



ENVIRONMENTAL CONTRACTORS & CONSULTANTS

EVEREST ENVIRONMENTAL FACILITY RENEWAL APPLICATION – CONTRACTORS AND CONSULTANTS POLLUTION LIABILITY

PLEASE ANSWER ALL QUESTIONS IN FULL 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.

SECTION I – GENERAL INFORMATION

| | |
|----------------------|------------------------------|
| Applicant: | |
| Address: | |
| City: | State & Zip Code: |
| Phone Number: | Fax Number: |
| Date: | E-Mail Address: |

SECTION II – COVERAGE INFORMATION

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| CURRENT COMMERCIAL GENERAL LIABILITY COVERAGE INFORMATION |
| a. Carrier: |
| b. Inception/Expiration Dates: |
| c. Limits Of Insurance & Deductible: |

SECTION III – COMPANY INFORMATION

1. Have there been any acquisitions, consolidations, dissolutions, mergers or any other changes in your operations in the past 12 months?

Yes No

If Yes, please explain:

2. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities?

Yes No

If yes, please explain:

3. Subcontractors / Sub-consultants / Independent Contractors

Does your firm collect certificates of insurance?

Yes No

If Yes, please identify the sources that are performed on your behalf by others UNDER written contract. **Applicable Cost** _____

If Yes, please identify the sources that are performed on your behalf by other WITHOUT written contract. **Applicable Cost (Other)** _____

4. Does your Standard Contract with your Sub-consultants / Subcontractors / Independent Contractors contain:

a. Hold Harmless & Indemnification Clause in your favor?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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b. Detailed Scope of Services Clause?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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c. Requirement that you be named as an Additional Insured on their CGL Policy?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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d. Requirement that you be granted a Waiver of Subrogation on their CGL Policy?

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|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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| 5. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors: | | | | |
| a. Commercial General Liability \$ _____ | | | | |
| b. Contractors Pollution Liability \$ _____ | | | | |
| c. Professional Liability \$ _____ | | | | |
| d. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors? | | | | |
| Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | |
| e. Does your firm collect Certificates of Insurance from all Subcontractors? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 6. Do you loan, lease or rent equipment to others? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If Yes, please explain: | | | | |
| What percentage of your overall sales are associated with this operations: | | | | |
| What Commercial General Liability Limits do you require from your clients who use this equipment: | | | | |
| Are you named as additional insured on your clients Commercial General Liability policy? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Does your client hold harmless and indemnify you for their use of this equipment? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 7. Do you conduct any type of geotechnical operations? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| What percentage of your overall sales are associated with this operations: | | | | |
| NOTE: PLEASE SUBMIT THE FOLLOWING: | | | | |
| <ul style="list-style-type: none"> • A detailed List of your geotechnical operations; and • Detailed resumes of employees who conduct these operations. | | | | |
| 8. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member? | | | | |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If Yes, please provide full details: | | | | |

SECTION IV – GROSS RECEIPTS INFORMATION

Gross Receipts (GR) for the past 3 fiscal years:

Prior Year 1 GR: \$

Prior Year 2 GR: \$

Prior Year 3 GR: \$

IMPORTANT NOTE:

Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other", (be specific):

| CONTRACTING SERVICES | Projected Gross Receipts |
|---|--------------------------|
| ENVIRONMENTAL CONTRACTING: | |
| Asbestos Abatement Contracting | \$ |
| Lead-Based Paint Abatement Contracting | \$ |
| Crime Scene Cleanup Contracting | \$ |
| Environmental Drilling (not oil/gas) | \$ |
| Environmental Emergency Response Contracting - Spill Cleanup | \$ |
| Hazardous Material Clean Up Contracting | \$ |
| Hazardous Material Packing/Pickup | \$ |
| Illegal Drug Lab Cleanup Contracting | \$ |
| Groundwater Remediation Contracting | \$ |
| Landfill Construction Contracting | \$ |
| Liquid Waste Remediation Contracting | \$ |
| Medical Waste Pickup | \$ |
| Medical Waste Remediation Contracting | \$ |
| PCB-light Ballast Removal | \$ |
| PCB-Removal/Remediation Contracting | \$ |
| Radon Mitigation Contracting | \$ |
| Soil Remediation Contracting - Bioremediation | \$ |
| Soil Remediation Contracting - Petroleum Contaminated Soil | \$ |
| Soil Remediation Contracting - Other than Petroleum Contaminated Soil | \$ |
| Trucking - Hazardous Material | \$ |
| Waste Incineration | \$ |
| Waste Water Treatment System Install/Maintenance | \$ |
| Wetlands Contracting | \$ |
| Other | |
| Describe: | \$ |
| Describe: | \$ |

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| SERVICE STATION CONTRACTING: | |
| Aboveground Storage Tank Installation Contracting | \$ |
| Aboveground Storage Tank Removal Contracting | \$ |
| Underground Storage Tank Installation Contracting | \$ |
| Underground Storage Tank Removal Contracting | \$ |
| Storage Tank & Pipe Cleaning Contracting | \$ |
| Storage Tank & Part Sales (no installation) | \$ |
| Service Station Contracting (building, construction, concrete, electric) | \$ |
| Fuel System Equipment Installation Service & Maintenance (not tanks) | \$ |
| Other | |
| Describe: | \$ |
| Describe: | \$ |
| MOLD REMOVAL / DECONTAMINATION CONTRACTING: | |
| Mold Prevention Contracting | \$ |
| Mold Remediation Contracting | \$ |
| Mold, Fire, Water, or Storm Damage Restoration Contracting | \$ |
| Water Extraction Contracting | \$ |
| Other | |
| Describe: | \$ |
| Describe: | \$ |
| GENERAL CONTRACTING – NON-ENVIRONMENTAL SERVICES: | |
| Build Back - Restoration | \$ |
| Demolition Contracting - Interior Only | \$ |
| Demolition Contracting - Over 2 Stories | \$ |
| Demolition Contracting - Under 2 Stories | \$ |
| Drilling Contracting - Non Environmental (not oil/gas) | \$ |
| Excavation | \$ |
| Insulation Installation | \$ |
| Trucking - Non - Hazardous Material | \$ |
| Other | |
| Describe: | \$ |
| Describe: | \$ |
| Describe: | \$ |
| Describe: | \$ |
| TOTAL REVENUES FOR CONTRACTING SERVICES | \$ |

| PROFESSIONAL SERVICES | Projected Gross Receipts |
|--|---------------------------------|
| CONSULTING / LABORATORY EXCLUDING MOLD, MILDEW OR FUNGUS: | |
| Environmental Compliance | \$ |
| Environmental Permitting | \$ |
| Air Monitoring | \$ |
| Environmental Sampling | \$ |
| Environmental Expert Witness | \$ |
| Environmental Litigation Support | \$ |
| Wildlife Studies | \$ |
| Environmental Impact Studies | \$ |
| Safety Training | \$ |
| Environmental Manual Preparation | \$ |
| Indoor Air Quality Consulting | \$ |
| Industrial Hygiene / Health and Safety Consulting | \$ |
| Phase I Environmental Site Assessments | \$ |
| Phase II Environmental Site Assessments | \$ |
| Phase III Environmental Site Assessments | \$ |
| Environmental Remedial Investigation / Studies | \$ |
| Environmental Feasibility Studies | \$ |
| Hazardous Materials Consulting | \$ |
| Underground Storage Tank Testing | \$ |
| Environmental Laboratories | \$ |
| Wetlands Consulting | \$ |
| Geotechnical Consulting | \$ |
| Geophysical Consulting | \$ |
| Radon Testing | \$ |
| Other: | |
| Describe: | \$ |
| Describe: | \$ |
| Describe: | \$ |
| Describe: | \$ |
| MOLD, MILDEW OR FUNGUS – CONSULTING / LABORATORY: | |
| Air Monitoring for Mold | \$ |
| Indoor Air Quality Consulting - Mold | \$ |
| Mold Inspection | \$ |
| Mold Remediation Plan Design | \$ |
| Post Mold Remediation Testing & Consulting | \$ |
| Laboratory Analysis of Mold | \$ |
| Other Mold Services: | |
| Describe: | \$ |
| Describe: | \$ |
| TOTAL REVENUES FOR PROFESSIONAL SERVICE | \$ |

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| SECTION V – ADDITIONAL REQUIRED APPLICATION MATERIALS |
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| <ul style="list-style-type: none"> ● Most recent annual income statement showing applicable gross sales. ● Five years of currently valued CGL loss runs including pollution and professional, if applicable. |
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| WARRANTY STATEMENT |
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| <p>The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer of the applicant acknowledges that the insurer will rely upon the representations made by the applicant herein to determine whether to issue the requested policy of insurance and/or the premium to be charged for the requested insurance policy. 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.</p> |
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| NOTICE TO APPLICANTS |
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| <p>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.</p> |
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| <p>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.</p> |
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| <p>Signature:</p> |
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| <p>Title:</p> |
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|---------------------|
| <p>Date:</p> |
|---------------------|

FRAUD WARNING: APPLICABLE TO APPLICANTS IN 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 dollar and the stated value of the claim for such violation.