

# Renewal Application for Contractors & Consultants



**environmental**

If the insured currently does not have coverage or has coverage with another carrier, please use the Intact 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):	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Policy No.:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Effective Date:</td> <td></td> </tr> </table>	Policy No.:		Effective Date:	
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.



# Follow-Form Excess Liability Addendum

(Offered in conjunction with Commercial General Liability coverage)



**environmental**

THIS ADDENDUM IS PART OF THE APPLICATION SUBMITTED BY THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN THE APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS ADDENDUM.

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>			
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.			
The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the information and statements in this addendum, including any attachment(s), are true and complete. The undersigned further understands that this addendum and any attachment(s) are part of the application submitted by the applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.			
_____	_____	_____	_____
Date	Signature	Print Name	Title

# Hired & Non-Owned Auto Addendum

(Complete if requesting CGL coverage with Hired & Non-Owned Auto endorsement)



environmental

THIS ADDENDUM IS PART OF THE APPLICATION SUBMITTED BY THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN THE APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS ADDENDUM.

1. What is the total number of employees driving their personal vehicles on company business?
2. Please describe what the vehicle(s) are being used for:
3. Does the insured require those employees who drive their own vehicles on company business to carry at least \$300,000 CSL or \$100,000/\$300,000/\$50,000 limits or other minimum limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.  If other are required, please describe:
4. Does the insured keep certificates of insurance on file noting carrier and limits for these employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured obtain and keep motor vehicle records (MVRs) for all employees that hire vehicles and those who drive their personal vehicles on company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. What is the total cost for Hired Cars (rental cars) per year?
7. How many days are vehicles rented each year?
8. When renting vehicles, does the insured provide primary coverage on these vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Please describe any situation where the insured would be renting uncommon vehicles, such as large trucks, cargo trucks, or high valued vehicles:
10. Does the insured have a corporate policy indicating who may drive hired and non-owned vehicles, consequences for unfavorable driving records, requirements for maintaining minimum insurance limits, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe in detail or provide a copy.
11. Does the insured have a cell phone safety policy that prohibits the use of cell phones while driving or the use of hand held devices? <input type="checkbox"/> Yes <input type="checkbox"/> No
The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the information and statements in this addendum, including any attachment(s), are true and complete. The undersigned further understands that this addendum and any attachment(s) are part of the application submitted by the applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.
_____ Date _____ Signature _____ Print Name _____ Title

