



Questions about this document?

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CONTRACTORS AND CONSULTANTS APPLICATION

ENVIRONMENTAL SERVICE PROVIDERS

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Completed Acord Application
2. Qualification including resumes, brochures, and a listing of previous projects.
3. Most recent income statement and balance sheet.
4. Five years of currently valued loss runs including pollution and professional, if applicable.

I. APPLICANT INFORMATION

Insured:			Date:
Address:			E-Mail:
City:	State:	Zip Code:	Phone:
Company is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ <i>(please describe)</i>			

II. REQUESTED COVERAGE

1. Coverage Requested: <i>(please clearly state what coverage(s) you are requesting)</i> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <hr style="width: 20%; margin-left: 0;"/> <input type="checkbox"/> Commercial General Liability (<input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Contractors Pollution Liability (<input type="checkbox"/> Occurrence, or <input type="checkbox"/> Claims Made) <input type="checkbox"/> Errors and Omissions (Claims Made Only) <input type="checkbox"/> Pollution Legal Liability (Claims Made Only) <input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On-Site Clean Up	2. Proposed Effective Date: _____ Proposed Retroactive Date: _____ Expiring Retroactive Date: _____ 3. Limits Of Liability/Deductible: Limits Requested: _____ Deductible Requested: _____ 4. Other Coverages and Endorsements: _____
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III. GROSS RECEIPTS

Please indicate gross receipts for the prior three years:

Prior Year Revenues (Past 12 Months)	Current Year Revenues (Current 12 Months)	Estimated Revenues (Upcoming 12 Months)
\$	\$	\$
Indicate Month/Date below: _____ to _____	Indicate Month/Date below: _____ to _____	Indicate Month/Date below: _____ to _____

Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list your estimated receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):

4. Environmental Contracting		6. Consulting/Laboratory	
Above Ground Storage Tank Installation	\$	Air Monitoring	\$
Above Ground Storage Tank Removal	\$	Analytical Laboratories	\$
Asbestos Abatement	\$	Civil Engineering	\$
Bio Remediation	\$	Environmental Compliance	\$

Drilling (not oil/gas)	\$	Environmental Impact Studies	\$
Emergency Response	\$	Environmental Permitting	\$
Haz Mat Clean Up	\$	Environmental Sampling	\$
Haz Mat Packing / Pickup	\$	Expert Witness	\$
Lead Abatement	\$	Geophysical (i.e. drilling, sampling, etc.)	\$
Liquid Waste Remediation	\$	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$
Mold Remediation	\$	Haz Mat Consulting	\$
PCB Removal / Remediation	\$	Hydrogeological Investigations	\$
Soil Removal / Remediation	\$	Indoor Air Quality	\$
Soil Excavation – other than petroleum	\$	Industrial Hygiene / HASP	\$
Tank &/or Pipe Cleaning	\$	Litigation Support	\$
Underground Storage Tank Installation	\$	Manual Preparation	\$
Underground Storage Tank Removal	\$	Mold Evaluation / Consulting	\$
Wetlands Contracting	\$	Phase I Environmental Assessments	\$
5. Non-Environmental Contracting		Phase II & III Environmental Assessments	\$
Carpentry	\$	Project Management	\$
Demolition	\$	Remedial Investigation / Studies	\$
Electrical	\$	Remedial Design	\$
Fire / Water Restoration	\$	Remediation Oversight	\$
General Contractor	\$	Safety Training	\$
Grading Contractor	\$	Underground Storage Tank Testing	\$
Industrial Cleaning	\$	Wetlands	\$
Maintenance/Janitorial	\$		
Masonry	\$		
Mechanical Construction	\$	Other – Consulting / Laboratory	
Metal Erection	\$	Describe:	\$
Painting	\$	Describe:	\$
Paving	\$		
Pipeline Installation	\$		
Plumbing	\$		
Roofing	\$		
Oil and Gas	\$		
Street and Road	\$		
Other – Contracting			
Describe:	\$		
Describe:	\$		
Describe:	\$		
Describe:	\$		
Total Projected Contracting Gross Receipts:	\$	Total Projected Consulting/ Laboratory Gross Receipts:	\$

IV. SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:	2. Applicable Cost:
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____
Description: _____	\$ _____

- | | | |
|--|------------------------------|-----------------------------|
| 3. Are all subcontractors licensed and accredited? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant collect certificates of insurance from all subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are the subcontractors required to name the applicant as an additional insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

V. GENERAL INFORMATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does the applicant directly or indirectly perform work on residential properties?
If yes , what percentage of the applicant's overall sales are associated with this operation? _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are more than 50% of the applicant's services subcontracted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the applicant applying for project specific coverage?
If yes, please attach a copy of the contract for the project and project supplemental application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the applicant conduct more than 10% geotechnical or geophysical operations?
If yes , what percentage of the applicant's overall sales are associated with this operation? _____ %
Please submit the following: A detailed list of the applicant's geotechnical and geophysical operations & detailed resumes of employees who conduct these operations. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?
If yes , what percentage of the applicant's overall sales are associated with this operation? _____ %
Please submit the following: Resumes and certifications of employees installing the liners, installation procedures & testing procedures for the installed liner. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the applicant conduct tank installation work?
If yes, please answer the following:
a) What percentage of the applicants overall sales are associated with this operation: _____ %
b) Are the installed tanks precision tightness tested before being released to owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
c) Does the applicant apply any type of corrosion protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are tanks tested and certified by a registered professional before use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please submit the following: Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs & installation procedures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are any of the applicant's revenues generated by contracting services performed in New York City?
If yes , what percentage of the applicant's overall sales are associated with this operation? _____ % | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the applicant conduct any type of mold contracting or mold consulting work?
If yes , please complete and attach a Supplemental Mold Contractors and Consultants Application.
If no , but the applicant is interested in being considered for mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the applicant conduct any Phase I or Real Estate Transfer Assessments?
If yes, please answer the following:
a) What percentage of the applicants overall sales are associated with this operation: _____ %
b) Does the applicant follow ASTM-1527 guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please attach a sample contract of the applicant's format. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Total personnel (List each person only once, by primary function): | | |
| a) Architects, Engineers, Geologists, Hydrogeologists _____ | | |
| b) Industrial Hygienists, Toxicologists, CIHs or CSPs _____ | | |
| c) Supervisors/Foremen/Leadmen _____ | | |
| d) Draftsmen, Technicians _____ | | |
| e) Laborers _____ | | |
| f) AHERA, Hazwopers _____ | | |
| g) Other (please specify primary function and count per primary function): | | |

VI. CLAIMS INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| 11. 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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

12. 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? Yes No
If yes, please provide full details on each incident:

VII. HISTORY OF COMPANY

1. Date Company Was Established: _____	5. Is the applicant a successor of any other business? If yes, please list predecessor in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Has the applicant, or any affiliated, related predecessor entity 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 yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. If you answered "yes" to any of the questions listed above, please include a detailed explanation:

VII. PRIOR LIABILITY CARRIER INFORMATION (Past three years)

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium
1.							
2.							
3.							

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?
 Yes (If yes, please explain): _____
 No

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 signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **Insureds** and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **Insurer** of such and shall provide the **Insurer** with information that would complete, update or correct the application or materials submitted therewith. The **Insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

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: _____

Date: _____

Print Name: _____

Title: _____