



Swett & Crawford

COMMERCIAL GENERAL LIABILITY AND CONTRACTORS POLLUTION LIABILITY APPLICATION

NOTICE: If a policy is issued, it will provide that the limit of liability available to pay judgments or 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.

Be sure to answer all questions; leave no space blank. Attach separate sheet if additional space is required.

1. Applicant (including all subsidiaries to be insured) _____

Address _____

Telephone # (____) _____

Company is an Individual Partnership Corporation Joint Venture Other (describe) _____

EPA Identification Number(s) _____

Name of individual(s) responding to application _____

Date firm established _____

Number of years in remedial contracting _____

Number of completed projects in remedial contracting _____

2. Has corporate name ever changed, have there ever been any acquisitions, consolidations, dissolutions, mergers? Give a brief history of the firm's prior entities including name, type of entity and period of existence. _____

3. Has the present entity assumed any liabilities of a pre-existing firm? Yes No (If yes, attach pertinent portions of the agreement(s) and an explanation.)

Does the firm have: subsidiaries a parent company other related entities (If yes, explain:) _____

Is there an interchange of employees between companies? Yes No If yes, explain: _____

4. Professional organizations to which applicant and "key personnel" belong ("Key personnel" means principals, partners, executive officers and project managers): _____

5. Provide number of employees by category:

(a) Management _____
(b) Administration _____
(c) Supervisors _____
(d) Foremen/Leadmen _____
(e) Clerical _____
(f) Drivers _____
(g) Driver Helpers _____

(h) Operators _____
(i) Laborers _____
(j) Mechanics _____
(k) Recovery Technicians _____
(l) Technicians _____
(m) Technical Specialists _____
(n) Other (describe) _____





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6. Has the firm or any subsidiary company or employee ever been barred, suspended or excluded for participation in any remedial program by the United States Environmental Protection Agency or any state, county, or local agency chargeable with responsibility for environmental affairs? Yes No
If yes, please give details: _____

7. Is your company operating under a consent agreement with any federal, state or local government? Yes No If so, give date and reason for consent agreement.

If yes, explain and attach appropriate documents _____

8. Nature of Operations

Utilizing the categories below, what are the company's business activities?

Category	Actual gross sales prior 12 months period	Estimated gross sales current 12 months	Estimated gross sales projected next 12 months	Percent sub-contracted sub-contracted
Transportation: Hazardous Waste	\$	\$	\$	\$
Non Haz Waste				
General Contracting				
Project Management				
Well Drilling & Monitoring				
In-situ Treatment/Solidification				
Cleanup/Remedial Action				
Consulting				
Laboratory Testing & Analysis				
Soil & Water Testing				
Superfund Site Work				
UST Removal				
UST Installation or Repair				
UST Testing				
AST Removal				
AST Installation or Repair				
AST Testing				
Other (specify)				

TOTAL \$ _____ \$ _____ \$ _____ \$ _____





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8. For tank installation, what types of tanks do you install? Please show the percentage of each type. _____

What types of piping do you install? _____

What types of corrosion protection do you install? _____

9. Do you follow EPA recommended practices for corrosion protection? Yes No

Do you install secondary containment and overfill protection? Yes No
If yes, please describe type: _____

Do you obtain pre-installation inspections as required by the EPA for all tanks? Yes No

10. What percentage of the subcontractors that you hire:

(a) Work under their own permits, rights or authority? _____

(b) Work under your permits, rights or authority? _____

(c) Do you check required permits for subcontractors? Yes No

(d) Are updated certificates of insurance from subcontractors kept on file? Yes No

(e) Are certificates of insurance reviewed? Yes No

(f) What are the minimum limits of liability you require for your subcontractors? Yes No

Workers' Compensation: _____

General Liability: _____

Automobile Liability: _____

Contractors Pollution Liability: _____

Professional Liability: _____

(g) Are all subcontractors hired under a written contract? Yes No

(h) Do your contracts with subcontractors contain an indemnification provision? If so, attach copy. Yes No

(i) Does your company enter into written contracts where you assume liability? Yes No

(If so, attach copy of all insurance requirements and indemnification clauses.)

(j) Describe the nature of work you subcontract to others: _____

(k) Describe the extent of your supervision of subcontractors: _____

(l) Do you require your firm to be named as an additional insured on the subcontractors general and pollution liability policies? _____

(m) Do you obtain a waiver of subrogation on subcontractors workers' compensation policies? Yes No





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11. What is the percentage of the firm's gross sales attributable to the following types of clients for the last fiscal year?

- (a) Federal government and any agency thereof _____%
- (b) State, county or focal government and any agency there of _____%
- (c) Private or public held corporations _____%
- (d) Individuals, partnerships or joint ventures _____%
- (e) Contractors _____%
- (f) Developers _____%
- (g) Other (specify) _____%

12. What is the largest project the firm has completed in the last 3 years? _____
Contract Value _____
Brief Description _____

In any one of the last 3 years has any one client accounted for more than 20% of your gross sales? Yes No

13. Does the firm or any of its members have any involvement in any hazardous and/or nonhazardous waste transportation, treatment, processing, incineration or disposal facilities, or do they have any financial interest in any organizations that do? Yes No
If yes, please explain: _____

14. Does the firm or any of its members have any involvement in laboratories or facilities involved in the conducting of coupling and/or laboratory analysis to which work is subcontracted, or do they have any financial interest in any organizations that do? Yes No
If yes, please explain: _____

15. Does the firm use a standard indemnity contract with its clients? Yes No
If yes, please explain and attach a copy to the application: _____

16. Does the firm ever enter into a contract wherein the sole negligence of the indemnitee is assumed? Yes No
If yes, please explain and attach copies to the application: _____

17. Has the firm or any of its members ever been involved in any Superfund site work? Yes No
If yes, please explain: _____

18. Has the firm been cited by a regulator for violations for employing unsafe conditions? Yes No
If so, explain: _____

19 Describe any project prematurely terminated _____

20. Has the firm ever paid a penalty for breach or non-compliance of contract specifications? Yes No
If yes, please explain. _____

21. Does the firm have a comprehensive written safety program? (If yes, please include a copy.) Yes No

22. Does company have a full time safety director? Yes No

Name _____
(Please provide resume and certifications:)

23. Under what conditions are personal protective equipment used by your company personnel? _____

Are personnel trained in the use of personal protective equipment? Yes No





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24. Does your company conduct on a regular basis, the following seminars?

Conducted by Whom?

- (a) Right to Know Yes No
- (b) OSHA Yes No
- (c) RCRA Compliance Yes No

Does company have a comprehensive written medical monitoring program?
(If so, please attach a copy.)

Yes No

25. Company Doctor:

Address:

Telephone Number:

() _____

26. Describe the type and length of training given to employees who will be working with hazardous materials, for new employees and ongoing programs.

- In-house Seminars _____
- Outside Seminars _____
- On-the-Job Training _____
- Other (specify) _____
(Attach copies of training manuals.)

27. Prior Liability Carrier Information

Year	Carrier	Sales	Limit of Liability	Deductible	Type of Coverage	Retroactive Date	Rate	Premium
					<input type="radio"/> cm <input type="radio"/> occ			
					<input type="radio"/> cm <input type="radio"/> occ			
					<input type="radio"/> cm <input type="radio"/> occ			
					<input type="radio"/> cm <input type="radio"/> occ			

Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
If yes, describe _____

- (a) Submit a copy of current General Liability, Pollution Liability and Professional Liability policy if separately issued
- (b) Submit a copy of most recent annual financial statement and interim statements including accountant's notes.

28. Requested Insurance:

Coverage: _____ Limits: _____

Form: _____ Ded/Sir: _____

29. Liability Loss Experience - Five Years

	Paid	Reserve	Total	# of Claims
19 ____ 19 ____				
19 ____ 19 ____				
19 ____ 19 ____				
19 ____ 19 ____				
19 ____ 19 ____				





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Description of liability claims in excess of \$10,000 (use separate page if necessary)

30. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, its predecessors in business, any of the present or past partners or officers? Yes No

If yes, please provide all details. _____

31. Please check to be sure that the following required attachments are enclosed:

- (a) Most recent financial statements including accountant notes
- (b) Resumes of "key personnel"
- (c) Standard operating procedures (manual & procedure guide)
- (d) Contractor statement of qualifications including brochures
- (e) Employee training and safety programs
- (f) Medical surveillance/monitoring program and respiratory protection guide
- (g) Inventory of equipment used in remediation operations
- (h) Current General Liability and Pollution Liability policies

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. 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 NOR 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 ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Date: _____

Title: _____

Attest: _____

NOTICE TO APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

The insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such an event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

The insured hereby further acknowledges: 1) that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible or retention amount and 2) that the limit of liability provided for is an aggregate limit and the costs for each claim made shall reduce the limit of liability and could possibly exhaust the limit of liability.

Signed: _____

Date: _____

Title: _____

Attest: _____

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.

