



NEW BUSINESS APPLICATION

FOR GENERAL LIABILITY & ENVIRONMENTAL COVERAGES

APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____ Apt _____ City _____ State _____ ZIP _____

Owner Name _____ Owner Title _____ Ownership % _____

Company is a(n) ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Year Established _____ Website _____

Please attach the following to this application

- Statement of Qualifications, applicable certifications/licenses, resumes (if requesting Professional Liability) and a list of prior projects
- Most recent balance sheet and income statement
- Currently valued loss runs

COVERAGE REQUEST

☐ New Business ☐ Renewal

Proposed Effective Date _____

Coverage	Carrier	Limits of Liability	Deductible	Retroactive Date (If Applicable)	Premium
General Liability					
Contractors Pollution Liability					
Site Pollution Liability					
Professional Liability					
Transportation Pollution Liability					
Non-owned and Waste Disposal Site Pollution Liability					

Other coverages and endorsements requested:



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GENERAL OPERATIONS INFORMATION

1. Has the applicant acquired, merged, or sold any other entities or operated under another name in the last five years? ☐ Yes ☐ No If yes, please explain.

2. Please list all proposed Named Insureds, subsidiaries, associates, affiliates, or allied companies of which you have more than 50% ownership interest.

3. Has the applicant ever been (or is currently) the subject of bankruptcy or other debtor-related proceedings?
☐ Yes ☐ No
4. Has any insurance company ever canceled or non-renewed coverage? ☐ Yes ☐ No If yes, please explain.

5. Does the applicant utilize a written standard contract? ☐ Yes ☐ No If yes, please provide us with a copy of the contract.
6. What percentage of projected receipts is subcontracted to others? _____
7. Are subcontractors hired under a standard written contract? ☐ Yes ☐ No
8. Do you collect certificates of insurances from all subcontractors requiring at least \$1M in general liability and pollution coverage? ☐ Yes ☐ No
9. Does the applicant adhere to written Health and Safety Procedures and/or QC procedures? ☐ Yes ☐ No
10. Does the applicant have written mold prevention/response procedures in place? ☐ Yes ☐ No
11. Does the applicant provide in-house continuing training/education for employees? ☐ Yes ☐ No



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SERVICES

Total annual gross revenues for the upcoming year: _____

Prior year's gross revenues: _____

Environmental Contracting Services	% of Revenues	Environmental Consulting Services	% of Revenues
Asbestos/Lead Abatement	%	Air Monitoring/Air Quality Testing	%
Air Duct Cleaning/Air Pollution Control Installation	%	Analytical Lab Testing	%
AST Installation/Removal	%	Asbestos/Lead Consulting	%
Bio-Remediation	%	Environmental Engineering	%
Emergency Response Cleanup	%	Environmental Expert Witness	%
Environmental Drilling	%	Environmental Permitting	%
Fire/Water Damage Restoration	%	Environmental Project Management	%
Hazardous Waste Cleanup	%	Geophysical Studies	%
Industrial Cleaning	%	Hydrogeological Consulting	%
Lab Packing/Drum Handling	%	Industrial Hygiene/Health & Safety Training	%
Landfill Construction	%	Mold Assessments	%
Mold Abatement	%	Phase I Environmental Assessments	%
Monitoring Well Installation/Drilling	%	Phase II & III Environmental Assessments	%
PCB Removal	%	Process Engineering	%
Radon Mitigation	%	Regulatory Compliance Consulting	%
Sampling	%	Remedial Design	%
Sandblasting	%	Remediation Oversight	%
Septic Tank Contracting/Cleaning	%	Soil & Groundwater Testing/Analysis	%
Service Station Construction & Maintenance	%	Waste Brokering	%
Sewer Main/Sewer Pipeline Contracting	%	Wetlands Consulting	%
Soil Remediation	%	Other:	%
Solar Panel Installation	%	Total Environmental Consulting Services*:	%
Tank Cleaning	%	Non-Environmental Contracting Services	% of Revenues
UST Installation/Removal	%	General Contracting Including Carpentry, Drywall, Electrical, Fencing, Framing, Insulation, etc.	%
Tank Lining Installation	%	HVAC/Mechanical Contracting	%
Waste Oil Recycling	%	Interior Demolition	%
Wastewater/Water Treatment System Installation & Maintenance	%	Painting	%
Wetlands Contracting	%	Paving/Street & Road Construction	%
Other:	%	Plumbing	%
Total Environmental Contracting Services*:	%	Roofing	%
		Other:	%
		Total Non-Environmental Contracting Services*:	%

*Must total 100%

SITE POLLUTION FOR OWNED SITES

☐ Not Applicable

1. Describe operations/processes performed at the covered locations:

2. Locations to be scheduled including street address and facility type (Attach pages if needed).

3. Are liquid chemicals, fuel, hazardous materials or special wastes stored at the site in containers greater than five gallons? ☐ Yes ☐ No If yes, list the materials and describe storage methods.

CLAIMS

1. Has any liability or pollution-related claim, suit, or notice of incident been made against the firm or any staff?
☐ Yes ☐ No If yes, please attach full details on each.
2. Is the applicant aware of any circumstances which may result in any pollution claim or any claim whatsoever, 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 and/or 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.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: *In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*



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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 policyholder or claimant with regard to a settlement or award payable for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.”

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 KENTUCKY APPLICANTS: “Any person who knowingly and with intent to defraud any insurance company or other 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.”

NOTICE TO LOUISIANA 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 fines and confinement in prison.”

NOTICE TO MAINE 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 denial of insurance benefits.”

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 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 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.”



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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 a 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 the person to criminal and civil penalties.”

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.”

NOTICE TO TEXAS APPLICANTS: *In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.*

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.”

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

NOTICE TO NEW YORK APPLICANTS: *“Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.”*

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant’s Signature _____ Date _____

Print Name _____ Title _____



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Named Insured:

Project Type/Name	Project Details:
1.	Project Description: Gross Receipts:
2.	Project Description: Gross Receipts:
3.	Project Description: Gross Receipts:
4.	Project Description: Gross Receipts:
5.	Project Description: Gross Receipts:
6.	Project Description: Gross Receipts:
7.	Project Description: Gross Receipts:
8.	Project Description: Gross Receipts:
9.	Project Description: Gross Receipts:
10.	Project Description: Gross Receipts: