

Apollo General Insurance

ENVIRONMENTAL CONTRACTORS & CONSULTANTS APPLICATION

SECTION I: APPLICANT

NAME OF APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	WEB ADDRESS	

Company is an: INDIVIDUAL PARTNERSHIP CORPORATION JOINT VENTURE OTHER:

PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:

- 1) Statement of Qualifications (SOQ) including resumes.
- 2) Two most recent years' income statement and balance sheet.
- 3) Three years of currently valued loss runs.
- 4) List of recent projects – (See page six of this application)

SECTION II : COVERAGE REQUESTED

<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims Made Form only		Retroactive date:
<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> Onsite	<input type="checkbox"/> Third Party	Claims Made Form only Retroactive date:
Do you need any enhancements (e.g. Blanket AI, Waiver of Subrogation, etc)?			
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED: \$ Occurrence / \$ ___ Aggregate	DEDUCTIBLE REQUESTED: \$ ___	

SECTION III: CURRENT INSURANCE INFORMATION

Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	
Umbrella/Excess		\$ / \$	\$		\$	
Workers Comp		\$ / \$	\$		\$	
Auto		\$	\$		\$	

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company?

Yes No (provide details below)

SECTION IV: GENERAL INFORMATION

- 1. Year the Insured was established: _____
- 2. Has the Insured ever operated under another name? Yes No (If yes, explain): _____
- 3. Has the Insured acquired, merged, or discontinued any operations in the last five (5) years? Yes No
If yes, explain: _____
- 4. Does the firm have: Subsidiaries Parent Company Other Related Entities (If yes, explain): _____
Do you share employees? Yes No (If yes, explain): _____
Please List Other Named Insureds: _____
- 6. Does the Insured have any branch offices? Yes No (if yes, where?): _____
- 6. Detail geographical extent of operations:
Domestic _____% Foreign _____% Provide geographical locations of all foreign projects: _____

List States in which you operate: _____
- 5. Is coverage intended for a Joint Venture? Yes No (if yes, explain): _____

SECTION V: PERSONNEL

- | | |
|---|--|
| Number of Principals: _____ | Number of Architects: _____ |
| Number of Supervisors/Foremen: _____ | Number of Engineers: _____ |
| Number of Field Personnel: _____ | Number of Industrial Hygienists: _____ |
| Number of Administrative Personnel: _____ | All Others (describe): _____ |
- Does the Insured use temporary employees for field operations? Yes No (if yes, How often and for what operations?): _____

SECTION VI: BUSINESS PRACTICES & SAFETY PROTOCOL

- 1. Does the Insured use a standard written contract with its clients? Yes No
(If yes, please answer the following and include a copy of your standard contract)
- 2. What percentage of your projects are contracted using:
_____ % The Applicants Standard Contract
_____ % A letter of Agreement
_____ % A client's contract form
_____ % Verbal agreement
_____ % Other:
- 3. Does the Insured's Standard Contract contain a limitation of liability clause? Yes No
If Yes, to what extent is liability limited?
- 4. What percentage of the Insured's subcontractors and subconsultants are hired under a written, standard subcontract?
_____ % (Attached copy of standard subcontract)
- 5. Describe the minimum insurance requirements for subcontractors and subconsultants:
General Liability \$ _____
Contractors Pollution \$ _____
Professional Liability \$ _____
- 6. How are non-standard client and/or subcontract agreements reviewed?
 Attorney: Outside Attorney: In-house Agent Reviews Staff (please describe)
- 7. Does Applicant have written in-house quality control procedures? Yes No
- 8. Does Applicant have written in-house health and safety procedures? Yes No (please forward Table of Contents)
- 9. Does the Applicant have a written Hazardous Communication Program? Yes No
- 10. Does the Applicant have an in-house continuing education program? Yes No
(If yes, please describe. If no, please describe how your professional receives continuing education and training: _____)

SECTION VII: GROSS REVENUE

\$	Estimated gross revenue for the next 12 months	Fiscal Year Period
\$	1 st prior year's revenue	_____ to _____
\$	2 nd prior year's revenue	

SECTION VIII: CONTRACTING OPERATIONS

Contracting Services	Projected Revenues	% Subcontracted
Environmental Contractor:		
Asbestos Abatement	\$	%
Lead Abatement	\$	%
Drilling – Environmental	\$	%
Emergency Response – Spill Cleanup	\$	%
Groundwater Remediation	\$	%
Haz Mat Packaging / Pickup	\$	%
Landfill Construction	\$	%
Medical Waste Pickup	\$	%
Medical Waste Remediation / Incineration	\$	%
PCB Removal / Remediation	\$	%
Sampling	\$	%
Soil Remediation – Bioremediation	\$	%
Soil Remediation – Dig and Haul	\$	%
Soil Remediation – Incineration	\$	%
Soil Remediation – Vapor Extraction	\$	%
Waste Incineration	\$	%
Wastewater Treatment Systems Install/Maintenance	\$	%
Wetlands Contracting	\$	%
Other (please specify) _____	\$	%
Other (please specify) _____	\$	%
Storage Tank Contractor		
Aboveground Storage Tank Installation	\$	%
Aboveground Storage Tank Removal	\$	%
Underground Storage Tank Installation	\$	%
Underground Storage Tank Removal	\$	%
Storage Tank Cleaning	\$	%
Storage Tank & Part Sales (no installation)	\$	%
Service Station Work (bldg const., concrete, electric)	\$	%
Mold Removal / Decontamination Contractor:		
Commercial	\$	%
Residential	\$	%
General or Artisan Contractor (Non-Environmental Services)		
Carpentry	\$	%
Bridge Construction	\$	%
Demolition – Interior Only	\$	%
Demolition – Over Four Stories	\$	%
Demolition – Under Four Stories	\$	%
Drilling – Non-environmental	\$	%
Electrical	\$	%
Excavation / Grading	\$	%
General Construction	\$	%
Industrial Cleaning	\$	%
Mechanical Contracting	\$	%
Painting	\$	%
Pesticide / Herbicide Application	\$	%
Pipeline Installation	\$	%
Plumbing Commercial	\$	%
Plumbing Residential	\$	%
Roofing – Commercial	\$	%
Roofing – Residential	\$	%
Other (please specify) _____	\$	%
Other (please specify) _____	\$	%
Other (please specify) _____	\$	%
TOTAL REVENUE FOR CONTRACTING SERVICES:	\$	

SECTION IX: PROFESSIONAL SERVICES

Professional Services	Projected Revenues	% Subcontracted
Environmental Regulatory Compliance & Permitting	\$	%
Industrial Hygiene / Health and Safety Consulting	\$	%
Phase I Environmental Assessments	\$	%
Phase II and III Environmental Assessments	\$	%
Environmental Impact Statement / Feasibility Studies	\$	%
Project Management	\$	%
Training	\$	%
Analytical Laboratories	\$	%
Asbestos & Lead Consulting	\$	%
Microbiological (Mold) Consulting and Testing	\$	%
Hydro geological Investigations	\$	%
Remedial Project Design and Supervision	\$	%
Underground Storage Tank Testing	\$	%
Geotechnical Engineering	\$	%
Process Engineering	\$	%
Civil Engineering	\$	%
Other (Please Specify) _____	\$	%
TOTAL REVENUE FOR PROFESSIONAL SERVICES:	\$	

Please describe where most of the Insureds Operations are performed (%):

Single Family Housing _____ %	Local / State Governments _____ %
Multi-Family Housing (Apartments, Condo, etc) _____ %	Federal Government _____ %
Hospitals / Nursing Homes/Assisted Living _____ %	Industrial _____ %
Schools _____ %	Commercial / Retail _____ %
Hotels / Motels _____ %	Hazardous Material Facilities _____ %

SECTION X: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies?
 Yes No

If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary)

2. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them?
 Yes No If yes, please provide details on additional paper.

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities?
 Yes No If yes, please provide details on additional paper.

4. Summary of Claims History

	Number of Claims	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)
Current Year		\$
1 st Prior Year		\$
2 nd Prior Year		\$
3 rd Prior Year		\$

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Name of Insured	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

Apollo General Insurance
19485 Sonoma Highway Sonoma, CA 95476

LIST OF RECENT WORK PROJECTS

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Project Name/Client:

Services Provided:

Project Gross Revenue:
\$

Start Date:

Completion Date:

Please include the following information with this application:

- Copies of mold training courses completed and certifications received for all personnel.
- Resumes of the personnel involved in mold operations.
- Copy of written proposal/work order for mold operations.
- Five years of currently valued GL/pollution loss runs.
- Copy of a recent mold assessment/mold abatement report.
- Copy of your Standard Operating Procedures for mold operations.
- List of all mold jobs performed over the past 24 months.

Failure to provide the above information may delay processing your application.

APPLICANT INFORMATION	
NAME OF APPLICANT	DATE

Total revenue derived from mold abatement/consulting operations: \$ _____

Operations	Previous Year Mold Revenue	%	Projected Mold Revenue	%	Subcontracted Mold Revenue	%
Mold Remediation	\$		\$		\$	
Mold Testing & Lab Analysis	\$		\$		\$	
Mold Sampling	\$		\$		\$	
Remediation Design w/out implementation	\$		\$		\$	
Remediation Design w/ implementation	\$		\$		\$	
Project Management w/ supervision of subs	\$		\$		\$	
Other:	\$		\$		\$	
Total Revenues	\$	100%	\$	100%	\$	100%

What percentage of your revenues are attributed to the following operations:

Residential / Multi-Family ___% Commercial / Office ___% Schools ___%
 Hospitals/ Nursing Homes ___% Hotels ___% Other ___%

1. What percentage of your work is for insurance companies? ___%

2. State(s) in which work is performed:

3. What contractual provisions are in force to protect your firm against mold-related exposures?

4. What guidelines do you adhere to in performance of mold services?
5. What warranties or guaranties do you give regarding the mold remediation operations and mold related professional services you perform?
6. Are the conditions that caused mold contamination always corrected before you begin mold remediation?
7. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved? How is this documented?
8. Do you present the client with alternative methods prior to performing the mold remediation along with limitations of each alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , how is this documented?
9. Do you perform sampling prior to and after remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO , who performs it?
10. How do you evaluate mold in non-viable areas (areas difficult to access/ visually inspect, i.e. wall cavities), and how do you confirm and document this to the client?
11. Do you perform airduct cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , what guidelines do you follow? Will you routinely introduce biocides into the HVAC system? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , what provisions of licensing are adhered to when using biocides?
12. What measures are employed to protect personnel at or in proximity to the job site?
13. Who makes the final decision as to when mold remediation is complete, and how is this documented?
14. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?
15. Do you use temporary, casual, or labor pool workers? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , how do you address training/qualifications of these workers?
16. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on a separate page of each incident or claim.