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

<table>
<thead>
<tr>
<th>Insured:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Company is:</td>
<td>Individual</td>
</tr>
</tbody>
</table>

II. REQUESTED COVERAGE

1. Coverage Requested: (please clearly state what coverage(s) you are requesting)
   - ☐ New Business
   - ☐ Renewal

   ☐ Commercial General Liability (☐ Occurrence, or ☐ Claims Made)
   ☐ Contractors Pollution Liability (☐ Occurrence, or ☐ Claims Made)
   ☐ Errors and Omissions (Claims Made Only)
   ☐ Pollution Legal Liability (Claims Made Only)
   ☐ Third Party Pollution Liability
   ☐ 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:
   - _____

III. GROSS RECEIPTS

Please indicate gross receipts for the prior three years:

<table>
<thead>
<tr>
<th>Prior Year Revenues (Past 12 Months)</th>
<th>Current Year Revenues (Current 12 Months)</th>
<th>Estimated Revenues (Upcoming 12 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Indicate Month/Date below: _____ to _____</td>
<td>Indicate Month/Date below: _____ to _____</td>
<td>Indicate Month/Date below: _____ to _____</td>
</tr>
</tbody>
</table>

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
   - Above Ground Storage Tank Installation $ ________
   - Above Ground Storage Tank Removal $ ________
   - Asbestos Abatement $ ________
   - Bio Remediation $ ________
   - Drilling (not oil/gas) $ ________

6. Consulting/Laboratory
   - Air Monitoring $ ________
   - Analytical Laboratories $ ________
   - Civil Engineering $ ________
   - Environmental Compliance $ ________
   - Environmental Impact Studies $ ________
### Emergency Response

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Permitting</td>
<td>$</td>
</tr>
<tr>
<td>Environmental Sampling</td>
<td>$</td>
</tr>
<tr>
<td>Expert Witness</td>
<td>$</td>
</tr>
<tr>
<td>Geophysical (i.e. drilling, sampling, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)</td>
<td>$</td>
</tr>
<tr>
<td>Haz Mat Consulting</td>
<td>$</td>
</tr>
<tr>
<td>Hydrogeological Investigations</td>
<td>$</td>
</tr>
<tr>
<td>Indoor Air Quality</td>
<td>$</td>
</tr>
<tr>
<td>Industrial Hygiene / HASP</td>
<td>$</td>
</tr>
<tr>
<td>Litigation Support</td>
<td>$</td>
</tr>
<tr>
<td>Manual Preparation</td>
<td>$</td>
</tr>
<tr>
<td>Mold Evaluation / Consulting</td>
<td>$</td>
</tr>
<tr>
<td>Mold Remediation</td>
<td>$</td>
</tr>
<tr>
<td>Oleum Waste Remediation</td>
<td>$</td>
</tr>
<tr>
<td>Remedial Design</td>
<td>$</td>
</tr>
<tr>
<td>Remedial Investigation / Studies</td>
<td>$</td>
</tr>
<tr>
<td>Safety Training</td>
<td>$</td>
</tr>
<tr>
<td>Soil Excavation – other than petroleum</td>
<td>$</td>
</tr>
<tr>
<td>Tank &amp;/or Pipe Cleaning</td>
<td>$</td>
</tr>
<tr>
<td>Underground Storage Tank Testing</td>
<td>$</td>
</tr>
<tr>
<td>Underground Storage Tank Installation</td>
<td>$</td>
</tr>
<tr>
<td>Underground Storage Tank Removal</td>
<td>$</td>
</tr>
</tbody>
</table>

### 5. Non-Environmental Contracting

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I Environmental Assessments</td>
<td>$</td>
</tr>
<tr>
<td>Phase II &amp; III Environmental Assessments</td>
<td>$</td>
</tr>
<tr>
<td>Project Management</td>
<td>$</td>
</tr>
<tr>
<td>Remedial Design</td>
<td>$</td>
</tr>
<tr>
<td>Remediation Oversight</td>
<td>$</td>
</tr>
<tr>
<td>Safety Training</td>
<td>$</td>
</tr>
<tr>
<td>Underground Storage Tank Testing</td>
<td>$</td>
</tr>
<tr>
<td>Wetlands</td>
<td>$</td>
</tr>
</tbody>
</table>

### Other – Consulting / Laboratory

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other – Consulting / Laboratory</td>
<td>$</td>
</tr>
<tr>
<td>Describe</td>
<td>$</td>
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<tr>
<td>Describe</td>
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<td>Describe</td>
<td>$</td>
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<td>Describe</td>
<td>$</td>
</tr>
</tbody>
</table>

### Total Projected Contracting

| Gross Receipts               | $    |
| Total Projected Consulting/Laboratory Gross Receipts | $    |

### IV. SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:
   - Description: ____________________________
   - Description: ____________________________
   - Description: ____________________________
   - Description: ____________________________

2. Applicable Cost:
   - $__________________
   - $__________________
   - $__________________
   - $__________________

3. Are all subcontractors licensed and accredited?  
   - Yes [ ]  No [x]
4. Does the applicant collect certificates of insurance from all subcontractors?  
   ☐ Yes  ☐ No

5. Are the subcontractors required to name the applicant as an additional insured?  
   ☐ Yes  ☐ No

6. Is a standard written contract used with the applicant’s clients and/or subcontractors, including hold harmless and limitation of liability clause?  
   ☐ Yes  ☐ No

V. GENERAL INFORMATION

1. Does the applicant directly or indirectly perform work on residential properties?  
   ☐ Yes  ☐ No
   If yes, what percentage of the applicant’s overall sales are associated with this operation?  ☐ %

2. Are more than 50% of the applicant’s services subcontracted?  
   ☐ Yes  ☐ No

3. Is the applicant applying for project specific coverage?  
   ☐ Yes  ☐ No
   If yes, please attach a copy of the contract for the project and project supplemental application.

4. Does the applicant conduct more than 10% geotechnical or geophysical operations?  
   ☐ Yes  ☐ No
   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.

5. Does the applicant install any type of liner, i.e. landfill, lagoons, etc.?  
   ☐ Yes  ☐ No
   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.

6. Does the applicant conduct tank installation work?  
   ☐ Yes  ☐ No
   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?  ☐ Yes  ☐ No
   c) Does the applicant apply any type of corrosion protection?  ☐ Yes  ☐ No
   d) Are tanks tested and certified by a registered professional before use?  ☐ Yes  ☐ 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.

7. Are any of the applicant’s revenues generated by contracting services performed in New York City?  
   ☐ Yes  ☐ No
   If yes, what percentage of the applicant’s overall sales are associated with this operation?  ☐ %

8. Does the applicant conduct any type of mold contracting or mold consulting work?  
   ☐ Yes  ☐ No
   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.

9. Does the applicant conduct any Phase I or Real Estate Transfer Assessments?  
   ☐ Yes  ☐ No
   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?  ☐ Yes  ☐ No
   If no, please attach a sample contract of the applicant's format.

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?  
    ☐ Yes  ☐ No
    If yes, please provide full details on each incident:
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: ________

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.
Yes [ ] No [ ]

3. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below.
Yes [ ] 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.
Yes [ ] No [ ]

5. Is the applicant a successor of any other business? If yes, please list predecessor in the area below.

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.
Yes [ ] 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.
Yes [ ] 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)

<table>
<thead>
<tr>
<th>Coverage Form</th>
<th>Carrier</th>
<th>Receipts</th>
<th>Limit of Liability</th>
<th>Deductible</th>
<th>Type of Policy</th>
<th>Rate</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

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: ___________________________