

Application for Contractors and Consultants



This application was developed in order to gain the information necessary to properly analyze your exposure to loss. The information contained will assist us in evaluating and pricing your coverage.

Instructions

Please complete the application in its entirety.

There may be sections that do not apply to your operations. Where that is the case, you should mark those sections as "not applicable" (N/A). If the answer to a question is none, state "None" or "0" in the space provided. If more space is required for you to answer any question completely, please attach a complete answer separately and identify the question you are responding to.

Please note: Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

Submission Requirements

- Five (5) years of currently valued loss information and details regarding any losses.
- Current year financials.
- Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).
- Sample contract the insured uses with its clients.
- If you need coverage for a specific project, please complete Addendum B.



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Englewood, Colorado 80112

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Application for Contractors and Consultants



SECTION I – APPLICANT INFORMATION

Insured(s):		
Mailing Address:		
City:	State:	Zip Code:
Physical Address:		
City:	State:	Zip Code:
Contact Name:	Contact Title:	
Telephone:	Website:	
The Insured is a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Public Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Not For Profit <input type="checkbox"/> Other: _____		

Year Established:	Number of Employees:
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States/Foreign Countries where operations are conducted:

Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity?
 Yes No If **yes**, please explain.

During the past five (5) years, has the Applicant's name or type of business entity changed? Has the Applicant discontinued any operations? Has any other person or entity been purchased by or merged with or consolidated into the applicant?
 Yes No If **yes**, please explain.

SECTION II – COVERAGE REQUESTED

Requested Coverage	Effective Date	Limits	Deductible	Retroactive Date
<input type="checkbox"/> General Liability				
<input type="checkbox"/> Contractors Pollution				
<input type="checkbox"/> Professional Liability				
<input type="checkbox"/> Follow-Form Excess				

SECTION III – EXPIRING COVERAGE

Coverage Expiration	Carrier	Limits	Expiration	Premium	Deductible	Retroactive Date
General Liability						
Contractors Pollution						
Professional Liability						
Excess/Umbrella						

SECTION IV – OPERATIONS

Estimated Revenue for next 12 months: \$

Actual Revenue for last 12 months: \$

Project Classification (Percentage): Residential: % Commercial: %

Revenue Breakdown

Environmental Contracting Services	Projected Revenue	% Subcontracted
Alternative Energy Contracting (solar, wind & geothermal)		
Asbestos and/or Lead Abatement		
Barrier/Liner Construction		
Crime Scene Cleanup		
Drilling (environmental)		
Emergency Response Cleanup		
Groundwater Treatment & Recovery (in situ)		
Industrial Cleaning		
Lab Packing		
Landfill Construction		
Medical Waste Recycling & Disposal		
Mold Abatement		
PCB Remediation/Removal		
Restoration Contracting (Fire/Water)		
Aboveground Storage Tank (AST) Installation/Removal		
Underground Storage Tank (UST) Installation/Removal		
Sampling		
Septic Tank Cleaning		
Service Station Construction		
Service Station Contracting and Maintenance		
Fuel System Equipment Sales		
Soil Excavation (environmental)		
Soil Treatment (In Situ)		
Tank/Pipe Cleaning & Maintenance		
Waste Transportation		
Liquid		
Solid		
Wastewater Treatment System Installation/Maintenance		
Water Treatment System Installation/Maintenance		
Wetlands Contracting		
Other Environmental Contracting:		

Non-Environmental Contracting Services	Projected Revenue	% Subcontracted
Carpentry/Framing		
Carpet/Upholstery Cleaning		
Demolition/Dismantling		
Interior		
Four (4) stories or less		
Five (5) stories or greater		
Dredging		
Drilling		
Non-Environmental		
Geotechnical		
Oil/Gas		
Mineral Exploration		
Drywall/Wallboard Installation		
Electrical		
Excavation/Grading		
Fire Sprinkler		

Flooring		
General Contracting		
Glass Installation/Glazer		
HVAC/Mechanical Engineering		
Insulation		
Janitorial Services		
Landscaping		
Logging		
Marine Construction		
Masonry/Concrete		
Oil/Gas Lease Operator		
Painting		
Pipeline Construction & Maintenance		
Sewer/Water Main		
Oil/Gas		
Industrial		
Plumbing		
Residential Developer/Home Builder		
Roofing		
Steel Erection		
Street and Road Construction & Maintenance		
Utility Installation (Electrical/Gas/Cable)		
Utility Location Services		
Other Non-Environmental Contracting:		

Environmental Consulting Services	Projected Revenue	% Subcontracted
Air Quality Testing		
Alternative Energy System Design & Consulting (solar, wind & geothermal, other)		
Asbestos and/or Lead Remedial Design & Oversight		
Construction Management		
Engineering Services		
Environmental		
Civil		
Structural		
Geotechnical		
Nondestructive Testing		
Environmental Impact Studies		
Expert Witness		
Geology and Hydrogeology Consulting		
Health & Safety Training		
Industrial Hygiene Services		
Information Technology/Software Consulting		
Laboratory Analysis		
Mold Remedial Design & Oversight		
Other Environmental Consulting:		
Phase I - Environmental Risk Assessment		
Phase II - Environmental Site Assessment		
Phase III – Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting – Permitting & Compliance Audits		
Surveying		
Tank System Design/Testing		
Training		
Waste Arranging & Brokering		
Wastewater Treatment System Design/Testing		
Water Treatment System Design/Testing		
Wetlands Consulting		
Other Environmental Consulting:		

Revenue Classification by Client Type (Percentage):		
Commercial/Retail: _____%	Industrial: _____%	Residential: _____%
Educational Institutions: _____%	Infrastructure: _____%	Other: _____%
Government (Federal, State, Local): _____%	Manufacturing: _____%	
Hospitals/Healthcare: _____%	Petroleum/Petrochemical: _____%	

SECTION V – RISK CONTROL

Safety and Quality Control Practices	
Does the applicant have a written Employee Health and Safety Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Hazardous Communication Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Quality Control/Quality Assurance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide formal training to employees on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor(s)	
What percentage of your operations is performed by subcontractor(s)?	_____%
Does the applicant obtain certificates of insurance from subcontractor(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What insurance and limits does the applicant require of subcontractors(s)?	
<input type="checkbox"/> General Liability: \$_____ <input type="checkbox"/> Pollution Liability: \$_____ <input type="checkbox"/> Professional Liability: \$_____	

SECTION VI – CLAIM HISTORY

During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? Yes No If **yes**, please explain.

Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought? Yes No If **yes**, please explain.

During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions? Yes No If **yes**, please explain.

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

NOTICE TO CALIFORNIA APPLICANTS: Any person who knowingly presents 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 policy holder or claimant with regard to a settlement or award payable from 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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false 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 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 AND NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 OKLAHOMA APPLICANTS: 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 OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

Addendum A
Insured Location(s)
Application for Contractors and Consultants



Site Address:

Describe the operations performed at this location:

Does the applicant store any hazardous or bulk materials at this location(s)? Yes No If **yes**, please complete.

Chemical Name	Quantity (gallons/lbs)	Storage Method			
		AST	UST	Drum/Tote	Other

Are AST(s) and/or UST(s) located at the site? Yes No If **yes**, please complete.

AST	UST	Size (gallons)	Age	Contents	Construction Material	Secondary Containment

Does the applicant treat and/or discharge chemical(s), wastewater, etc. into the environment at this location?
 Yes No If **yes**, please complete the table below.

Constituent	Daily Amount	Treatment Process	What type of receiving body (river, lake, air, etc.)	Permit and ID Number (NPDES, RCRA, Air Permit, etc.)

Does the applicant know of any fact, circumstance, situation, transaction, event, act, error or omission which may reasonably be expected to result in a claim or claims being made against you or any other person or entity for whom coverage is being sought for damage or injury arising from the release of hazardous or non-hazardous substances into the environment?
 Yes No If **yes**, please explain.

Is the applicant aware of any historical or present contamination on the insured locations or emanating from the insured location(s) or any facts or circumstances which may reasonably result in a claim for such contamination?
 Yes No If **yes**, please explain.

Addendum B
Project Specific Coverage
 Application for Contractors and Consultants



A copy of the project proposal and contract may be required.

Named Insured(s):		
Project Name:		
Project Address:		
City:	State:	Zip Code:
Project Name:		
Project/Contract No.:		
Projected Project Revenue:		
Project Duration:	Specific Dates (if known):	
Description of Operations to be performed:		
Client Information		
Client Name:		
Additional Information/Coverage Requirements:		

Addendum C
Five Largest Projects in Past 12 Months
 Application for Contractors and Consultants



1.	Project Name:	Location:	Revenue Associated with Project:
	Services Performed:		Project Completion Date:
2.	Project Name:	Location:	Revenue Associated with Project:
	Services Performed:		Project Completion Date:
3.	Project Name:	Location:	Revenue Associated with Project:
	Services Performed:		Project Completion Date:
4.	Project Name:	Location:	Revenue Associated with Project:
	Services Performed:		Project Completion Date:
5.	Project Name:	Location:	Revenue Associated with Project:
	Services Performed:		Project Completion Date: