

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

- **Additional information required for this submission:**

- Resumes of key personnel
- Firm's brochure describing services and qualifications
- Financial Statements for last 2 years
- Hard copy of Loss runs applicable to coverages requested
- Sample Client and Subcontractor contract forms
- SF 254 or 10 largest projects list

**1. APPLICANT INFORMATION**

<b>APPLICANT'S MAILING ADDRESS</b>	<b>PHYSICAL ADDRESS IF DIFFERENT THAN MAILING ADDRESS</b>
<b>Name</b>	<b>Name</b>
Address	Address
City, State, Zip	City, State, Zip
Telephone #	Telephone #
Fax #	Fax #                      E-mail
Website Address:	
<b>Company Contact and Title</b>	
	<b>Phone Number:</b>

<b>2. List of proposed Named Insureds to be covered by this Policy</b>	
<b>Name</b>	<b>Relationship to 1<sup>st</sup> Named Insured</b>

3. How long has the 1<sup>st</sup> Named Insured been in business? \_\_\_\_ years

4. List any entity which has a controlling or ownership interest in your firm:

\_\_\_\_\_

This entity is being requested to be added to the Policy as an Additional NAMED INSURED:

Yes  No

**5. LIST ALL ENTITIES YOUR FIRM WHOLLY OR PARTLY OWNS, MANAGES AND/OR CONTROLS:**

Name of Entity	Relation to Firm	Services Performed	Currently Insured
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**6. LIST ALL PREDECESSOR COMPANIES: (If Applicable):**

Name of Former Company	Dates of Operation	Reason for Change

**7. During the past five years, has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check)?** Yes  No

**If yes, provide details below.**


**8. Description of Operations**

--

**9. Total Professional Staff of Applicant**

(1) Principals:
(2) Supervisors/Foreman:
(3) Total number of Engineers & Architects:
(4) Total number of Field Personnel:
(5) Hydrogeologists, Geologists, Chemists:
(6) All other (describe):

**10. Are any Joint Ventures proposed under this Policy? (please check):** Yes  No

**If yes, provide details below.**

--

11. Does the firm engage in any foreign operations? (please check): Yes  No

If yes, provide details below.

12. Does any one project or contract represent more than 25% of the firm's annual revenue?

(please check) Yes  No

If yes, provide details below.

13. Last three year's total gross revenue:

\_\_\_\_\_ for the Period \_\_\_\_\_ to \_\_\_\_\_.  
 \_\_\_\_\_ for the Period \_\_\_\_\_ to \_\_\_\_\_.  
 \_\_\_\_\_ for the Period \_\_\_\_\_ to \_\_\_\_\_.

**14. Profile of Operations**

- In Column A, please provide % of firm's revenues performed by in-house and operations and services
- In Column B, please provide % of firm's revenues in subcontracted operations and services
- Columns A+B should equal 100%
- Projected sales = 12 months from anticipated date of coverage for operations and services.

Contracting Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
<b>1. Environmental Contracting</b>			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner contractors			
Emergency Haz Material Clean-up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling & Recovery			
Dredging			
Asbestos/Lead Abatement			

<b>Contracting Operations Breakdown</b>	<b>A % In-House</b>	<b>B % Subcontracted</b>	<b>C Projected Revenue</b>
Other (explain)			
<b>2. Non-Environmental Contracting</b>			
Carpentry			
Demolition/Dismantling			
Drilling			
Electrical			
Excavation (Non Haz)/Grading			
General Contracting			
HVAC/Mechanical			
Industrial Cleaners (incl. Sewer/Septic)			
Insulation			
Logging			
Masonry/Concrete			
Marine			
Oil Lease			
Painting			
Pipeline Construction/Cleaners			
Plumbing			
Roofing			
Steel Erection			
Street and Road Construction			
Other (explain)			

**15. PERCENTAGE OF YOUR FIRM'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES:  
(Total must equal 100%)**

Airports	___ %	Industrial Waste Treatment	___ %	Recreational/Sports	___ %
Apartments	___ %	Jails/Justice	___ %	Roads/Highways	___ %
Bridges	___ %	Landfills	___ %	Schools/Colleges	___ %
Churches	___ %	Libraries	___ %	Shopping Center/Retail	___ %
Condominiums	___ %	Manufacturing/Industrial	___ %	Site Development	___ %
Convention Centers	___ %	Mass Transit	___ %	Storm Water Systems	___ %
Dams	___ %	Mines	___ %	Tunnels	___ %
Environmental	___ %	Nuclear/Atomic	___ %	Warehouses	___ %
Food Processing	___ %	Office Buildings	___ %	Wastewater Systems	___ %
Harbors/Piers/Ports	___ %	Parking Structures	___ %	Waste Treatment Plant	___ %
Hospitals	___ %	Petro/Chemical	___ %	Other (specify)	___ %
Hotels/Motels	___ %	Potable Water Systems	___ %		
House: Custom	___ %	Power Plants	___ %		

House: Multi-Unit/Townhouse	____ %
House: Residential/Subdivision	____ %

**16. PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR FIRM'S THREE (3) LARGEST CURRENT PROJECTS:**

Project Name	Location	Owner/Client	Project Type	Services Performed	Total Professional Fees	Estimated Construction Value
					\$	\$
					\$	\$
					\$	\$

**17. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients?** (please check) Yes  No

**18. Does your company own, operate or lease licensed waste treatment, storage or disposal facilities?** (please check) Yes  No

If yes, describe fully:

**19. Are updated certificates of insurance from subcontractors kept on file?**

Yes  No

**20. Are these certificates required to show environmental liability insurance?**

Yes  No

**21. What are the minimum limits of liability insurance you require from your subcontractors?**

General Liability \_\_\_\_\_

Environmental Liability \_\_\_\_\_

Professional Liability \_\_\_\_\_

**22. Do you require subcontractor policies to name you as an additional insured?**

Yes  No

**23. Do your contracts with subcontractors contain an indemnification provision?**

Yes  No

If yes, attach copies of all insurance requirements and indemnification clauses.

**24. Does your company enter into written contracts where you assume liability?**

Yes  No

If yes, what is the percentage of contracts in which you assume liability \_\_\_\_ %

If yes, attach copies of all insurance requirements and indemnification clauses.

**25. Please list your current liability coverage information.**

Coverage	Carrier	Limits	Expiration	Deductible/SIR	Retrodate, if any
General Liability					
Contractors Pollution Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

**26. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution Liability Policies? Yes  No**

If yes, state a) the date when claim was made; b) the date the incident giving rise to the claim took place; c) name of the claimant; d) nature of the claim; e) amount paid or estimated may be paid; and f) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement.

**27. Is the applicant aware of any fact, circumstances or situation which could result in a claim being made against it or any other person or entity for whom coverage with be sought? Yes  No**

If yes, provide details below.

It is agreed that if such knowledge exists, any claim arising from such fact, circumstances or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

**28. If this is an application for a project specific policy, include a copy of the fully executed contract with your client.**

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: 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.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:

Signature

\_\_\_\_\_

Title:

\_\_\_\_\_

Date: