

# Renewal Application for Contractors & Consultants



If the insured currently does not have coverage or has coverage with another carrier, please use the [OneBeacon Environmental Application for Environmental Contractors & Consultants](#).

Instructions
<p><b>Please note:</b> Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.</p> <p>This application must be <b>signed and dated</b> by an authorized representative of your company.</p>

Submission Requirements
<input type="checkbox"/> Five (5) years of currently valued loss information and details regarding any losses.
<input type="checkbox"/> Current year financials.
<input type="checkbox"/> Statement of Qualifications (SOQ) and Resumes of key personnel (if updated in the last twelve (12) months).

SECTION I – APPLICANT INFORMATION	
Insured(s):	Policy No.:
	Effective Date:
Has your mailing address changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please provide your new address:	

States/Foreign Countries where operations are conducted:
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , please explain.
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Revenue Classification by Client Type (Percentage):					
Commercial/Retail:	____%	Industrial:	____%	Single Family Residential:	____%
Educational Institutions:	____%	Infrastructure:	____%	Multi-Family Residential:	____%
Government (Federal, State, Local):	____%	Manufacturing:	____%	Other Residential (Hotels, Nursing Homes, etc.):	____%
Hospitals/Healthcare:	____%	Petroleum/Petrochemical:	____%	Other:	____%

Vehicles					
Vehicle Type	Number of Units	Cargo or Material Hauled	Radius		
			0-50 MI	50-200 MI	Over 200 MI
Light Truck					
Medium Truck					
Heavy/Extra Heavy Truck					
Trailers					
Buses					
Other:					

**SECTION II – REVENUE AND OPERATIONS**

Estimated Revenue for next 12 months: \$

Total amount subcontracted: \_\_\_\_\_ %

Actual Revenue for last 12 months: \$

**Revenue Breakdown**

<b>Environmental Contracting Services</b>	<b>Projected Revenue</b>	<b>% Subcontracted</b>
Alternative Energy Contracting (solar, wind & geothermal)		
Asbestos and/or Lead Abatement		
Crime Scene Cleanup		
Drilling-Monitoring Well Installation (environmental)		
Emergency Response Cleanup		
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 Installation and Maintenance		
Soil Excavation (environmental)		
Soil and Groundwater Remediation		
Storage Tank/Pipeline Cleaning & Maintenance		
Waste Transportation - Liquid		
Waste Transportation - Solid		
Wastewater Treatment System Installation/Maintenance		
Water Treatment System Installation/Maintenance		
Wetlands Contracting		
Vacuum Truck Operations:		
Wastewater Treatment System Installation/Maintenance		
Water Treatment System Installation/Maintenance		
Wetlands Contracting		
Vacuum Truck Operations		
Other Environmental Contracting:		

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

General Contracting – Commercial		
General Contracting – Multi-Family Residential		
General Contracting – Single Family Residential		
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		
Pipeline Construction & Maintenance - Oil/Gas		
Pipeline Construction & Maintenance - Industrial		
Plumbing		
Roofing - Commercial		
Roofing – Residential		
Steel Erection		
Street and Road Construction & Maintenance		
Utility Installation (Electrical/Gas/Cable)		
Utility Location Services		
Other Non-Environmental Contracting – please list:		

<b>Environmental Consulting Services</b>	<b>Projected Revenue</b>	<b>% Subcontracted</b>
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, Groundwater & Hydrogeology Consulting		
Health & Safety Training		
Industrial Hygiene Services		
Information Technology/Software Consulting		
Laboratory Analysis		
Mold Remedial Design & Oversight		
Phase I - Environmental Risk Assessment		
Phase II - Environmental Site Assessment		
Phase III – Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting – Permitting & Compliance Audits		
Remedial Oversight - Environmental Project Supervision		
Surveying		
Tank System Design/Testing		
Training		
Waste Arranging & Brokering		
Wastewater Treatment System Design/Testing		
Water Treatment System Design/Testing		
Wetlands Consulting		
Other Environmental Consulting – please list:		

**SECTION III – INSURED LOCATION/COVERED LOCATION**

Have there been any changes or capital improvements at any insured location or covered location in the past twelve (12) months?  Yes  No If **yes**, please explain.

**SECTION IV – THREE LARGEST PROJECTS IN THE LAST 12 MONTHS**

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:

**SECTION V – 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 knowing 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 knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully 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 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.

**SECTION VI – DECLARATIONS AND SIGNATURES**

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by OneBeacon. If a policy is issued it will be in reliance by OneBeacon upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with OneBeacon and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

OneBeacon is authorized to make any inquiry in connection with this Application. Acceptance by OneBeacon of this Application or the making of any subsequent inquiry does not bind the insured or OneBeacon to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to OneBeacon under any policy of a claim or potential claim.

If OneBeacon learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify OneBeacon.

Completion of this application does not bind coverage. The insured's acceptance of OneBeacon's quotation is required prior to binding coverage.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Print Name

\_\_\_\_\_   
 Title

**RETURN COMPLETED APPLICATION PLUS ANY SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER.**

**Producer Information:**

Agent:	Agency:	
Agency License No.:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email:	Website:	



[www.onebeaconenvironmental.com](http://www.onebeaconenvironmental.com)

## Addendum A: Follow-Form Excess Liability Application

(Offered in conjunction with Commercial General Liability coverage)

Named Insured(s):			
Limits Requested:			
<b>Underlying Coverage for Schedule</b> (All questions are required for rating and scheduling purposes)			
<b>Automobile Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Accident
<b>Carrier 2:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Person
<b>Three years of currently valued Automobile Loss Runs are required.</b>			
<b>Employers Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Carrier 2:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Claims Information</b>			
<p>Please provide details for all Automobile claims exceeding \$25,000 and Employers Liability claims exceeding \$250,000 in the last 5 years. Include dates, coverage, description, amount paid and amount outstanding. Use additional page if necessary.</p>			

## Addendum B: Insured Location(s) for Environmental Premises Liability

(Complete if requesting coverage in conjunction with CGL or CPL)

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.