



**CONTRACTORS & CONSULTANTS APPLICATION**

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: For certain policies and coverage parts 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.

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead. This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

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

1. Five years of currently valued loss runs for all coverages being sought, for all proposed Named Insureds
2. Resumes/SOQ's of all key personnel. Include company brochures and promotional material (if applicable)
3. Most recent income statement or balance sheet.
4. List of most recently completed projects

**APPLICANT INFORMATION**

Name of Applicant:		Date:
Inspection contact name:		Phone:
Address:		
City:	State:	Zip:
Company website:		No.:
Email address:		NAICS:
Company is an: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Joint Venture <input type="radio"/> Other (describe):		

If there is more than one proposed Named Insured? List each and provide percentage of ownership and relationship:

Number of years performing services to be covered by this Insurance:

Is work performed by any affiliated or related company(s)  
If yes, please explain. Include details of any shared office space/employees etc.

Yes  No

Are you a successor of any other business? If yes, please list predecessor.

Yes  No

Are you directly or indirectly controlled, owned or otherwise managed another party?  
If yes, please explain.

Yes  No

Do you directly or indirectly control, own, or otherwise manage any other entity?  
If "Yes", please explain:

Yes  No

### COVERAGE REQUESTED

Indicate requested limits, retention, and retroactive date:

Coverage Part	Occurrence/ Claims Made	Claims Made Retro Date	Occurrence Limit	Aggregate Limit	Deductible/ SIR
General Liability					
Contractors Pollution Liability					
Professional Liability					
Environmental Impairment					

### EXPIRING COVERAGE

Provide all expiring information:

Coverage Part	Carrier	Applicable Retro Date	Limits of Liability	Deductible/ SIR	Premium
General Liability					
Contractors Pollution Liability					
Professional Liability					
Environmental Impairment					

## REVENUE

Provide total gross estimated revenue for next 12 months and actual revenue for the prior 2 years:

	<b>Gross Annual Revenues</b>	<b>Domestic Revenue %</b>	<b>Foreign Revenue %</b>
Next 12 months	\$	%	%
1st Prior Year	\$	%	%
2nd. Prior Year	\$	%	%

## CLAIMS HISTORY

If additional space is needed, please attach details on a separate sheet of paper.

1. Have there been any losses in the past (5) years? If "Yes", please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is/are there presently any "open" claim(s) being handled by any prior carrier? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you directly or indirectly control own or otherwise manage any other entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## GENERAL OPERATIONS INFORMATION

1. Do you perform services in the state of New York? If "Yes", what percentage is performed in the five (5) boroughs? <input style="width: 100px;" type="text"/> What percentage in the rest of New York? <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2. Number/Type of Employees:									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;">Executive Managers</td> <td style="width: 50%; border: 1px solid black;">Architects &amp; Engineers</td> </tr> <tr> <td style="border: 1px solid black;">Project Managers</td> <td style="border: 1px solid black;">Chemists &amp; Scientists</td> </tr> <tr> <td style="border: 1px solid black;">Field Supervisors</td> <td style="border: 1px solid black;">Draftsmen &amp; Technicians</td> </tr> <tr> <td style="border: 1px solid black;">Labor</td> <td style="border: 1px solid black;">Other:</td> </tr> </table>	Executive Managers	Architects & Engineers	Project Managers	Chemists & Scientists	Field Supervisors	Draftsmen & Technicians	Labor	Other:	
Executive Managers	Architects & Engineers								
Project Managers	Chemists & Scientists								
Field Supervisors	Draftsmen & Technicians								
Labor	Other:								
3. What percentage of time do you work without a written contract? <span style="float: right;">%</span>									
4. Do you work with subcontractors/subconsultants? If "Yes," please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
a. Are all subcontractors/subconsultants licensed and certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
b. Is a standard written contract used to engage all subcontractors/subconsultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
c. If yes, does that contract contain Hold Harmless and Limitation of Liability Clauses?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
d. Do you require Certificates of Insurance from all subcontractors/ subconsultants?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
e. What limits of Insurance do you require from all subcontractors/ subconsultants?	\$ <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/>								
f. Do you require to be added as an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5. Is more than 50% of your work performed for one client? If "Yes", please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
6. Is more than 50% of your work performed at any one location? If "Yes", please detail below:	<input type="checkbox"/> Yes <input type="checkbox"/> No								

## CONTRACTING OPTIONS

Please state the next twelve (12) months of expected revenue for each applicable category below and indicate percent subcontracted, if any.

If this Section G (Contracting Operations) does not apply, please check here:

Contracting Operations	Expected Revenues	% Subcontracted
Asbestos Abatement	\$	%
Carpentry	\$	%
Concrete	\$	%
Construction Debris Removal	\$	%
Crime Scene Cleanup	\$	%
Demolition – (Interior Remodel)	\$	%
Demolition – Over Two Stories	\$	%
Demolition – Two or Less Stories	\$	%
Drilling/Monitor Well Installation	\$	%
Drilling – Non-Environmental	\$	%
Duct Cleaning	\$	%
Electrical	\$	%
Emergency Spill Response	\$	%
Excavation/Grading	\$	%
General Construction	\$	%
Glass/Glazing	\$	%
Groundwater Remediation/Treatment	\$	%
Haz Mat Packing/Pickup	\$	%
Industrial Cleaning (power washing, power vacuuming, pit cleaning)	\$	%
Insulation	\$	%
Janitorial	\$	%
Lab Packing	\$	%
Landfill Construction/Liner installation	\$	%
Lead Abatement Contractor	\$	%
Mold Remediation Commercial	\$	%
Mold Remediation Residential	\$	%
Medical Waste Pickup	\$	%
Painting	\$	%
PCB Containing Materials – Removal/Remediation	\$	%

Pipelines (oil, gas, chemical)	\$	%
Plumbing	\$	%
Sample Collection (soil, water, asbestos, lead paint, etc.)	\$	%
Radon Venting	\$	%
Roofing	\$	%
Septic System Installation	\$	%
Soil Remediation	\$	%
Storage Tank Cleaning	\$	%
Storage Tank Installation	\$	%
Storage Tank Removal	\$	%
Street & Road	\$	%
Underground Utility Installation	\$	%
Waste Incineration	\$	%
Wastewater Treatment Systems Installation/Maintenance	\$	%
Wetlands Contracting	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Total Revenue for all Contracting Services:	\$	

## PROFESSIONAL SERVICES

Please state your next twelve (12) months of expected revenue for each applicable service below and indicate percent subcontracted if any.

If this Section H (Professional Services) does not apply, please check here:

Professional Services	Expected Revenues	% Subcontracted
Architectural	\$	%
Asbestos Assessments/Consulting	\$	%
Civil Engineering	\$	%
Construction Management	\$	%
Environmental Project Management	\$	%
Environmental Site Assessments	\$	%
Exhaust/Stack Air Testing	\$	%
Expert Witness	\$	%
Geological/Geophysical	\$	%

Geotechnical/Foundation Engineering	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting	\$	%
Industrial Hygiene Services	\$	%
Lead Assessments/Surveys	\$	%
Laboratory Analysis (soil, water, lead, asbestos, etc.)	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Materials Testing Laboratory	\$	%
Mold Assessments/Surveys	\$	%
Mold Remediation Design and Supervision	\$	%
Product Design	\$	%
Remediation Design for Soil & Groundwater	\$	%
Radon Mitigation Design	\$	%
Regulatory Consulting/Permitting	\$	%
Septic System Design	\$	%
Storage Tank Installation/Removal Supervision	\$	%
Storage Tank System Testing	\$	%
Training Schools/Seminars	\$	%
Waste Brokering Services	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Total Revenue for Professional Services	\$	

## **FRAUD WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE DISTRICT OF COLUMBIA, 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.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

## **WARRANTY**

The undersigned authorized officer of the applicant warrants to the Company, that I/We that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its owners, principals, partners, directors, officers and employees.

This application must be signed by the owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

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**Name of Applicant**

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**Title**

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**Signature of Applicant**

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**Date**