

DEMOLITION CONTRACTORS APPLICATION

APPLICANT INFORMATION

Named Insured(s):				
Street address:	City / State:	Zip code:	Phone number:	Fax number:
Mailing address if different from above (of first named insured):			Website address:	
			FEIN:	
Street address:	City / State:	Zip code:		
Contact E-mail:		Contact name & phone number:		
Year business started operations:				
Is applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what entity?				
Applicant operates as an:				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):				

COVERAGE REQUESTED

Check the box that applies:	<input type="checkbox"/> Environmental Combined Policy (GL, CPL & ECL) <input type="checkbox"/> Environmental Consultants Liability (ECL) only <input type="checkbox"/> Contractors Pollution Liability (CPL) only <input type="checkbox"/> Contractors & Consultants Policy (CPL & ECL) combined		
Limits of Insurance Requested:	Each Occurrence/Claim \$	Aggregate \$	Deductible/SIR \$
Proposed Effective date:	Proposed Expiration date:		

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
Retroactive Date:		Retroactive Date:		Retroactive Date:	

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? Yes No

If yes, please explain:

Does applicant have any subsidiaries or related entities not listed above? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? Yes No

If yes, please details:

Have there been any mergers/acquisitions, consolidations or divestitures? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Has this account ever operated under a different name? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Please describe any operations or services that have been discontinued, sold or abandoned or any operations that have been acquired:

REVENUE HISTORY

Year	Total Gross Revenues (\$)	Payroll (\$)	Employees (#)
Projected	\$	\$	
Expiring	\$	\$	
First Prior	\$	\$	
Second Prior	\$	\$	

OPERATIONS AND SERVICES			
NON-ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Carpentry	\$	\$	\$
Concrete	\$	\$	\$
Demolition above 3 stories	\$	\$	\$
Demolition below 3 stories	\$	\$	\$
Demolition - Interior	\$	\$	\$
Dredging	\$	\$	\$
Electrical	\$	\$	\$
HVAC	\$	\$	\$
Maintenance/Janitorial	\$	\$	\$
Metal Erection	\$	\$	\$
Non-Environmental Drilling	\$	\$	\$
Painting	\$	\$	\$
Pile Driving	\$	\$	\$
Plumbing - Commercial	\$	\$	\$
Plumbing - Residential	\$	\$	\$
Roofing - Commercial	\$	\$	\$
Roofing - Residential	\$	\$	\$
Soil Excavation/Grading	\$	\$	\$
Street & Road Cleaning	\$	\$	\$
Street & Road Construction	\$	\$	\$
Tunneling	\$	\$	\$
Utility Contracting	\$	\$	\$
Other (explain):	\$	\$	\$

OPERATIONS AND SERVICES

ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	Projected Subcontracted Revenues	Projected Payroll
Asbestos Abatement	\$	\$	\$
AST Cleaning/Maintenance	\$	\$	\$
AST Installation	\$	\$	\$
Bioremediation	\$	\$	\$
Emergency Response/Haz Mat Cleanup	\$	\$	\$
Environmental Drilling	\$	\$	\$
Fire and Water Restoration	\$	\$	\$
Groundwater Remediation	\$	\$	\$
Industrial Cleaning	\$	\$	\$
Labpacking/Drum Handling	\$	\$	\$
Landfill Operation/Maintenance	\$	\$	\$
Landfill Liner Installation	\$	\$	\$
Lead Abatement	\$	\$	\$
Medical Waste Pickup	\$	\$	\$
Mold/Fungus Abatement – Commercial Please Complete Mold/Fungus Section Below	\$	\$	\$
Mold/Fungus Abatement – Residential Please Complete Mold/Fungus Section Below	\$	\$	\$
PCB Removal	\$	\$	\$
Pesticide/Herbicide Application	\$	\$	\$
Pipeline Cleaning/Installation	\$	\$	\$
Sampling	\$	\$	\$
Septic Tank Cleaning	\$	\$	\$
Soil Excavation – petroleum	\$	\$	\$
Soil Excavation – other (explain):	\$	\$	\$
Soil Remediation	\$	\$	\$
UST Installation	\$	\$	\$
UST Removal	\$	\$	\$
Water Treatment Plant Operation/Maintenance	\$	\$	\$
Wastewater Treatment Plant Operation/Maintenance	\$	\$	\$
Wetlands Contracting	\$	\$	\$
Other (explain):	\$	\$	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$	\$	\$

SUBCONTRACTORS AND SUBCONSULTANTS

Indicate the percentage of work subcontracted out to others:	%
What percentage of your work is with repeat customers?	%
Are subcontractors and/or subconsultants required to have Contractors Pollution Liability and/or Professional Liability Insurance? If required by trade only, please identify trades:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the minimum limits of liability required for your subcontractors/subconsultants? General Liability \$ Contractors Pollution Liability \$ Professional Liability \$	
When hiring subcontractors and/or subconsultants, do you:	
Obtain certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultant's policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Waivers of Subrogation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain Hold Harmless Agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry workers compensation coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOLD / FUNGUS INFORMATION
 Check here if this section does not apply

Note: all policies include a mold / fungus exclusion. Mold / fungus coverage may be available for the applicant. Please provide all information requested below:

COVERAGE REQUESTED:
 Contractors Pollution Liability - Mold / Fungus Remediation/Abatement
 Professional Liability - Mold / Fungus Assessments Mold / Fungus Laboratory Analysis Mold / Fungus Consulting

Describe the mold / fungus operations and/or services performed:

Specify the number of years involved in mold / fungus work:

What percentage of your work is attributed to residential/habitational work?	%
Describe your firm's use of water misting as a method of mold / fungus spore release control during remediation or testing:	
If existing moisture problems (such as leaks, flooding, sewer backups, structural deficiencies, humidity problems) are encountered during the performance of your operations, how is this situation handled and documented?	
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments?	
Are your subcontractors and/or subconsultants required to provide evidence of mold / fungus insurance? If yes, please provide limits required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you state to the client, both verbally and written within your service contract that mold / fungus problems may reoccur if the moisture problem is not resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following must be submitted in addition to this signed application for review prior to quoting mold / fungus coverage:

- Statement of Qualification and/or resumes for all personnel performing Mold / Fungus Operations and/or Services.
- Mold / Fungus training certificates for all personnel performing Mold / Fungus Operations and/or Services.
- Details of any mold / fungus losses or claims in the past 3 years.
- Copy of the insured's mold / fungus remediation service contract. The contract must provide detailed scope of services and must not state any warranties or guarantees of mold / fungus work performed.
- Written company mold / fungus - Standard Operating Procedures (SOP).
- List of 10 most recent mold projects performed.

GENERAL INFORMATION

Does the applicant own, operate or lease a water treatment, wastewater treatment, storage or disposal facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant perform operations / services in the state of New York? If yes, what percentage is performed in the 5 boroughs? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, manufacture, sell, lease or distribution of any product? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant or any other person or organization for which the applicant is or may be liable, currently or in the past, develop, design, redesign, or lease computer software or equipment or provide computer consulting activities? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any one project represent more than 25% of your revenue? If so, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of staff

Architects or Environmental Engineers:	Draftsmen, Technicians, Inspectors, Surveyors:
General Engineers other than above:	Clerical and Accounting Employees:
Geologists or Hydro geologists:	Administrative Management:
Industrial Hygienists, CIHs or CSPs:	Other:
Project Mangers:	Number of Principals (included in listing above):

Do you engage in any work outside of the U.S.? If yes, what percentage? % Yes No

List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:

State/Country	Operations and/or Services Performed	Percentage of work performed %
		%
		%
		%
		%

BUSINESS PRACTICES

Please complete the Project Description – Supplemental Page attached at end of this application.

Do you ever perform Contracting Operations or Professional Services within 50' of a railroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have any aircraft or watercraft exposures? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have written quality control procedures? If yes, please include the table of contents with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any operations, involving Exterior Insulation and Finishing Systems (EIFS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize the ASTM – 1527 standard Protocol for Audits/Assessments? If not, please attach a sample copy of your contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide written warranties for you work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS

Have any claims been made within the past 3 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested? If yes, please provide details (use additional paper if necessary):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.