Building Condition Assessments	\$
Asbestos/Lead Consulting	\$	Construction Materials Testing	\$
Environmental Compliance/Permitting	\$	Construction/Project Management	\$
Environmental Engineering	\$	Civil Engineering	\$
Environmental Impact Studies	\$	Land Surveying	\$
Environmental Expert Witness	\$	Geotechnical (i.e. foundations, retaining walls, slope stability, etc.)	\$
Environmental Sampling	\$	Mechanical Engineering	\$
Geophysical (i.e. drilling, sampling, etc.)	\$	Oil & Gas Consulting	\$
Haz Mat Consulting	\$	Safety Oversight	\$
Hydrogeological Investigations	\$	Software Design/Programming	\$
Industrial Hygiene / Health & Safety / Training	\$	Structural Engineering	\$
Mold Evaluation / Consulting	\$	<b>Product/Equipment Design:</b>	
Phase I Environmental Site Assessments	\$	Describe:	\$
Phase II Environmental Site Assessments	\$	Describe:	\$
Remedial Investigation	\$	Describe:	\$
Remedial Design	\$	Describe:	\$
Remediation Oversight	\$	<b>Other Design, Engineering, Consulting:</b>	
Tank System Design and Testing	\$	Describe:	\$
Wetland Delineation	\$	Describe:	\$
Waste Brokering	\$	Describe:	\$

**Total Consulting & Laboratory Services** \$

**SECTION VIII - UMBRELLA INFORMATION**

1) Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? *If Yes, please explain:*  Yes  No

2) Umbrella Limit Requested: \$

3) Current Insurance Coverage:

	Auto Liability	Employers Liability	Umbrella
Carrier			
Limits			
Deductible/SIR			
Effective Date			
Premium			

4) Auto Information:

Type	# Owned	# Non-Owned	# Leased	Property Hauled	0-50 MI	50-200 MI	Over 200 MI
Private Passenger							
Trucks	Light						
	Medium						
	Heavy						
	Ex Heavy						
Trucks/ Tractors	Heavy						
	Ex Heavy						

5) Auto Liability Loss Information: Number of auto liability claims in the past 5 years: \_\_\_\_\_  
Total value of auto liability claims for the past 5 years: \_\_\_\_\_

6) Workers Compensation Information:

a) Please provide your Workers Compensation Experience Modification Rating: \_\_\_\_\_

b) Is statutory workers compensation coverage carried in all states where the applicant is exposed?  Yes  No  
*If No, please explain:*

c) Is the applicant a qualified self-insurer for workers compensation coverage? *If Yes, please explain:*  Yes  No

d) Is the applicant subject to any of the following?

- Jones Act  Yes  No
- Federal Railroad Employee Act  Yes  No
- Longshoreman's & Harbor Workers Act  Yes  No

- 7) Does the applicant have any aircraft or watercraft exposure? *If Yes, please provide the following details:*  Yes  No
- a) Provide number and description of all owned or leased aircraft or watercraft:
- b) Does the applicant lease any aircraft or watercraft (with or without crew)? *If Yes, please explain:*  Yes  No
- c) Does the applicant maintain or work at any airport or docking, pier, or wharf facilities? *If Yes, please explain:*  Yes  No
- d) Describe any cargo or passenger haulage:

- 8) Has the applicant, or any predecessor in business, experienced any losses under an umbrella or excess policy? *If Yes, please provide full details on each incident:*  Yes  No

**SECTION IX - CLAIM INFORMATION (5 year Loss Run Required)**

- 1) Do you have any claim activity, past or present, open or closed, related to Construction Defects, i.e. EIFS, roofing, walls, moisture-related defects? *If Yes, please explain:*  Yes  No
- 2) Has any claim, suit or notice of incident been made against the applicant or any staff member? *If Yes, please provide full details on each incident:*  Yes  No
- 3) Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any claim, suit or notice of incident been made against the firm or any staff member? *If Yes, please provide full details on each incident:*  Yes  No

## SECTION X - ADDITIONAL APPLICATION MATERIALS

- Resumes of key personnel, brochures and a list of previous projects.
- Most recent annual income statement showing applicable gross receipts.
- Copy of standard contract (if applicable) referred to under Section V, number 2.
- Five years of currently valued loss runs for each coverage requested.
- Completed, signed and dated ACORD Application(s).
- Copy of expiring policy, if any, showing retroactive dates.
- MVR's for any auto related coverage requested.
- Any additional information that will help clarify the applicants operations

All additional materials provided in support of the requested insurance policy(ies) will be deemed part of this application and subject to the Warranty, Fraud, and Notice provisions of this application.

### WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

### FRAUD WARNING: APPLICABLE TO APPLICANTS IN ALL 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 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 dollar and the stated value of the claim for such violation.

### NOTICE TO APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act which is a crime. It is understood that the terms "applicant" and "company" are used throughout this application and are defined to include the applicant, company, or any affiliated, related predecessor entity. You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

By signing this Application you agree to conduct electronic commerce and to accept an electronic policy and other documents issued by Everest. You may always request a written policy.

**Print Name:**

**Signature:** \_\_\_\_\_

**Title:**

**Date:**