



**ENVIRONMENTAL SERVICES POLICY
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							
CITY		STATE	ZIP CODE	TELEPHONE #			
COMPANY IS AN: INDIVIDUAL___ PARTNERSHIP___ CORPORATION___ JOINT VENTURE___ OTHER (describe)_____							
1. COVERAGE REQUESTED <input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Optional Endorsements: <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Pollution Liability <input type="checkbox"/> Professional Liability <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Professional Liability			2. Proposed Effective Date: Proposed Retroactive Date: 3. LIMITS OF LIABILITY/DEDUCTIBLE Limits Requested: Deductible Requested: 4. Other Coverages and Endorsements:				
5. HISTORY OF COMPANY							
Date Established:							
Have there been any acquisitions, consolidations, dissolutions, mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, explain:							
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities							
If yes, explain:							
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:							
ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:							
1) Qualifications including resumes, brochures and a listing of previous projects.							
2) Most recent income statement and balance sheet.							
3) Five years of valued loss runs including pollution and professional, if applicable.							
4) Completed Acord Application.							
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.							