



ENVIRONMENTAL CONTRACTORS & CONSULTANTS

EVEREST ENVIRONMENTAL FACILITY CONTRACTORS AND CONSULTANTS POLLUTION LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS IN FULL NOTICE: If a policy is 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.

SECTION I - GENERAL INFORMATION	
Applicant:	
Address:	
City:	State & Zip Code:
Phone Number:	Fax Number:
Date:	E-Mail Address:

SECTION II – COVERAGE INFORMATION	
1. COVERAGE REQUESTED	2. PROPOSED EFFECTIVE DATE:
a. New Business:	
b. Renewal:	
3. CURRENT CGL COVERAGE INFORMATION	4. CPL - LIMITS OF LIABILITY/DEDUCTIBLE
a. Carrier:	a. Limits Requested:
b. Inception/Expiration Dates:	b. Deductible Requested:
c. Limits Of Insurance & Deductible:	c. Retroactive Date Requested:

SECTION III – PRIOR LIABILITY CARRIER INFORMATION

Carrier:	Limits Of Liability & Deductible:
Receipts:	Rate & Premium:
<p>Any policy or coverage declined, cancelled or non-renewed during the prior three years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	

SECTION IV – COMPANY INFORMATION

1. Date Established:	2. How many years has applicant performed environmental services?
<p>3. Have there been any acquisitions, consolidations, dissolutions, and mergers Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	
<p>4. Does the firm have subsidiaries? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	
<p>5. Does the firm have a parent company? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	
<p>6. Does the firm have other related entities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	
<p>7. Do you share employees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain:</p>	

8. Total Personnel (List each person only once by primary function):	
a. Architects, Engineers, Geologists & Hydro geologists:	
b. Industrial Hygienist, Toxicologists, CIHS or CSP's:	
c. Draftsmen, Technicians:	
d. Supervisors/Foreman /Leadmen:	
e. Laborers:	
f. AHERA, Hazwopers:	
g. Other (specify)	
NOTE: PLEASE ATTACH ALL KEY PERSON(S), RESUMES, CERTIFICATIONS AND LICENSES	
9. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Subcontractors/Sub contractors/Independent Contractors – Do you subcontract any service to any entity? If Yes, please identify the sources that are performed on your behalf by others UNDER written contract Applicable Cost _____ If Yes, please identify the sources that are performed on your behalf by other WITHOUT written contract Applicable Cost (Other)_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Does your Standard Contract with your Sub consultants Subcontractors/Independent Contractors contain:				
a. Hold Harmless & Indemnification Clause in your favor?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Detailed Scope of Services Clause?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Requirement that you be named as an Additional Insured on their CGL Policy?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Requirement that you be granted a Waiver of Subrogation on their CGL Policy?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Describe the Minimum Insurance Requirements of your Sub consultants/ Subcontractors/Independent Contractors:				
a. Commercial General Liability \$ _____				
b. Contractors Pollution Liability \$ _____				
c. Professional Liability \$ _____				
d. Does your firm collect Certificates of Insurance from all Subcontractors?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. Do you use a standard indemnity contract with all of your clients?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no please detail your contract procedures:				
14. Do you loan, lease or rent equipment to others?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, please explain:				
What percentage of your overall sales are associated with this operations:				
What Commercial General Liability Limits do you require from your clients who use this equipment:				
15. With respect to question #14, are you named as an Additional Insured on your clients Commercial General Liability policy?				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
16. With respect to questions #14 and 15, does your client hold harmless and indemnify you for their use of this equipment.				
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION V – GROSS RECEIPTS INFORMATION

Gross Receipts (GR) for the past 3 fiscal years:

Prior Year 1 GR: \$

Prior Year 2 GR: \$

Prior Year 3 GR: \$

IMPORTANT NOTE:

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

CONTRACTING SERVICES	Projected Gross Receipts
ENVIRONMENTAL CONTRACTING:	
Asbestos Abatement Contracting	\$
Lead-Based Paint Abatement Contracting	\$
Crime Scene Cleanup Contracting	\$
Environmental Drilling (not oil/gas)	\$
Environmental Emergency Response Contracting - Spill Cleanup	\$
Hazardous Material Clean Up Contracting	\$
Hazardous Material Packing/Pickup	\$
Illegal Drug Lab Cleanup Contracting	\$
Groundwater Remediation Contracting	\$
Landfill Construction Contracting	\$
Liquid Waste Remediation Contracting	\$
Medical Waste Pickup	\$
PCIB-light Ballast Removal	\$
PCB-Removal/Remediation Contracting	\$
Radon Mitigation Contracting	\$
Soil Remediation Contracting - Bioremediation	\$
Soil Remediation Contracting - Petroleum Contaminated Soil	\$
Soil Remediation Contracting - Other than Petroleum Contaminated Soil	\$
Trucking - Hazardous Material	\$
Waste Incineration	\$
Waste Water Treatment System Install/Maintenance	\$
Wetlands Contracting	\$
Other	
Describe:	\$
Describe:	\$
SERVICE STATION CONTRACTING:	
Aboveground Storage Tank Installation Contracting	\$
Aboveground Storage Tank Removal Contracting	\$
Underground Storage Tank Installation Contracting	\$

Underground Storage Tank Removal Contracting	\$
Storage Tank & Pipe Cleaning Contracting	\$
Storage Tank & Part Sales (no installation)	\$
Service Station Contracting (building, construction, concrete, electric)	\$
Fuel System Equipment Installation Service & Maintenance (not tanks)	\$
Other	
Describe:	\$
Describe:	\$
MOLD REMOVAL/DECONTAMINATION CONTRACTING:	
Mold Prevention Contracting	\$
Mold Remediation Contracting	\$
Mold, Fire, Water, or Storm Damage Restoration Contracting	\$
Water Extraction Contracting	\$
Other	
Describe:	\$
Describe:	\$

Build Back - Restoration	\$
Demolition Contracting - Interior Only	\$
Demolition Contracting - Over 2 Stories	\$
Demolition Contracting - Under 2 Stories	\$
Drilling Contracting - Non Environmental (not oil/gas)	\$
Excavation	\$
Insulation Installation	\$
Trucking - Non - Hazardous Material	\$
Other	
Describe:	\$
Describe:	\$
Describe:	\$
Describe:	\$
TOTAL REVENUES FOR CONTRACTING SERVICES	\$
PROFESSIONAL SERVICES	Projected Gross Receipts
CONSULTING LABORATORY EXCLUDING MOLD, MILDEW OR FUNGUS:	
Environmental Compliance	\$
Environmental Permitting	\$
Air Monitoring	\$
Environmental Sampling	\$
Environmental Expert Witness	\$
Environmental Litigation Support	\$
Wildlife Studies	\$
Environmental Impact Studies	\$
Safety Training	\$
Environmental Manual Preparation	\$
Indoor Air Quality Consulting	\$
Industrial Hygiene / Health and Safety Consulting	\$
Phase I Environmental Site Assessments	\$
Phase II Environmental Site Assessments	\$
Phase III Environmental Site Assessments	\$
Environmental Remedial Investigation / Studies	\$
Environmental Feasibility Studies	\$
Hazardous Materials Consulting	\$
Underground Storage Tank Testing	\$
Environmental Laboratories	\$
Wetlands Consulting	\$
Geotechnical Consulting	\$
Geophysical Consulting	\$
Radon Testing	\$
Other:	
Describe:	\$
Describe:	\$

Describe:	\$
Describe:	\$
MOLD, MILDEW OR FUNGUS - CONSULTING / LABORATORY:	
Air Monitoring for Mold	\$
Indoor Air Quality Consulting - Mold	\$
Mold Inspection	\$
Mold Remediation Plan Design	\$
Post Mold Remediation Testing & Consulting	\$
Laboratory Analysis of Mold	\$
Other Mold Services - Describe:	\$
Other Mold Services - Describe:	\$
TOTAL REVENUES FOR PROFESSIONAL SERVICE	\$

SECTION VI – ADDITIONAL REQUIRED APPLICATION MATERIALS

- Resumes of key personnel, brochures and a list of previous projects.
- Most recent annual income statement showing applicable gross sales.
- Copy of standard contract (if applicable) referred to under Section IV, number 11.
- Five years of currently valued CGL loss runs including pollution and professional, if applicable.
- Copy of expiring policy, if any, showing retroactive dates.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (Undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

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.

You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Title:

Date:

FRAUD WARNING: APPLICABLE TO APPLICANTS IN 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 dollar and the stated value of the claim for such violation.