



# Swett & Crawford

## GENERAL LIABILITY APPLICATION FOR ASBESTOS ABATEMENT CONTRACTORS

NOTICE: If a policy is issued, 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.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

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

### 1. COVERAGE REQUESTED

- Commercial General Liability
- Manufacturer 's & Contractors

Contractual  Blanket  Designated  
 Number \_\_\_\_\_ Cost: \_\_\_\_\_

Products/Completed Operations

Deductible/SIR \$ \_\_\_\_\_

#### Options

Broad Form Property Damage  
 Include  Exclude Completed Operations

Broad Form CGL Endorsement

Include  X  XC  U

Fire Legal Liability (Give Locations & Limits)

Elevator Collision

### 2. PROPOSED EFFECTIVE DATE:

Proposed Retroactive Date: \_\_\_\_\_

Coverage	Each Occurrence	Aggregate
Bodily Injury	\$ .000	\$ .000
Property Damage	\$ .000	\$ .000
Combined Single Limit	\$ .000	\$ .000
Premises Medical	Each Person \$	Each Accident \$ .000
Personal Injury Participation % Delete Exclusion C	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	Aggregate \$ .000
Other Coverages And/Or Endorsements		





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### 3. Schedule of Hazards

Loc#	Description	Premium Basis
#1	Premises/Operations	Sq. ft.
#2		Sq. ft.
#3		Sq. ft.
Estimated contract Volume during next 12 months:		
	Non-Asbestos Abatement Related Receipts - Insulation/Re-insulation	\$
	Non-Asbestos Abatement Related Receipts - Other (describe)	\$
	Total Non-Asbestos Abatement Related Receipts	\$
	Asbestos Abatement Receipts	\$
	Asbestos Abatement Receipts - Other (encapsulation, encasement, etc. )	\$
	Total Asbestos Abatement Receipts	\$

### 4. HISTORY OF COMPANY

Number of years in Asbestos Abatement Contracting. \_\_\_\_\_

Number of years in business. \_\_\_\_\_

Number of completed projects in Asbestos Abatement. \_\_\_\_\_

Note: If "new company", provide experience and qualifications of principals. \_\_\_\_\_

### 5. MANAGEMENT PERSONNEL

Names of Officials and Attach Brief Resume of Each \_\_\_\_\_

Name of individual Handling Insurance \_\_\_\_\_

### 6. COMPANY OPERATIONS

Description of Applicants Entire Operations (attach appropriate manuals and procedural guidelines) \_\_\_\_\_

Indicate any state licenses for asbestos abatement issued/pending \_\_\_\_\_

Has any application for state license been denied?  Yes  No If yes, explain. \_\_\_\_\_

What percentage of work is sub-contracted to outside contractors, consultants, engineers, architects, etc ? \_\_\_\_\_

Does the applicant sub-contract asbestos abatement work?  Yes  No

If so, describe in detail name, address and applicable licenses, permits, etc. of any sub-contracted asbestos abatement work. \_\_\_\_\_





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## 7. BONDING

Applicant's Bonding Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Performance Bond  Yes  No Amount \$ \_\_\_\_\_

Percent of (Sub) Contract Price

Payment Bond  Yes  No Amount \$ \_\_\_\_\_

Has applicant, affiliated, related or predecessor entity ever defaulted on a labor performance or bid bond?  Yes  No

If so, Explain: \_\_\_\_\_

## 8. EXPERIENCE OF FIRM

Major contracts for asbestos abatement in last three year years (If additional space is required, attach separate sheet. )

Project Name	Location Value	Dollar Value	Contact	Telephone #

## 9. CONTRACTORS

Explain All "YES" Responses

(a) Does applicant draw plans design specifications?  Yes  No \_\_\_\_\_

(b) Are certificates of insurance required from sub-contractors?  Yes  No \_\_\_\_\_

(c) Does applicant lease equipment to others with or without operators?  Yes  No \_\_\_\_\_

(d) Part time staff: \_\_\_\_\_

(f) % work sub-contracted: \_\_\_\_\_

Describe the type of work sub-contracted and include a description of the operations of XCU if required: \_\_\_\_\_

## 10. CONTRACTUAL LIABILITY

Describe all hold harmless agreements on a separate page (Dates, Contracting Party, Cost)  Copies Attached

## 11. PRIOR GENERAL LIABILITY CARRIER INFORMATION

Year	Carrier	Receipts	Limit of Liability	Deductible	Type of Coverage	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.		
					<input type="radio"/> cm <input type="radio"/> occ.		





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Any policy or coverage declined, canceled or non renewed during the prior 3 years?  Yes  No.  
If yes: describe \_\_\_\_\_

- (a) Submit a copy of current General Liability Policy and Asbestos Abatement Policy if separately issued.
- (b) Submit a copy of most recent Annual Audited Financial Report and latest interim Financial Report.

## 12. GENERAL LIABILITY LOSS EXPERIENCE- FIVE YEARS

	PAID	RESERVE	TOTAL # OF CLAIMS
19 to 19			
19 to 19			
19 to 19			
19 to 19			
Description of General Liability Claims in excess of \$25,000 (use separate page if necessary)			
Description of any Claims related to Asbestos Abatement (use separate page if necessary)			

## 13. PAYROLL / RECEIPTS FOR PAST 5 YEARS

	Asbestos Receipts	Asbestos Payroll	All Other Receipts	All Other Payroll
19 to 19				
19 to 19				
19 to 19				
19 to 19				
19 to 19				

## 14. ANTICIPATED JOBS TO BE INSURED

Jobs To Be Insured	Type of Work To Perform	Contract Price (jobs currently bid)

## 15. JOB PROCEDURES

(a) What procedures do you use for the removal and disposal of asbestos. (Attach copy of procedure manual) \_\_\_\_\_

(b) How do you isolate the work area? \_\_\_\_\_

(c) What procedures do you use for decontamination of work areas? \_\_\_\_\_





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15.  
(cont.)

(d) What procedure is used for decontamination of personnel? \_\_\_\_\_  
\_\_\_\_\_

(e) List all safety precautions you employ in removal of asbestos \_\_\_\_\_  
\_\_\_\_\_

(f) What are your sampling and monitoring procedures for personnel and work area? \_\_\_\_\_  
\_\_\_\_\_

(g) Give method for establishing time weighted average for airborne fiber counts in accordance with OSHA and NIOSH standards.  
\_\_\_\_\_

(h) Who performs the air monitoring? \_\_\_\_\_

(i) Name(s) of laboratory used for analysis Include lab certification # \_\_\_\_\_  
\_\_\_\_\_

(j) Describe worker/visitor personnel protection procedures \_\_\_\_\_  
\_\_\_\_\_

(k) Name and address of waste disposal company used, including transporter I.D. # \_\_\_\_\_  
\_\_\_\_\_

(l) Have you employed an industrial Hygienist to set up a respiratory program on each Job?  Yes  No  
If yes, name of firm employed: \_\_\_\_\_

(m) Do you have a medical examination program for all employees?  Yes  No

(n) Do you re-examine all workers every six months, as required?  Yes  No

(o) Do you maintain medical records for all Asbestos Removal Personnel?  Yes  No

(p) Have you been cited by a regulator for violations for employing unsafe conditions? If so, explain:  Yes  No  
\_\_\_\_\_

(q) Have you ever received a violation or citation from a regulatory agency? If so, explain:  Yes  No  
\_\_\_\_\_

(r) Describe any abatement project prematurely terminated. \_\_\_\_\_  
\_\_\_\_\_

(s) Have you ever paid a penalty for breach or non compliance of contract specifications?  Yes  No

**16. LIST THE TYPE AND AMOUNT OF EQUIPMENT OWNED AND USED BY YOUR FIRM IN ABATING ASBESTOS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.





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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.

Signed: \_\_\_\_\_

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 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 insurer 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: \_\_\_\_\_

