



SECTION I: APPLICANT			
NAME OF 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) Two most recent years' income statement and balance sheet.			
3) Three years of currently valued loss runs.			
4) Project Description – (See page six of this application)			

SECTION II : COVERAGE REQUESTED			
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form	Retroactive date ___/___/___
CONTRACTORS 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 ___/___/___
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED:	DEDUCTIBLE REQUESTED:	

SECTION III: GENERAL INFORMATION
1. Date applicant was established:
2. Have there been any mergers, acquisitions, consolidations or dissolution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
3. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):
4. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain):
5. Is coverage intended for a Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain):
6. Detail geographical extent of operations: % Domestic _____ % Foreign _____ (Provide geographical locations of all foreign projects) List States in which you operate _____

SECTION IV: CURRENT INSURANCE INFORMATION						
Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability						
Contractors Pollution						
Professional Liability						
Umbrella/Excess						
Workers Comp						
Auto						
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 or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)						

SECTION V: GROSS REVENUE

\$ _____ Estimated gross revenue for the next 12 months	Fiscal Year Period
\$ _____ 1 st prior year's revenue	_____ to _____
\$ _____ 2 nd prior year's revenue	
ATTACH TWO MOST RECENT YEARS OF INCOME STATEMENT AND BALANCE SHEET	

SECTION VI: CONTRACTING OPERATIONS

Contracting Services	Projected Revenues	% Subcontracted
Environmental Contractor:		
Asbestos Abatement		
Lead Abatement		
Drilling – Environmental		
Emergency Response – Spill Cleanup		
Groundwater Remediation		
Haz Mat Packaging / Pickup		
Landfill Construction		
Medical Waste Pickup		
Medical Waste Remediation / Incineration		
PCB Removal / Remediation		
Sampling		
Soil Remediation – Bioremediation		
Soil Remediation – Dig and Haul		
Soil Remediation – Incineration		
Soil Remediation – Vapor Extraction		
Waste Incineration		
Wastewater Treatment Systems Install/Maintenance		
Wetlands Contracting		
Other (please specify) _____		
Storage Tank Contractor		
Aboveground Storage Tank Installation		
Aboveground Storage Tank Removal		
Underground Storage Tank Installation		
Underground Storage Tank Removal		
Storage Tank Cleaning		
Storage Tank & Part Sales (no installation)		
Service Station Work (bldg const., concrete, electric)		
Mold Removal / Decontamination Contractor:		
Commercial		
Residential		
General or Artisan Contractor (Non-Environmental Services)		
Carpentry		
Bridge Construction		
Demolition – Interior Only		
Demolition – Over Four Stories		
Demolition – Under Four Stories		
Drilling – Non-environmental		
Electrical		
Excavation / Grading		
General Construction		
Industrial Cleaning		
Mechanical Contracting		
Painting		
Pesticide / Herbicide Application		
Pipeline Installation		
Plumbing Commercial		
Plumbing Residential		
Roofing – Commercial		
Roofing – Residential		
Other (please specify) _____		
TOTAL REVENUE FOR CONTRACTING SERVICES:		

SECTION VII: PROFESSIONAL SERVICES		
Professional Services	Projected Revenues	% Subcontracted
Environmental Regulatory Compliance & Permitting		
Industrial Hygiene / Health and Safety Consulting		
Phase I Environmental Assessments		
Phase II and III Environmental Assessments		
Environmental Impact Statement / Feasibility Studies		
Project Management		
Training		
Analytical Laboratories		
Asbestos & Lead Consulting		
Microbiological (Mold) Consulting and Testing		
Hydro geological Investigations		
Remedial Project Design and Supervision		
Underground Storage Tank Testing		
Geotechnical Engineering		
Process Engineering		
Civil Engineering		
Other (Please Specify) _____		
TOTAL REVENUE FOR PROFESSIONAL SERVICES:		

SECTION VIII: BUSINESS PRACTICES & SAFETY PROTOCOL	
1.	Does the Applicant use a standard written contract with its clients? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please answer the following & include a copy of your standard contract)
2.	What percentage of your projects are contracted using: _____ % The Applicants Standard Contract _____ % A letter of Agreement _____ % A client's contract form _____ % Verbal agreement _____ % Other _____
3.	Does the Applicant's Standard Contract contain a limitation of liability clause? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to what extent is liability limited?
4.	What percentage of your subcontractors and subconsultants are hired under a written, standard subcontract? _____ % (Attached copy of standard subcontract)
5.	Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ _____ Contactors Pollution Liability \$ _____ Professional Liability \$ _____
6.	How are non-standard client and/or subcontract agreements reviewed? <input type="checkbox"/> Attorney: Outside <input type="checkbox"/> Attorney: In-house <input type="checkbox"/> Agent Reviews <input type="checkbox"/> Staff (please describe)
7.	Does Applicant have written in-house quality control procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does Applicant have written in-house health and safety procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No (please forward Table of Contents)
9.	Does the Applicant have a written Hazardous Communication Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does the Applicant have an in-house continuing education program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe. If no, please describe how your professional receives continuing education and training:

SECTION IX: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies?
 Yes No

If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary)

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them?

Yes No If yes, please provide details on additional paper.

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities?

Yes No If yes, please provide details on additional paper.

4. Summary of Claims History

	Number of Claims	Valuation Date	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent

(Where Required By Law)

ACE Westchester Specialty Group - Environmental Division

500 Colonial Center Parkway, Suite 200 Roswell, GA 30076

PROJECT DESCRIPTION

1	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
2	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
3	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
4	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
5	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
6	Project Name/Client	
Services Provided:		
Project Gross Revenue:	Start Date:	Completion Date:
7	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date:
8	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date:
9	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date:
10	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date: