



# CONTRACTORS AND CONSULTANTS APPLICATION

**PLEASE ANSWER ALL QUESTIONS IN FULL**

**NOTICE:** For certain policies and coverage parts 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.

APPLICANT		DATE					
ADDRESS							
CITY	STATE	ZIP CODE	TELEPHONE #				
Company is an: Individual____ Partnership____ Corporation____ Joint Venture____ Other (describe) _____							
<b>1. COVERAGE REQUESTED</b> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal  <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Professional Liability (Claims Made Only) <input type="checkbox"/> Environmental Impairment Liability (Claims Made Only)		<b>2. Proposed Effective Date:</b>  Proposed Retroactive Date:  <b>3. LIMITS OF LIABILITY/DEDUCTIBLE</b> Limits Requested:  Deductible Requested:  <b>4. Other Coverages and Endorsements:</b>					
<b>5. HISTORY OF COMPANY</b>							
Date Established:							
Have there been any acquisitions, consolidations, dissolutions, mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:							
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities							
If yes, explain:							
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							
<b>6. PRIOR LIABILITY CARRIER INFORMATION</b>							
COVERAGE FORM	CARRIER	RECEIPTS	LIMIT OF LIABILITY	DEDUCTIBLE	TYPE OF POLICY	RATE	PREMIUM
Any policy or coverage declined, cancelled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							
<b>ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:</b> 1) Qualifications including resumes, brochures and a listing of previous projects. 2) Most recent income statement and balance sheet. 3) Five years of valued loss runs including pollution and professional, if applicable. 4) Completed Acord Application.							

- 7. Total personnel (List each person only once by primary function):**
- a. Architects, Engineers, Geologists, Hydrogeologists \_\_\_\_\_
  - b. Industrial Hygienists, Toxicologists, CIHs or CSPs: \_\_\_\_\_
  - c. Draftsmen, Technicians: \_\_\_\_\_
  - d. Supervisors/Foremen/Leadmen: \_\_\_\_\_
  - e. Laborers: \_\_\_\_\_
  - f. AHERA, Hazwopers: \_\_\_\_\_
  - g. Other (specify): \_\_\_\_\_

**Please attach** all key persons resumes, certifications and licenses.

**8. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of a professional or contracting activities?**     Yes     No    If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Gross Receipts for the past 3 fiscal years:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
 Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

Enter the firm's gross receipts. Please break down the receipts by scope of services:

	Scope of Services	Previous Year:	Current Year:	Projected:
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	_____	_____	_____	_____
g.	_____	_____	_____	_____
h.	_____	_____	_____	_____
i.	_____	_____	_____	_____
J.	_____	_____	_____	_____
k.	_____	_____	_____	_____

Total Projected Contracting Receipts:    \$ \_\_\_\_\_

Total Projected Consulting Receipts:    \$ \_\_\_\_\_

**10. Subcontractors / Subconsultants / Independent Contractors**

Please identify the services that you subcontract:

	Applicable Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does your firm collect Certificates of Insurance from All Subcontractors?     Yes     No

**11. Do you use a standard indemnity contract with your clients and subs?**     Yes     No    If no, please detail your contract procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p><b>12.</b> Do you conduct tank installation work? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please answer the following:          What percentage of your 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          Do you 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  <b>Please submit the following:</b> Resumes and certifications of all tank installation employees, type of tanks you install, type of corrosion protection you install, installation procedures.</p>
<p><b>13.</b> Do you install any type of liner, i.e. landfill, lagoons, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please answer the following:          What percentage of your overall sales are associated with this operation: _____  <b>Please submit the following:</b> Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.</p>
<p><b>14.</b> Do you operate an in-house laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please answer the following:          What percentage of your overall sales are associated with this operation: _____          Do you conduct regular in-house training courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?: _____          Are all laboratory employees properly certified and/or licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Please submit the following:</b> Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.</p>
<p><b>15.</b> Do you conduct any type of geotechnical or geophysical operations? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please answer the following:          What percentage of your overall sales are associated with this operation: _____  <b>Please submit the following:</b> A detailed list of your geotechnical and geophysical operations, Detailed resumes of employees who conduct these operations.</p>
<p><b>16.</b> Do you conduct any Phase I or Real Estate Transfer Assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please answer the following:          What percentage of your overall sales are associated with this operation: _____          Do you follow ASTM-1527 guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No          If no, please attach a sample contract of your format.</p>
<p><b>17.</b> Do you conduct any type of mold contracting or mold consulting work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, please complete and attach</b> a Supplemental Mold Contractors and Consultants Application.</p> <p>If no, but you are interested in being considered for claims-made mold coverage for claims that may arise from your contracting operations, please complete and attach a Supplemental General Contractors Mold Application.</p>
<p><b>18.</b> Has any claim, suit or notice of incident been made against the firm or any staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please attach full details on each incident. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

19. 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?  Yes  No If yes, please attach full details on each incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING: APPLICABLE TO 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 dollars and the stated value of the claim for each such violation

**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. 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 to the insurer to complete the insurance.

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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)