



CONTRACTORS & CONSULTANTS APPLICATION

SECTION A: APPLICANT INFORMATION						
APPLICANT						
MAILING ADDRESS			CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS IF DIFFERENT			CITY	STATE	ZIP CODE	
CONTACT NAME		CONTACT E-MAIL		CONTACT PHONE #		WEBSITE ADDRESS
COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) _____						
PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:						
SECTION B: PERSONNEL						
1. Number of Officers/Directors _____			PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/			
2. Number of Other Key Personnel _____			RESUME FOR ALL OFFICERS, DIRECTORS AND			
3. Total Number of Personnel _____			KEY PERSONNEL LISTED.			
4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:						
SECTION C: HISTORY OF COMPANY						
1. Date Established _____		2. Does the applicant have <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities If yes, explain:				
3. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:						
4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:						
SECTION D: REQUESTED COVERAGE			<input type="checkbox"/> Renewal	<input type="checkbox"/> New Business		
COVERAGES	MOLD	LIMITS		DEDUCTIBLE	PROPOSED RETRO	
<input type="checkbox"/> CGL						
<input type="checkbox"/> CPL Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> CPL Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Crawford <input type="checkbox"/> Alacrity <input type="checkbox"/> Hired & Non-Owned Auto <input type="checkbox"/> TPL Endorsement <input type="checkbox"/> Other (Specify) _____						
SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION						
COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> CGL						
<input type="checkbox"/> CPL Occurrence		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CPL Claims Made		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				
TOTAL PREMIUM PACKAGE POLICY						

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	<p>Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</p>
1 st prior year			
2 nd prior year			
3 rd prior year			

SECTION G: ENVIRONMENTAL CONTRACTING OPERATIONS	<input type="checkbox"/>	Check here if this section does not apply
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OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Asbestos			PCB Contracting		
Abatement Contracting - Lead			Radon Mitigation		
Abatement Contracting - Mold			Recycling - Hazardous Materials		
Air Duct Cleaning			Service Station Contracting		
Alternative Energy Contracting Solar			Sewage Waste Remediation		
Alternative Energy Contracting Wind			Soil Remediation (Petroleum)		
Alternative Energy Contracting Other			Soil Remediation (Other)		
Bio Remediation (Soil, Water)			Soil Removal		
Build Back/Restoration			Tank and Pipe Cleaning		
Debris Removal (Hazardous Materials)			Tank - AST Contracting		
Debris Removal (Non Hazardous/Waste)			Tank - UST Installation Contracting		
Drilling			Tank - UST Removal Contracting		
Emergency/Spill Response – Fire (No Build Back)			Trucking – Hazardous Materials		
Emergency/Spill Response (Rolling Stock/Vessel Spill)			Waste Contracting – Hazardous Materials		
Fire & Water Damage Restoration Work			Waste Contracting – Non-Hazardous Materials		
Fuel System Installation			Waste Water Facility Operators		
Groundwater Remediation			Water Extraction		
Illegal Drug Lab Cleanup			Wetlands Restoration and Construction		
Indoor Air Quality			Other (Specify)		
Industrial Cleaning			Other (Specify)		
Lab Packing and Sampling			Other (Specify)		
Landfill Construction			Other (Specify)		
Liner Installation			Other (Specify)		
Liquid Waste Management and Treatment			Other (Specify)		
Medical/Infectious Waste/Crime Scene Cleanup			TOTALS FOR ENVIRONMENTAL CONTRACTING		
Mobile Incinerator					
Mold Prevention					

SECTION H: NON-ENVIRONMENTAL CONTRACTING OPERATIONS			<input type="checkbox"/>	Check here if this section does not apply		
OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	
Appliance Installation			Interior Demolition/by Hand (not more than 6 stories)			
Boiler Inspections and Installations			Janitorial Contents Cleaning			
Bridge or Elevated Highway Construction – Concrete			Machinery or Equipment – Installation, Service or Repair			
Bridge or Elevated Highway Construction – Iron or Steel			Masonry Contracting (No EIFS)			
Carpentry			Metal Erection Contracting – Decorative or Artistic			
Carpet, Rug, Furniture or Upholstery Cleaning			Metal Erection – Non Structural			
Concrete Construction – Foundation Work			Metal Erection – Structural			
Dredging			Millwright/Welders			
Drilling – Water			Painting			
Driveway, Parking Area or Sidewalk Paving or Repaving			Pile Driving Building Foundation Only			
Drywall or Wall Installation			Pile Driving – Sonic Method			
EIFS			Plastering or Stucco Work (No EIFS)			
Electrical Contracting			Plumbing			
Equipment Sales UST – Fueling			Pressure Washing			
Excavation			Refrigeration Systems or Equipment – Dealers			
Exterior Demolition of 4 Story Building			Rigging – Not ship or Boat			
Fencing			Roofing			
Fire Suppression Systems – Installation, Servicing /Repair			Salvage Operations			
Floor Covering Installation – Not Ceramic or Stone Tiles			Sewer Mains or Connections Construction			
Floor Covering Mfg Not Carpets, Rugs			Street Cleaning			
Framing			Street or Road Construction or Reconstruction			
Furniture Moving			Street or Road Paving or Repaving, Surfacing			
Gas Mains or Connections			Trucking			
General Contracting – Commercial & Residential			Water Mains or Connections Construction			
Glass Dealers & Glaziers (3 stories or less)			Waterproofing			
Glass Dealers & Glaziers (more than 3 stories)			Welding or Cutting (No Oil/Gas Pipeline)			
Grading of Land			Wrecking – Buildings No Explosives, Wrecking Balls			
HVAC			Wrecking – Exterior Demolition of 1 & 2 Story			
Industrial Cleaning, Maintenance			Other (Specify)			
Insulation Work – Mineral			Other (Specify)			
Insulation Work – Plastic			Other (Specify)			
Insulation Work – Organic or Plastic in Solid State			Other (Specify)			
Interior Demolition/by Hand (more than 6 stories)			TOTALS FOR NON-ENVIRONMENTAL			

SECTION I: PROFESSIONAL CONSULTING OPERATIONS			<input type="checkbox"/> Check here if this section does not apply		
OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Air Monitoring			Indoor Air Quality Consulting (IAQ)		
Alternative Energy Consulting Solar			Industrial Hygiene Consulting		
Alternative Energy Consulting Wind			Industrial Hygienists		
Alternative Energy Consulting Other			Lead Consulting		
Asbestos Consulting			Mold Analytical Laboratories		
Environmental Analytical Laboratories			Mold Consulting		
Environmental Assessments (Phase I Surveys)			Mold Inspections		
Environmental Assessments (Phase II Surveys)			Mold Post Remediation Sampling		
Environmental Assessments (Phase III Surveys)			Project Remediation Mold Design		
Environmental Audits			Project Supervision		
Environmental Expert Witness			Radon Testing		
Environmental Feasibility Studies			Regulatory & Compliance Consulting		
Environmental Impact Studies			Remediation Project Design/Consulting		
Environmental Litigation Support			Safety Training Providers		
Environmental Manual Preparation			UST Consulting & Testing		
Environmental Permitting/Compliance			Wetlands Delineations		
Environmental Remedial Investigation/Studies			Wetlands Project Design/Consulting		
Environmental Sampling			Wildlife Studies		
Geophysical Consulting			Other (Specify)		
Geotechnical Consulting			Other (Specify)		
Hazardous Material Consulting			Other (Specify)		
Health & Safety Consulting			Other (Specify)		
Hydro Geological Consulting			TOTALS FOR PROFESSIONAL OPERATIONS		
TOTAL REVENUE FOR ALL OPERATIONS					

SECTION J: SUBCONTRACTED OPERATIONS		<input type="checkbox"/> Check here if this section does not apply	
<p>1. Total percent of all work subcontracted to others:</p> <p>2. Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?</p> <p><input type="checkbox"/> Hold Harmless & Indemnification Clause in your Favor</p> <p><input type="checkbox"/> Detailed Scope of Services Clause</p> <p><input type="checkbox"/> Requirement that you be named as an Additional Insured on their CGL policy</p> <p><input type="checkbox"/> Requirement that you be granted a Waiver of Subrogation on their CGL policy</p> <p>4. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors</p> <p>Commercial General Liability _____ Contractors Pollutions Liability _____ Professional Liability _____</p> <p>5. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Does your firm collect Certificates of Insurance from all Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

SECTION K: OPERATIONS/PROCEDURES

1. Do you loan, lease or rent equipment to others? Yes No
 If yes, describe the equipment:
- What percentage of rented equipment requires an operator?
 - What percentage of rented equipment does not require an operator?
 - What Commercial General Liability limits do you require from your clients who use this equipment?: _____
 - Are you named as Additional Insured on your client's Commercial General Liability policy? Yes No
 - Does your client hold you harmless and indemnify you for their use of this equipment? Yes No
2. Please list all states where you perform operations:
 If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? Yes No Is yes, what percent?

SECTION L: CLAIMS

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? Yes No

	Total Incurred	Number of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

2. 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.
3. 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:

- a) 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.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature: _____ Date: _____

Title: _____