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ENVIRONMENTAL SERVICES APPLICATION FOR CONTRACTORS AND CONSULTANTS

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.

APPLICANT _____

DATE _____

ADDRESS _____

TELEPHONE # _____

COMPANY IS AN: INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER(describe) _____

1. COVERAGE REQUESTED

- New Business Renewal
- Commercial General Liability Occurrence
- Claims Made

2. Optional Endorsements: Contractors Pollution Liability Professional Liability

Proposed Effective Date. _____

3. Proposed Retroactive Date _____

LIMITS OF LIABILITY/DEDUCTIBLE

4. Limits Requested: _____ Deductible Requested: _____

Other Coverages and Endorsements: _____

5. History of Company

Date Established: _____

Have there been any acquisitions, consolidations, dissolutions, mergers? Yes No

If yes, explain: _____

Does the firm have: Subsidiaries A parent company Other related entities _____

Do you share employees? Yes No If Yes explain: _____

6. Prior Liability Carrier Information

Coverage form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium

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

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- (a) Qualifications including resumes, brochures and a listing of previous projects.
- (b) Most recent income statement and balance sheet.
- (c) Five years of valued loss runs including pollution and professional, if applicable.
- (d) Completed Acord Application.



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7. Total personnel (List each person only once by primary function):

- (a) Architects, Engineers, Geologists, Hydrogeologists _____
- (b) Industrial Hygienists, Toxicologists, CIHs or CSPs: _____
- (c) Draftsmen, Technicians: _____
- (d) Supervisors/Foremen/Leadmen: _____
- (e) Laborers: _____
- (f) AHERA, Hazwopers: _____
- (g) Other (specify): _____

(Please attach all key persons resumes, certifications and licenses.)

8. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of a professional or contracting activities?

Yes No

If yes, please explain: _____

9. Enter the firm's gross receipts. Please breakdown the receipts by scope of services:

Scope of Services:	Previous Year	Projected:
(a) _____		
(b) _____		
(c) _____		
(d) _____		
(e) _____		
(f) _____		
(g) _____		
(h) _____		
(i) _____		
(j) _____		

Subconsultants / Subcontractors

10. What percentage of your sales are associated with the use of subs: _____

Does your firm collect certificates of insurance from your subs? Yes No

Please identify the services that you subcontract: _____

Do you use a standard indemnity contract with your clients and subs? Yes No

11. If no, please detail your contract procedures: _____

12. Do you conduct tank installation work? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation: _____

Are the installed tanks precision tightness tested before being released to owner

Do you apply any type of corrosion protection? Yes No

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 you install, type of corrosion protection you install, installation procedures. _____





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13. Do you install any type of liner, i.e. landfill, lagoons, etc.? Yes No
If yes, please answer the following:

What percentage of your 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.

14. Do you operate an in-house laboratory? Yes No
If yes, please answer the following:

What percentage of your overall sales are associated with this operation: _____
Do you conduct regular in-house training courses? Yes No If yes, how often? _____
Are all laboratory employees properly certified and/or licensed? Yes No
Please submit the following: Laboratory accreditation certifications, table of contents of QA/QC manuals, and chemical hygiene plans.

15. Do you conduct any type of geotechnical or geophysical operations? Yes No
If yes, please answer the following:

What percentage of your overall sales are associated with this operation: _____
Please submit the following: A detailed list of your geotechnical and geophysical operations, detailed resumes of employees who conduct these operations.

16. Do you conduct any Phase I or Real Estate Transfer Assessments? Yes No
If yes, please answer the following:

What percentage of your overall sales are associated with this operation: _____
Do you follow ASTM-1527 guidelines? Yes No
(If no, attach a sample contract of your format.)

17. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
(If yes, please attach full details on each incident.)

18. 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? Yes No
(If yes, please attach full details on each incident.)

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 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 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.

(Signature) _____

(Title) _____

(Date) _____

