



environmental

Intact Specialty Solutions | Environmental  
188 Inverness Drive West, Suite 600  
Englewood, Colorado 80112  
www.intactspecialty.com

## Application for Environmental Contractors and Consultants

### Instructions

**Please complete the application in its entirety.**

**Note:** Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required prior to binding coverage.

This application must be signed and dated by an authorized representative of your company.

### Submission Requirements

- ☐ Five (5) years of currently valued loss information and details regarding any losses.
- ☐ Financial statements for past year.
- ☐ Statement of Qualifications (SOQ) and Resumes of key personnel (corporate officers and/or managers).
- ☐ If you need coverage for a specific project, please complete Addendum C.

### SECTION I – APPLICANT INFORMATION

Insured(s):

Street Address:

City:

State:

Zip Code:

Contact Name:

Contact Title:

Telephone:

Website:

Year Established:

The Insured is a(n):  
☐ Individual    ☐ Corporation    ☐ LLC    ☐ Public Entity  
☐ Partnership    ☐ Joint Venture    ☐ Not For Profit    ☐ Other: \_\_\_\_\_

Is the applicant directly or indirectly associated with, controlled by, or owned by another person or entity?

☐ Yes ☐ No If **yes**, please explain.

During the past five (5) years, has the Applicant's name or type of business entity changed? Has the Applicant discontinued any operations? Has any other person or entity been purchased by or merged with or consolidated into the applicant?

☐ Yes ☐ No If **yes**, please explain.

Type of Personnel:	Number:	Type of Personnel:	Number:
Principals, Officers, Directors		Field Personnel	
Architects		Drivers	
Engineers		Volunteers	
Geologists-Scientists-Industrial Hygienists		Other:	
Project Managers-Supervisors-Foremen			
Types of Certifications Held by Employees:			

SECTION II – COVERAGE REQUESTED				
Requested Coverage	Effective Date	Limits	Deductible	Retroactive Date
<input type="checkbox"/> General Liability				
<input type="checkbox"/> Contractors Pollution				
<input type="checkbox"/> Professional Liability				
<input type="checkbox"/> Follow-Form Excess				
<input type="checkbox"/> Business Auto				

SECTION III – EXPIRING COVERAGE						
Coverage Expiration	Carrier	Limits	Expiration	Premium	Deductible	Retroactive Date
General Liability						
Contractors Pollution						
Professional Liability						
Excess/Umbrella						
Business Auto						

Is the applicant ever had any policy declined, cancelled or non-renewed for any reason (Not Applicable in Missouri)?  
☐ Yes ☐ No If **yes**, please explain.

SECTION IV - OPERATIONS			
States/Foreign Countries where operations are conducted:			
Revenue Classification by Client Type (Percentage):			
Commercial/Retail: _____%	Industrial: _____%	Single Family Residential: _____%	
Educational Institutions: _____%	Infrastructure: _____%	Multi-Family Residential: _____%	
Government (Federal, State, Local): _____%	Manufacturing: _____%	Other Residential (Hotels, Nursing Homes, etc.) _____%	
Hospitals/Healthcare: _____%	Petroleum/Petrochemical: _____%	Other: _____%	
Please list the 3 largest projects performed during the past year:			
Client	Revenue	Services Provided	% Complete

Vehicles					
Vehicle Type	Number of Units	Cargo or Material Hauled	Radius		
			0-50 MI	50-200 MI	Over 200 MI
Light Truck					
Medium Truck					
Heavy/Extra Heavy Truck					
Trailers					
Buses					
Other:					

Revenue		
Projected Gross Receipts for next 12 months: \$		
1 <sup>st</sup> Prior Year Actual Gross Revenue:	2 <sup>nd</sup> Prior Year Actual Gross Revenue:	
Revenue Breakdown by Operations		
Environmental Contracting Services	Projected Gross Receipts	% Subcontracted
Alternative Energy Contracting (solar, wind & geothermal)		
Asbestos and/or Lead Abatement		
Crime Scene Cleanup		
Drilling-Monitoring Well Installation (environmental)		
Emergency Response Cleanup		
Industrial Cleaning		
Lab Packing		
Landfill Construction		
Medical Waste Recycling & Disposal		
Mold Abatement		
PCB Remediation/Removal		
Restoration Contracting (Fire/Water)		
Aboveground Storage Tank (AST) Installation/Removal		
Underground Storage Tank (UST) Installation/Removal		
Sampling		
Septic Tank Cleaning		
Service Station Construction		
Service Station Contracting and Maintenance		
Fuel System Equipment Installation and Maintenance		
Soil Excavation (environmental)		
Soil and Groundwater Remediation		
Storage Tank/Pipeline Cleaning & Maintenance		
Waste Transportation - Liquid		
Waste Transportation - Solid		
Wastewater Treatment System Installation/Maintenance		
Water Treatment System Installation/Maintenance		
Wetlands Contracting		
Vacuum Truck Operations:		
Other Environmental Contracting - please list:		
Non-Environmental Contracting Services	Projected Gross Receipts	% Subcontracted
Carpentry/Framing		
Carpet/Upholstery Cleaning		
Demolition/Dismantling - Interior		
Demolition/Dismantling - Four (4) stories or less		
Demolition/Dismantling - Five (5) stories or greater		
Dredging		
Drilling - Non-Environmental		
Drilling - Geotechnical		
Drilling - Oil/Gas		
Drilling - Mineral Exploration		
Drywall/Wallboard Installation		
Electrical		
Excavation/Grading - Commercial		
Excavation/Grading - Residential		
Fire Sprinkler Installation/Maintenance		
Flooring		
General Contracting – Commercial		
General Contracting – Multi-Family Residential		
General Contracting – Single Family Residential		
Glass Installation/Glazer		

HVAC/Mechanical Engineering		
Insulation		
Janitorial Services		
Landscaping		
Logging		
Marine Construction		
Masonry/Concrete		
Oil/Gas Lease Operator		
Painting		
Pipeline Construction & Maintenance - Sewer/Water Main		
Pipeline Construction & Maintenance - Oil/Gas		
Pipeline Construction & Maintenance - Industrial		
Plumbing		
Roofing - Commercial		
Roofing – Residential		
Steel Erection		
Street and Road Construction & Maintenance		
Utility Installation (Electrical/Gas/Cable)		
Utility Location Services		
Other Non-Environmental Contracting – please list:		

Environmental Consulting Services	Projected Gross Receipts	% Subcontracted
Air Quality Testing		
Alternative Energy System Design & Consulting (solar, wind & geothermal, other)		
Asbestos and/or Lead Remedial Design & Oversight		
Construction Management		
Engineering Services		
Environmental		
Civil		
Structural		
Geotechnical		
Nondestructive Testing		
Environmental Impact Studies		
Expert Witness		
Geology, Groundwater & Hydrogeology Consulting		
Health & Safety Training		
Industrial Hygiene Services		
Information Technology/Software Consulting		
Laboratory Analysis		
Mold Remedial Design & Oversight		
Phase I - Environmental Risk Assessment		
Phase II - Environmental Site Assessment		
Phase III – Remedial Investigation, Design & Feasibility Studies		
Regulatory Consulting – Permitting & Compliance Audits		
Remedial Oversight - Environmental Project Supervision		
Surveying		
Tank System Design/Testing		
Training		
Waste Arranging & Brokering		
Wastewater Treatment System Design/Testing		
Water Treatment System Design/Testing		
Wetlands Consulting		
Other Environmental Consulting – please list:		

SECTION VI – RISK CONTROL	
<b>Safety and Quality Control Practices</b>	
Does the applicant have a written Employee Health and Safety Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Hazardous Communication Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a Quality Control/Quality Assurance Plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide formal training to employees on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Subcontractor(s)</b>	
What percentage of your operations is performed by subcontractor(s)?	____ %
Are subcontractor(s) required to name the applicant as an Additional Insured on their policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What insurance and limits does the applicant require of subcontractors(s)? <input type="checkbox"/> General Liability: \$_____ <input type="checkbox"/> Pollution Liability: \$_____ <input type="checkbox"/> Professional Liability: \$_____	
SECTION VII – CLAIM HISTORY	
During the past five (5) years, has the insured or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , please explain.	
Is the insured or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , please explain.	
During the past five (5) years, has the insured or any individual or entity proposed for coverage been subject to any disciplinary or enforcement actions? <input type="checkbox"/> Yes <input type="checkbox"/> No    If <b>yes</b> , please explain.	

## FRAUD WARNINGS

**GENERAL:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance 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 subjects the person to criminal and civil penalties.

**NOTICE TO ARKANSAS, MINNESOTA, AND 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, which is a crime.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowing presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING - it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

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

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly **or** willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 and the stated value of the claim for each such violation.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 OREGON AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 subjects such person to criminal and civil penalties.

## SECTION VIII – DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all insureds, individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by Intact Insurance Group USA LLC ("Intact"). If a policy is issued it will be in reliance by Intact upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with Intact and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

Intact is authorized to make any inquiry in connection with this Application. Acceptance by Intact of this Application or the making of any subsequent inquiry does not bind the insured or Intact to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to Intact under any policy of a claim or potential claim.

If Intact learns of a material change prior to the effective date of the policy, we may modify or withdraw any quotation or agreement to bind insurance. If the information in this Application materially changes prior to the effective date of the policy, the insured will immediately notify Intact

Completion of this application does not bind coverage. The insured's acceptance of Intact's quotation is required prior to binding coverage.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

### Producer Information:

Agent:		Agency:	
Address:			
City:	State:	Zip Code:	
Telephone:		Email:	



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## Addendum A: Follow-Form Excess Liability Application

(Offered in conjunction with Commercial General Liability coverage)

Named Insured(s):			
Limits Requested:			
<b>Underlying Coverage for Schedule</b> (All questions are required for rating and scheduling purposes)			
<b>Automobile Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Accident
<b>Carrier 2:</b>		Policy Number:	
Liability Premium:	Limits:	\$	CSL Each Accident
Total Policy Premium:		\$	BI Each Accident
Effective Date:		\$	BI Each Person
Expiration Date:		\$	PD Each Person
<b>Three years of currently valued Automobile Loss Runs are required.</b>			
<b>Employers Liability</b>			
<b>Carrier 1:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Carrier 2:</b>		Policy Number:	
Annual Premium:	Limits:	\$	Each Accident
Experience Mod:		\$	Disease Each Employee
Effective Date:		\$	Disease Policy Limit
Expiration Date:			
<b>Claims Information</b>			
Please provide details for all Automobile claims exceeding \$25,000 and Employers Liability claims exceeding \$250,000 in the last 5 years. Include dates, coverage, description, amount paid and amount outstanding. Use additional page if necessary.			



## Addendum B: Insured Location(s) for Environmental Premises Liability

(Complete if requesting coverage in conjunction with CGL or CPL)

Site Address:

Describe the operations performed at this location:

Does the applicant store any hazardous or bulk materials at this location(s)? ☐ Yes ☐ No If **yes**, please complete.

Chemical Name	Quantity (gallons/lbs)	Storage Method			
		AST	UST	Drum/Tote	Other

Are AST(s) and/or UST(s) located at the site? ☐ Yes ☐ No If **yes**, please complete.

AST	UST	Size (gallons)	Age	Contents	Construction Material	Secondary Containment

Does the applicant treat and/or discharge chemical(s), wastewater, etc. into the environment at this location?

☐ Yes ☐ No If **yes**, please complete the table below.

Constituent	Daily Amount	Treatment Process	What type of receiving body (river, lake, air, etc.)	Permit and ID Number (NPDES, RCRA, Air Permit, etc.)

Does the applicant know of any fact, circumstance, situation, transaction, event, act, error or omission which may reasonably be expected to result in a claim or claims being made against you or any other person or entity for whom coverage is being sought for damage or injury arising from the release of hazardous or non-hazardous substances into the environment?

☐ Yes ☐ No If **yes**, please explain.

Is the applicant aware of any historical or present contamination on the insured locations or emanating from the insured location(s) or any facts or circumstances which may reasonably result in a claim for such contamination?

☐ Yes ☐ No If **yes**, please explain.

### Addendum C: Project or Client Specific Coverage

**A copy of the project proposal and contract may be required.**

Named Insured(s):

Project Name:

Project/Contract No.:

Project Address:

City:

State:

Zip Code:

Coverage Requested:

Limits Requested:

Projected Gross Receipts:

Percentage Subcontracted:

Project Duration:

Specific Dates (if known):

Description of Operations to be performed (provide breakdown of project receipts if necessary):

Any environmental-related operations? If Yes, please describe.

#### Client Information

Client Name:

Additional Information/Coverage Requirements:

## Addendum D: Hired & Non-Owned Auto

(Complete if requesting CGL coverage with Hired & Non-Owned Auto endorsement)

1. What is the total number of employees driving their personal vehicles on company business?
2. Please describe what the vehicle(s) are being used for:
3. Does the insured require those employees who drive their own vehicles on company business to carry at least \$300,000 CSL or \$100,000/\$300,000/\$50,000 limits or other minimum limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
If other are required, please describe:
4. Does the insured keep certificates of insurance on file noting carrier and limits for these employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured obtain and keep motor vehicle records (MVRs) for all employees that hire vehicles and those who drive their personal vehicles on company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. What is the total cost for Hired Cars (rental cars) per year?
7. How many days are vehicles rented each year?
8. When renting vehicles, does the insured provide primary coverage on these vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Please describe any situation where the insured would be renting uncommon vehicles, such as large trucks, cargo trucks, or high valued vehicles:
10. Does the insured have a corporate policy indicating who may drive hired and non-owned vehicles, consequences for unfavorable driving records, requirements for maintaining minimum insurance limits, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe in detail or provide a copy.
11. Does the insured have a cell phone safety policy that prohibits the use of cell phones while driving or the use of hand held devices? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Addendum E: Construction Management Operations

(Complete if requesting Professional Services Liability Coverage for Construction Management Operations)

Insured(s):			
<b>Project Delivery Method</b> Please provide the percentage of <b>Applicant's</b> GROSS RECEIPTS for the current year based upon the following project delivery methods.			
		<b>Estimated Revenue for NEXT 12 months:</b>	<b>Actual Revenue for PRIOR 12 months:</b>
<b>Construction Only</b> – no contractual obligations for design or CM agency	Construction Values		
	Professional Fees		
<b>Construction Management Agency</b> – holding no design or construction contracts	Construction Values		
	Professional Fees		
<b>Construction Management At Risk</b> – provides construction services during pre-construction and self performs or holds and manages construction subcontracts during construction phase	Construction Values		
	Professional Fees		
<b>Design/Build with in-house Design</b> – assume contractual obligations for design and construction where design is substantially performed in-house	Construction Values		
	Professional Fees		
<b>Design/Build with Subcontracted Design</b> – assume contractual obligations for design and construction where design is substantially subcontracted to others	Construction Values		
	Professional Fees		
<b>Design Only Services</b> – performed for others with no contractual obligations for construction or CM (i.e. Third party design)	Construction Values		
	Professional Fees		
<b>Other</b> – Please describe	Construction Values		
	Professional Fees		
<b>Totals – Use Fees in calculating totals</b>			
Does <b>Applicant</b> obtain evidence of professional liability insurance from all sub-consultants <b>Applicant</b> may hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” please explain:			
Does <b>Applicant</b> peer review its design work, including sub-consultant work, prior to delivery of the work to the client? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the peer review internally and/or externally performed? Please describe:			
Does <b>Applicant</b> obtain the written approval of the project design work at definitive stages of development for all projects and all offices from the project owner or its representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” please explain:			
Does <b>Applicant</b> use written contracts with every project owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” please provide the percentage of <b>Applicant's</b> past 12 months’ billings where oral agreements were used: _____			
Does <b>Applicant</b> use written contracts with all sub-consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” please provide the percentage of <b>Applicant's</b> past 12 months’ billings where oral agreements were used: _____ %			
Are all contracts for services reviewed prior to execution? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, please identify the person(s) who review such contracts: _____ If “No,” please explain: _____			