



# LIU Environmental

## APPLICATION FOR: **LIU Environmental Advantage™** COMBINED GENERAL LIABILITY, CONTRACTORS POLLUTION AND PROFESSIONAL LIABILITY

- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- Please have this application signed and dated by an authorized owner, partner, director or risk manager of the first Named Insured.

Please submit the following with this application:

1. Financial statement for the insured's two most recently completed fiscal years
2. Resumes / licenses / certifications of key personnel
3. Brochures/statements of qualifications
4. Currently valued general liability, contractor's pollution and professional liability loss runs for the past five years
5. Sample contract for use with clients, subcontractors and sub consultants
6. Attach a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations of each entity. Only those entities performing the services and/or operations as proposed will be included as Named Insureds.

### PART I: APPLICANT

Named Insured:	
Mailing Address:	
City / State / Zip:	
Contact Person / Telephone / Fax:	

FEIN #:		Date insured firm was established:	
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Company is a:  Corporation;  Partnership;  Joint Venture;  Other (please specify) \_\_\_\_\_

Insured's website address:	
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1. Describe any pending corporate acquisitions or historical corporate name changes or mergers and acquisitions that have occurred in the past 5 years:	
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2. If additional entities are to be covered as Named Insureds on this policy, please list each by name and attach a full description of common ownership interests and identify the operations or services performed by each entity:	
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3. Locations of Branch Offices:	
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4. Number of personnel in each category:			
Principals / Owners		Chemists	Supervisors / Foremen
Civil / Structural Engineers		Certified Industrial Hygienists	Field Personnel
Architects		Microbiologists / Mycologists	Other / Clerical (describe)
Geologists		Risk Manager / Loss Control	

### PART II: COVERAGES

1. Existing Coverage:

	Carrier	Effective Date	Limits	SIR/Deductible	Retro-Date	Expiring Premium
General Liability						
Contractors Liability						
Professional Liability						

2. Requested Coverage:

	Each / Aggregate Limits	Deductible	Retro-Date
General Liability			
Contractors Pollution			
Professional Liability			

3. Requested Effective Date:

**PART III: OPERATIONS & REVENUES**

1. Insured's Fiscal Year Period: from: \_\_\_\_\_ to: \_\_\_\_\_

- a. Total revenue for the most recent 12 month period: Domestic \$ \_\_\_\_\_ Foreign \$ \_\_\_\_\_
- b. Total revenue estimated for the next 12 month period: Domestic \$ \_\_\_\_\_ Foreign \$ \_\_\_\_\_

2. REVENUE BREAKDOWN by Operational Classification (Note: Breakdown your revenue estimated in question 1.b above by the appropriate category listed below. The sum of Total Contracting and Consulting should equal the total revenue estimation for the next 12 months.):

<b>ENVIRONMENTAL CONSULTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
Air Quality Testing		
Asbestos/Lead Assessment, Remedial Design & Monitoring		
Habitational/Residential		
Commercial/Public		
Other		
Mold Assessment, Remedial Design & Monitoring		
Habitational/Residential		
Commercial/Public		
Other		
Construction or Project Management ("At-Agency" only)		
Decommissioning Design for Radioactive & Nuclear Facilities		
Health & Safety Training, OSHA Compliance		
Lab Analysis (Environmental)		
Phase I - Environmental Risk Assessments		
Phase II - Environmental Site Assessments		
Phase III - Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting - Permitting & Compliance Audits		
Tank System Design & Testing		
Waste Arranging & Brokering (not including hauling/disposal fees)		
Wetlands Restoration (planning, designing or permitting)		
Other Environmental Design/Consulting Operations		
<i>Describe:</i>		
<b>Total Environmental Consulting Revenue</b>		

<b>NON-ENVIRONMENTAL CONSULTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
Building Conditions Inspector/Real Estate Audits		
Civil Engineering – <i>Describe:</i>		
Construction or Project Management ("At-Agency" only)		
Geotechnical Engineering (Foundation, Slope, Soil, Seismic)		
Lab Analysis, Materials Testing (Non-Environmental)		
Land Surveying		
Mechanical Engineering (incl. HVAC, Plumbing, Electrical)		
Process Engineering (Potable & Wastewater Facilities)		
Process Engineering (Other)		
Software Design/Programming		
Structural Engineering – <i>Describe:</i>		
Other Design/Consulting/Engineering Operations		
<i>Describe:</i>		
<b>Total Non-Environmental Consulting Revenue</b>		

<b>ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
Asbestos/Lead Abatement		
Habitational/Residential		
Commercial/Public		
Other		
Mold Abatement		
Habitational/Residential		
Commercial/Public		
Other		
Barrier/Liner Construction		
Construction/Project Management (“At-Risk” only) <i>i.e. Supervising your Subs</i>		
Dredging (Associated with Environmental Remediation)		
Emergency Response Cleanup of Haz Mat & Other Materials		
Groundwater/Soil Sampling (At Job Site)		
Haz Mat Soil/Groundwater Cleanup (At Job Site)		
Landfill Construction/Expansion/Capping		
PCB Removal		
UST Installation/Removal & Maintenance or Cleaning		
AST Installation/Removal & Maintenance or Cleaning		
Wetlands Restoration (construction or planting)		
Hauling (incl. packing & storage of Haz Mats or contaminated soil/water)		
Other Environmental Contracting Operations		
<i>Describe:</i>		
<b>Total Environmental Contracting Revenue</b>		

<b>NON-ENVIRONMENTAL CONTRACTING OPERATIONS</b>	<b>Est. Gross Revenue</b>	<b>% Subcontracted</b>
Carpentry/Framing/Drywalling		
Construction/Project Management (“At-Risk” only) <i>i.e. Supervising your Subs</i>		
Demolition/Dismantling		
Dredging (Expanding the width & depth of waterways)		
Drilling (Oil/Gas/Water)		
Electrical		
Excavation or Grading		
HVAC/Mechanical (including Duct Cleaning)		
Industrial Cleaning (including Sewer/Septic Cleaning)		
Insulation		
Labor Sub Contractor/Temporary Employment Agencies		
Logging		
Masonry/Concrete		
Marine Construction & Other Marine Activities		
Oil and Gas Leasing		
Operation & Maintenance of a facility for others		
Painting/Coatings Application (Non Abatement)		
Pesticide/Herbicide/Fertilizer Application & Landscapers		
Pipeline/Railroad Construction or Maintenance		
Plumbing		
Residential Builders/Developers		
Restoration Contractors (Fire/Water Damage)		
Roofing/Siding/Stucco/EIFS		
Steel Erection		
Street & Road (including light commuter rail)		
Hauling (other than that listed above in the Env. Section)		
Waterproofing/Weather Sealing		
Other Non-Environmental Contracting Operations		
<i>Describe:</i>		
<b>Total Non-Environmental Contracting Revenue</b>		

Product Design & Sale With & Without Installation	Est. Gross Revenue	% Subcontracted
Product Design and/or Sold with Installation - <i>Describe:</i>		
Product Design and/or Sold without Installation - <i>Describe:</i>		
<b>Total Product Design/Sale Revenue</b>		

3. GEOGRAPHICAL BREAKDOWN OF OPERATIONS:

- a. Percent of operations conducted in the U.S.A. (including its possessions and territories) and Canada: \_\_\_\_\_%
- b. Please identify all U.S. states in which you conduct your operations: \_\_\_\_\_
- c. Please identify all foreign countries, if any, in which you conduct your operations: \_\_\_\_\_

4. REVENUE BREAKDOWN BY CLIENT TYPE (PERCENTAGE):

**INDUSTRIAL**

- Manufacturing/Chemical Plants \_\_\_\_\_%
- Petrochemical/Refineries \_\_\_\_\_%
- Pipelines:
  - Natural Gas \_\_\_\_\_%
  - Petrochemical \_\_\_\_\_%
  - Other \_\_\_\_\_%
- Wastewater Sewage Plants \_\_\_\_\_%
- Potable Water Systems \_\_\_\_\_%
- Other Processing Plants \_\_\_\_\_%
- Power Plants (non-nuclear) \_\_\_\_\_%

**INFRASTRUCTURE**

- Airport Runways \_\_\_\_\_%
- Street/Roads \_\_\_\_\_%
- Bridges/Tunnels \_\_\_\_\_%
- Harbors/Piers/Ports/Dams \_\_\_\_\_%
- Offshore Marine \_\_\_\_\_%
- Landfills/Disposal Facilities \_\_\_\_\_%
- Mass Transit/Railroad \_\_\_\_\_%
- Transformers \_\_\_\_\_%
- Nuclear Facilities \_\_\_\_\_%

**RESIDENTIAL/HABITATIONAL**

- Apartment \_\_\_\_\_%
- Single Family Home \_\_\_\_\_%
- Condos/Townhouses \_\_\_\_\_%
- Nursing Homes \_\_\_\_\_%
- Prisons/Correctional Facilities \_\_\_\_\_%
- Dormitories \_\_\_\_\_%

**COMMERCIAL/PUBLIC**

- Shopping Centers \_\_\_\_\_%
- Offices/Warehouses \_\_\_\_\_%
- Parking Structures \_\_\_\_\_%
- Churches \_\_\_\_\_%
- Sports/Convention \_\_\_\_\_%
- Schools/Colleges \_\_\_\_\_%
- Hospitals \_\_\_\_\_%
- Airport Terminals \_\_\_\_\_%
- Hotels/Motels \_\_\_\_\_%

**MUNICIPAL/GOVERNMENTAL**

- Homeland Security \_\_\_\_\_%
- DOD/DOE (Federal) \_\_\_\_\_%
- State/Local \_\_\_\_\_%

**PART IV: GENERAL INFORMATION**

1. LIST OF 5 LARGEST PROJECTS IN LAST THREE (3) YEARS (or attach SF 254):

Project Name/Client:		Projected/Actual Gross Revenue:	
Start Date:		Completion Date:	
Services Provided:			

Project Name/Client:		Projected/Actual Gross Revenue:	
Start Date:		Completion Date:	
Services Provided:			

Project Name/Client:		Projected/Actual Gross Revenue:	
Start Date:		Completion Date:	
Services Provided:			

Project Name/Client:		Projected/Actual Gross Revenue:	
Start Date:		Completion Date:	
Services Provided:			

Project Name/Client:		Projected/Actual Gross Revenue:	
Start Date:		Completion Date:	
Services Provided:			

2. DISCONTINUED OPERATIONS:

Have you acquired, merged, or discontinued any operations in the last five (5) years?  YES  NO  
If yes, please describe and include revenue from operation: \_\_\_\_\_

3. OWNED or OPERATED FACILITIES:

Do any of your owned or operated locations include the following: landfill, storage, transfer site, fixed-base operations (FBO), or operation & maintenance of a facility for others?  YES  NO  
If yes, please describe and include revenue from operation: \_\_\_\_\_

4. SAFETY PRACTICES:

- a. Do you have a written procedure for avoiding underground hazards?  YES  NO
- b. Do you have a written Employee Health & Safety Plan?  YES  NO
- c. Do you have a written Quality Control / Quality Assurance Program in place?  YES  NO
- d. Do you have written Confined Space Entry Protocols?  YES  NO
- e. What percentage of your Industrial Cleaning or Tank activities involves Confined Space Entry? \_\_\_\_\_%

5. SUB-CONSULTANTS/SUB-CONTRACTORS:

- a. Do you obtain certificates of insurance from your subcontractors?  YES  NO
- b. Do you require a subcontractor's insurance policy to add you as an additional insured?  YES  NO
- c. What are the minimum limits of liability you require of your subcontractors?  
 General Liability: \$ \_\_\_\_\_  
 Contractors Pollution Liability: \$ \_\_\_\_\_  
 Professional Liability: \$ \_\_\_\_\_

6. CONTRACTS:

- a. Identify the percentage of jobs performed under the following types of agreements?  
 Written Contract: \_\_\_\_\_% Letter Agreement: \_\_\_\_\_% Oral Agreement: \_\_\_\_\_%
- b. How are non-standard client and/or subcontract agreements reviewed?  
 Attorney - Outside  Attorney - In-House  
 Agent Reviews  Staff - describe: \_\_\_\_\_
- c. Do you use a standard Indemnity Limitation wording in your contracts?  YES  NO
- d. Do you use a Limitation of Liability of a specified dollar amount?  
 If Yes, indicate dollar limit: \$ \_\_\_\_\_  YES  NO
- e. Does your contract include a disclaimer regarding 3rd party use of your report products?  YES  NO

7. Do you use temporary, casual or labor pool workers or share employees?  YES  NO  
If yes, describe: \_\_\_\_\_

8. Has any staff member or employee been the subject of disciplinary action by authorities as a result of professional or contracting activities? If yes, describe: \_\_\_\_\_  YES  NO

9. Have any projects been terminated by a client prior to completion? If yes, describe: \_\_\_\_\_  YES  NO

**PART V: COVERAGE EXTENSIONS** (Indicate if coverage is requested and answer corresponding questions)

1. EMPLOYERS LIABILITY (STOP GAP) COVERAGE:  YES  NO

- a. List all states where Stop Gap coverage is to be afforded: \_\_\_\_\_
- b. Do you currently have a Workers' Compensation policy in a non-monopolistic state?  YES  NO
- c. What is your current Workers Compensation Experience Modification Factor? \_\_\_\_\_

2. WASTE BROKERING/WASTE ARRANGING:  YES  NO

- a. Transportation of waste by 3rd party transportation company?  YES  NO  
 If yes, do you verify that the transporter's insurance includes:
  - 1. a pollution endorsement; and,  YES  NO
  - 2. a MCS-90 endorsement?  YES  NO
- b. Do you take title to any waste or cargo at any time?  YES  NO
- c. Do you select or recommend the landfill/location on behalf of client?  YES  NO  
 If yes, do you verify that:
  - 1. the landfill/location is classified to accept the waste?  YES  NO
  - 2. the landfill/location is insured?  YES  NO

3. TRANSPORTATION POLLUTION COVERAGE:  YES  NO

- a. What is the total number of vehicles hauling hazardous materials: \_\_\_\_\_
- b. What is the average mileage per trip when hauling hazardous materials? \_\_\_\_\_
- c. Please identify the hazardous material being hauled and the manner in which it is hauled.  
(Bulk, Container, Mixed, Etc.): \_\_\_\_\_
- d. Do you have a Vehicle Maintenance Program in place?  YES  NO
- e. Do you have an Auto Safety, Driver Training and Driver Selection Program in place?  YES  NO
- f. Has the Named Insured had Pollution Claims from transported cargo in the past 5 years?  YES  NO  
*If yes, describe* \_\_\_\_\_

4. MICROBIAL MATTER (MOLD):  YES  NO

- a. For the immediate past 3 year period, have there been any known incidents, claims or other circumstances concerning the existence, growth or presence of microbial matter in any of your work?  YES  NO  
*If yes, please describe and/or provide supplemental information detailing the incident:* \_\_\_\_\_
- b. Is there a written reporting procedure for water leaks or mold issues at a job site?  YES  NO
- c. Is there a written procedure for handling mold or mold-related complaints?  YES  NO
- d. Are all building materials inspected upon delivery for pre-existing mold contamination?  YES  NO
- e. Are your employees who perform mold remediation formally trained and certified in Mold Remediation Techniques? (*If yes, please attach the Certificates of Training to this Application*)  YES  NO
- f. When using subcontractors for Mold Remediation jobs, do you obtain written verification that the sub-contractor's mold remediation workers are certified in Mold Remediation Techniques?  YES  NO
- g. When using a subcontractor for mold exposure jobs, do you obtain Certificates of Insurance verifying that the subcontractor has insurance coverage for mold and/or microbial matter?  YES  NO
- h. Do you have a written Mold Abatement Procedure for use on mold removal jobs?  YES  NO  
*If yes, please provide a copy of the written Mold Abatement Procedures with this Application.*
- i. Do you have a written Standard Operating Procedure (SOP) or Quality Assurance/Quality Control Protocol designed to prevent construction defects, water intrusion and related mold growth in your construction projects? (*If yes, please provide a copy of the SOP or QA/QC protocols*)  YES  NO
- j. Do your client contracts contain a disclaimer or limitation of liability for mold issues?  YES  NO  
*If yes, please describe:* \_\_\_\_\_
- k. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law?  YES  NO
- l. Do you subcontract the analysis of mold to an outside laboratory?  YES  NO  
*If yes, please describe:* \_\_\_\_\_

**PART VI: CLAIMS HISTORY**

- 1. Have any claims been previously made against you or reported under any General Liability, Contractor's Pollution Liability or Professional Liability policies?  YES  NO  
*If yes, describe or reference other applicable parts of this application:* \_\_\_\_\_
- 2. Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other person or entity for which coverage is being sought?  YES  NO  
*If yes, please describe and provide supplemental information detailing the incident:* \_\_\_\_\_

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation and company's written agreement to be bound is required to bind coverage and issue policy. Any person who knowingly included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. 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. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of owner or officer of corporation)

APPLICANT: \_\_\_\_\_  
(print applicant name, and title)

AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(print name of firm)

\_\_\_\_\_  
(Address of firm)

\_\_\_\_\_  
(Contact person and telephone #)

\_\_\_\_\_  
(email address)