

ASSURANCE BROKERS, LTD

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CONTRACTORS AND CONSULTANTS APPLICATION (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 the amounts incurred for legal defense. Further, note that the amounts incurred for legal defense shall be applied against the deductible or retention amount.

Applicant: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip: _____

Company is an: Individual Partnership Corporation Joint Venture Other: _____

1. COVERAGE REQUESTED

New Busines Renewal

Commercial General Liability

Occurrence

Claims Made

Optional endorsements:

Contractors Pollution Liability

Pollution Liability

Professional Liability

2. PROPOSED DATES

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 or mergers? _____

If yes, explain: _____

Does the firm have: Subsidiaries A parent company Other related entities

If yes, explain: _____

Do you share employees: Yes No If yes, explain: _____

6. PRIOR LIABILITY CARRIER INFORMATION

COVERAGE FORM	CARRIER	RECEIPTS	LIABILITY LIMIT	DEDUCTIBLE	POLICY TYPE	RATE	PREMIUM

Any policy or coverage declined, canceled or non-renewed during the prior three years: Yes 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.

PERSONNEL INFORMATION

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/Lead men: _____
- e) Laborers: _____
- f) AHERA, Hazwopers: _____
- g) Other: _____ Specify: _____

Please attach all key persons resumes, certifications and licenses.

8. 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, explain:

9.

RECEIPTS

Receipts for past three fiscal years: 1) _____ 2) _____ 3) _____

Dates: 1) _____ 2) _____ 3) _____

Please list your estimated receipts for the next twelve (12) months next to the appropriate category:

Contracting:	Estimated gross receipts:	Consulting/Laboratory:	Estimated gross receipts:
a) Asbestos abatement:	_____	a) Compliance:	_____
b) Bio remediation:	_____	b) Permitting:	_____
c) Drilling (not oil/gas):	_____	c) Air monitoring:	_____
d) Emergency response:	_____	d) Environmental sampling:	_____
e) Haz Mat cleanup:	_____	e) Expert witness:	_____
f) Haz Mat packing/pickup:	_____	f) Litigation support:	_____
g) Indoor air / Radon:	_____	g) Wildlife studies:	_____
h) Lead abatement:	_____	h) Environmental impact studies:	_____
i) Liquid waste remediation:	_____	i) Safety training:	_____
j) Medical waste pickup:	_____	j) Manual preparation:	_____
k) Medical waste remediation:	_____	k) Phase I and II audits/assessment:	_____
l) PCB light ballast removal:	_____	l) Remedial investigation/studies:	_____
m) PCB removal/remediation:	_____	m) Feasibility studies:	_____
n) Phyto remediation:	_____	n) Phase III/Project consulting:	_____
o) Soil removal/remediation:	_____	o) Haz Mat consulting:	_____
p) Tank and pipe cleaning:	_____	p) UST (incl. testing):	_____
q) UST/AST installation:	_____	q) Laboratories (ALL):	_____
r) UST/AST removal:	_____	r) Wetlands:	_____
s) Wetlands contracting:	_____	s) Geotechnical/geophysical:	_____
t) Other contracting, describe:	_____	t) Other professional services, describe:	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total contracting receipts:	_____	Total consulting receipts:	_____

10. SUBCONSULTANTS/SUBCONTRACTORS ("SUBS")

What percentage of your sales are associated with the use of subs? _____

Does your firm collect certificates of insurance from your subs? Yes No

Please identify the services that you subcontract:

11. Do you use a standard indemnity contract with your clients and subs? Yes No

If no, please detail your contract procedures:

12. Do you conduct tank installation work? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation? _____

Are the installed tanks precision tightness tested before being released to owner? Yes No

Do you apply any type of corrosion protection? Yes No

Are tanks tested and certified by a registered professional before use? Yes No

Please submit the following: Resumes and certifications of all tank installation employees, type of tanks you install, type of corrosion protection you install, installation procedures.

13. Do you install any type of liner (i.e. landfills, lagoons, etc.)? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation? _____

Please submit the following: Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.

14. Do you operate an in-house laboratory? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation? _____

Do you conduct regular in-house training courses? Yes No If yes, how often? _____

Are all laboratory employees properly certified and/or licensed? Yes No

Please submit the following: Resumes and certifications of employees installing the liners, installation procedures, testing procedures for the installed liner.

15. Do you conduct any type of geotechnical or geophysical operations? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation? _____

Please submit the following: A detailed list of your geotechnical and geophysical operations, detailed resumes of employees who conduct these operations.

16. Do you conduct any Phase I or real estate transfer assessments? Yes No

If yes, please answer the following:

What percentage of your overall sales are associated with this operation? _____

Are all laboratory employees properly certified and/or licensed? Yes No

Please submit the following: A detailed list of your geotechnical and geophysical operations, detailed resumes of employees who conduct these operations.

17. 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:

18. 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 (\$5000) 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 this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature

Title

Date