



## Environmental Services Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

SECTION I. General Information		Space is supplied on page 3 for providing additional information																																
Specify the year that the Applicant initially commenced operations: _____																																		
What are the Applicant's total revenues for each of the last 3 years? 1st Preceding Year: \$ _____ 2nd Preceding Year: \$ _____ 3rd Preceding Year: \$ _____																																		
Applicant's Total Number of Employees: _____																																		
What is the Applicant's current Workers Comp experience modification factor? _____																																		
The Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (please identify) _____																																		
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<b>Additional Named Insured(s)</b>	
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Contact Name:	Contact Name:
Description:	Description:

<b>SECTION II. Retention, Limit &amp; Coverage</b>				
<b>Effective Date:</b> _____	<b>Policy Term:</b> <input type="checkbox"/> One Year <input type="checkbox"/> Two Year <input type="checkbox"/> Other _____			
<b>Retention Type:</b> <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Deductible	<b>Limits of Liability:</b>			
<b>Retention Amount:</b> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	<input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> Other _____			
<b>Coverages:</b>	<b>YES</b>	<b>NO</b>		
Hired & Non-Owned Auto Liability:	<input type="checkbox"/>	<input type="checkbox"/>		
	Occurrence	Claims-Made	None	Retro Date
Commercial General Liability (CGL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>SECTION III. Prior Insurance Information</b>			
	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Policy Type (CM; Occ; No Covg)			
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

<b>SECTION IV. Claims</b>				
Space is supplied on page 3 for providing additional information				
Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?				
	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				
For Claims Greater than \$5,000, provide details, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.				
Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If YES, provide full details.				

<b>SECTION V. Safety &amp; Practices</b>	
Copies of all of the below must be made available to ASI upon request.	
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Company/Site specific Health & Safety Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have written Work Procedures for all services selected?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Hazardous Communication Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Respiratory Protection Program?
<input type="checkbox"/>	<input type="checkbox"/> Does the Applicant have a formal written Medical Surveillance Program?

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<b>SECTION VI. Subcontracted Services</b>	
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors licensed and accredited?	
<input type="checkbox"/>	<input type="checkbox"/>
Are the subcontractors required to name the Applicant as an additional insured?	
<input type="checkbox"/>	<input type="checkbox"/>
Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?	
What are the minimum limits the Applicant requires of subcontractors? _____	

<b>SECTION VII. Mobile Equipment</b>	<b>Check here if this section does not apply. <input type="checkbox"/></b>
<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>
Are there any self-propelled vehicles which primarily provide mobility to permanently mounted power cranes, shovels, loaders, diggers or drills or road construction or resurfacing equipment such as graders, scrapers or rollers? <b>If YES, specify number and description.</b>	
_____	
<input type="checkbox"/>	<input type="checkbox"/>
Are the above-described vehicles insured for liability coverage on your commercial automobile policy?	
If YES, specify Carrier Info, Policy Period and Limits. _____	
If NO, specify Radius Driven, Annual Mileage and provide MVRs for all drivers. _____	

<b>SECTION VIII. Microbiological Contracting &amp; Consulting</b>	<b>Check here if this section does not apply. <input type="checkbox"/></b>
All policies will include a mold, mildew and fungus exclusion. Limited microbiological coverage may be available for this applicant. Please provide the information requested below:	
Describe the services performed. _____	
Specify the number of years involved in microbiological work. _____	
<b>Coverage Requested:</b>	
<input type="checkbox"/> <b>Contractors Pollution Liability</b> -	<input type="checkbox"/> Microbiological Decontamination
<input type="checkbox"/> <b>Professional Liability</b> -	<input type="checkbox"/> Microbiological Assessments
	<input type="checkbox"/> Microbiological Laboratory Analysis
	<input type="checkbox"/> Consulting on Microbiological Decontamination Projects

<b>IF MOLD SUPPLEMENTAL COVERAGE IS REQUESTED, THE FOLLOWING MUST BE SUBMITTED AND ACCEPTED PRIOR TO BINDING</b>	
<b>Requirements for Contractors</b>	
<ul style="list-style-type: none"> <li>▪ Statement of qualifications and/or experience for performing Microbiological Decontamination</li> <li>▪ Training certificates for all employees performing Microbiological Decontamination (training course: 16 hr for workers and 24 hr for supervisors)</li> <li>▪ Copy of the written proposal / contract. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied</li> <li>▪ Written company specific standard operating procedures for Microbiological Decontamination</li> </ul>	
<b>Requirements for Consultants (except Microbiological Lab Analysis)</b>	
<ul style="list-style-type: none"> <li>▪ Statement of qualifications or resumes for all personnel providing Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments</li> <li>▪ Training certificates for all employees providing Consulting on Microbiological Decontamination Projects and Microbiological Assessments (training course: 24 hr)</li> <li>▪ Sample of proposal / contract prepared for Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied</li> <li>▪ Copy of written reporting format (findings report) applies only to microbiological assessments, not consulting on microbiological decontamination</li> </ul>	

<b>SECTION IX. Additional Information</b>	<b>Check here if this section does not apply. <input type="checkbox"/></b>
Please provide further descriptions below for General Information questions which request additional detail:	
Successor of any other business?	_____
Project Name and Location?	_____
Litigation, administrative or arbitration, court or agency orders or injunctions?	_____
Crime Conviction?	_____
Affiliated/Related Company(s)?	_____

<b>SECTION IX. Additional Information</b> (Continued)	
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	
Claim details?	
Claims greater than \$5,000?	
Potential Claims descriptions?	
Additional Comments	

<b>SECTION X. Contracting Services</b>		Check here if this section does not apply. <input type="checkbox"/>	
<b>Contracting Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>	
<b>Asbestos Abatement Contractor:</b>			
Commercial	\$		%
Residential	\$		%
<b>Lead Abatement Contractor:</b>			
Commercial	\$		%
Residential	\$		%
<b>Environmental Contractor:</b>			
Building Decontamination (excluding Mold, Mildew, Fungus)	\$		%
Drilling – Environmental	\$		%
Duct Cleaning	\$		%
Emergency Response	\$		%
Groundwater Remediation	\$		%
Haz Mat Packing/Pickup	\$		%
Medical Waste Pickup	\$		%
Medical Waste Remediation	\$		%
PCB – Light Ballast Removal	\$		%
PCB – Removal/Remediation	\$		%
Phyto Remediation	\$		%
Septic System Installation	\$		%
Soil Remediation – Bioremediation	\$		%
Soil Remediation - Dig & Haul	\$		%
Soil Remediation - Soil Incineration	\$		%
Soil Remediation - Vapor Extraction	\$		%
Spill Clean-Up	\$		%
Superfund Landfill	\$		%
Waste Incineration	\$		%
Wastewater Treatment Systems Installation/Maintenance	\$		%
Wetlands Contracting	\$		%
Other (please specify) _____	\$		%
<b>Microbiological Decontamination Contractor:</b>			
Commercial	\$		%
Residential	\$		%
<b>Underground Storage Tank Contractor:</b>			
Service Station Work (pump maintenance, fire suppression, power supply)	\$		%
Storage Tank Cleaning	\$		%
Storage Tank Installation	\$		%
Storage Tank Removal	\$		%
<b>General Contractor (Non-Environmental):</b>			
Carpentry	\$		%
Concrete Construction	\$		%
Construction Debris Removal	\$		%
Demolition – Non-Structural (Interior Remodel)	\$		%
Demolition – Over Two Stories	\$		%
Demolition – Two or Less Stories	\$		%

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<b>SECTION X. Contracting Services</b> (Continued)		
Drilling – Non-Environmental	\$	%
Electrical	\$	%
Excavation/Grading	\$	%
General Construction	\$	%
Insulation	\$	%
Janitorial	\$	%
Painting	\$	%
Plumbing	\$	%
Roofing – Commercial	\$	%
Roofing – Residential	\$	%
Service Station Construction and Maintenance	\$	%
Underground Utility Installation	\$	%
Other (please specify) _____	\$	%
<b>Total Revenue for Contracting Services:</b>		

<b>Hazardous Materials/Substances Disposal Procedures</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>	
What Procedure does the Applicant employ in the disposal and transportation of hazardous materials/substances?			
<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bagged	Manifested	Transported	Labeled
Drummed	Stored	Treated On-Site	

<b>Storage Tank Installation &amp; Removal Information</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>	
<b>YES</b>	<b>NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Is a leak detection system a part of all installations? _____	
<input type="checkbox"/>	<input type="checkbox"/>	If YES, give the types and percentages. _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are soil samples always taken and tested before excavation commences? _____	
<input type="checkbox"/>	<input type="checkbox"/>	If NO, when are tests done and by whom? _____	
		Approximately how many tanks will be installed over the next twelve (12) months? _____	

<b>SECTION XI. Professional Services</b>		<b>Check here if this section does not apply. <input type="checkbox"/></b>	
<b>Professional Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>	
Asbestos Assessments	\$	%	
Consulting On Asbestos Abatement Projects	\$	%	
Consulting On Drilling Projects	\$	%	
Consulting On Landfill Projects	\$	%	
Consulting On Lead Abatement Projects	\$	%	
Consulting On Microbiological Decontamination Projects	\$	%	
Consulting On Soil Remediation Projects	\$	%	
Consulting On Storage Tank Projects	\$	%	
Consulting On Superfund Projects	\$	%	
Environmental Geotechnical / Geophysical Consulting	\$	%	
Environmental Feasibility Studies	\$	%	
Environmental Impact Studies	\$	%	
Environmental Project Management	\$	%	
Exhaust/Stack Air Testing	\$	%	
Expert Witness	\$	%	
Ground or Surface Water Monitoring	\$	%	
Health and Safety Consulting	\$	%	
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$	%	
Industrial Hygiene Services	\$	%	
Lead Assessments	\$	%	
Lab Packing	\$	%	
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$	%	
Litigation Support	\$	%	
Manual Preparation	\$	%	
Microbiological Assessments	\$	%	
Microbiological Lab Analysis	\$	%	
Phase I Environmental Site Assessments	\$	%	
Phase II Sampling and Remedial Studies	\$	%	
Phase III Remedial Project Design and Supervision	\$	%	

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<b>SECTION XI. Professional Services</b> (Continued)		
Property Inspections	\$	%
Radon Detection	\$	%
Regulatory Consulting / Permitting	\$	%
Septic System Testing	\$	%
Soil Testing	\$	%
Storage Tank Replacement and Remedial Project Design Supervision	\$	%
Training Schools/Seminars (excluding Mold, Mildew or Fungus)	\$	%
Underground Storage Tank System Testing	\$	%
Waste Brokering Services	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify) _____	\$	%
<b>Total Revenue for Professional Services:</b>		

PLEASE LIST ALL IAQA OR AmIAQC CERTIFICATIONS HELD BY ALL EMPLOYEES

IAQA & AmIAQC CERTIFICATIONS					
Name:			Name:		
Address:			Address:		
Telephone #:			Telephone #:		
Fax #:			Fax #:		
Contact Name:			Contact Name:		
Description:			Description:		
Certifications:			Certifications:		
Designations	Association	Expiration Date	Designations	Association	Expiration Date

IF MORE SPACE IS NEEDED TO LIST CERTIFICATIONS, PLEASE COPY THE NEXT PAGE AND ATTACH IT TO THE APPLICATION

**IAQA & AmIAQC CERTIFICATIONS**

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PLEASE COPY THIS SHEET AND ATTACH TO APPLICATIONS**

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REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

**NOTICE TO HAWAII APPLICANTS:** “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

**NOTICE TO UTAH APPLICANTS:** “FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

The Signatory hereby acknowledges that he/she is aware that the aggregate limit is shared among all coverages offered and that the limit of liability contained in the Commercial General Liability, Contractors Pollution Liability or Professional Liability policy or any combination thereof shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention/deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT \_\_\_\_\_  
Signature of Principal or Officer

DATE \_\_\_\_\_

PRODUCER \_\_\_\_\_  
Signature of Producer

DATE \_\_\_\_\_