



ace westchester

CONTRACTORS PROFESSIONAL-POLLUTION

APPLICATION

SECTION I: APPLICANT

NAME OF APPLICANT:					DATE:	
MAILING ADDRESS:						
CITY:			STATE:		ZIP CODE:	
TELEPHONE:			WEB ADDRESS:			
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER	
PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:						
1) Statement of Qualifications (SOQ) including resumes.						
2) Two most recent years' income statement and balance sheet.						
3) Three years of currently valued loss runs.						
4) List of recent projects – (See page six of this application)						
5) Copy of endorsement or dec page from current policy confirming retroactive date(s)						

SECTION II: COVERAGE REQUESTED

<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims Made Form only		Retroactive date:
<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> Onsite	<input type="checkbox"/> Third Party	Claims Made Form only Retroactive date:
Do you need any enhancements (e.g. Blanket AI, Waiver of Subrogation, etc)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED: (Occurrence / Aggregate)	RETENTION REQUESTED:	
\$	/ \$	\$	

SECTION III: CURRENT INSURANCE INFORMATION

Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	

Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? **(If yes, provide details below)** Yes No

SECTION IV: GENERAL INFORMATION

1. Year Applicant was established: _____	
2. Has Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has Applicant acquired, merged, or discontinued any operations in the last five (5) years? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACE Westchester - Environmental Division

500 Colonial Center Parkway, Suite 200 Roswell, GA 30076
 Phone: 1-800-982-9826 • Fax: 678-795-4569 • Email: wsgatl.environmental@ace-ina.com
 WSGENV-1416 (05-09)

4. Does Applicant have: If yes, explain: Do you share employees? If yes, explain: Please list Other Named Insureds:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities <input type="checkbox"/> Yes <input type="checkbox"/> No						
5. Is coverage intended for a Joint Venture? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6. Does Applicant have any branch offices? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7. Detail geographical extent of operations: _____% Domestic _____% Foreign (Provide geographical locations of all foreign projects)							
8. List the State(s) in which your work is performed:							
9. Breakout of Personnel: (**Need copies of resumes and any professional licenses for person) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Principals: _____</td> <td style="width: 50%;">Field Personnel: _____</td> </tr> <tr> <td>Construction Managers: _____</td> <td>Other: _____</td> </tr> <tr> <td>Project Managers: _____</td> <td>Licensed Professionals**: _____</td> </tr> </table>		Principals: _____	Field Personnel: _____	Construction Managers: _____	Other: _____	Project Managers: _____	Licensed Professionals**: _____
Principals: _____	Field Personnel: _____						
Construction Managers: _____	Other: _____						
Project Managers: _____	Licensed Professionals**: _____						

SECTION V: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Does Applicant use a standard written contract with its clients? If yes, please answer the following and include a copy of your standard contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What percentage of your projects are contracted using: _____ % Applicants Standard Contract _____ % Letter of Agreement _____ % Client's contract form _____ % Verbal agreement _____ % Other:	
3. Does Applicant's standard contract contain a limitation of liability clause? If yes, to what extent is liability limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What percentage of Applicant's work is subcontracted out?	_____ %
5. What percentage of Applicant's subcontractors and subconsultants are hired under a written, standard subcontract? (Attach a copy of the standard subcontract)	_____ %
6. Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ _____ Contractors Pollution \$ _____ Professional Liability \$ _____	
7. How are non-standard client and/or subcontract agreements reviewed? <input type="checkbox"/> Attorney: Outside <input type="checkbox"/> Attorney: In-house <input type="checkbox"/> Agent Reviews <input type="checkbox"/> Staff (please describe)	
8. Does Applicant have written in-house quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does Applicant have written in-house health and safety procedures? Please forward Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does Applicant have a written Hazardous Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does Applicant have an in-house continuing education program? If YES, please describe. If NO, please describe how your professional receives continuing education and training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does Applicant belong to any professional society memberships? If YES, please list all of them:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: GROSS REVENUE	
\$ _____ 1 st prior year's revenue	Fiscal Year Period _____ to _____
\$ _____ 2 nd prior year's revenue	
\$ _____ Estimated gross revenue for the next 12 months	

SECTION VII: PROFESSIONAL SERVICES			
PROFESSIONAL SERVICES	Design-Build (Yes) or (No)	Projected Revenues (Fees)	% Subcontracted
Architecture		\$	%
Civil Engineering		\$	%
Construction Management		\$	%
Electrical Engineering		\$	%
Environmental Engineering		\$	%
Geotechnical Engineering		\$	%
HVAC Engineering		\$	%
Land Surveying		\$	%
Landscape Architecture		\$	%
Marine Engineering		\$	%
Mechanical Engineering		\$	%
Mining Engineering		\$	%
Oil & Gas Well Engineering		\$	%
Process Engineering		\$	%
Project Management		\$	%
Structural Engineering		\$	%
OTHER (specify)		\$	%
Total Revenues (Fees) for Professional Services:		\$	%

SECTION VIII: CONTRACTING OPERATIONS		
CONTRACTING OPERATIONS	Projected Revenues	% Subcontracted
Appliance Installation	\$	%
Asbestos or Lead Abatement	\$	%
Carpentry or Framing	\$	%
Concrete / Masonry	\$	%
Construction	\$	%
Demolition	\$	%
Demolition (interior only)	\$	%
Dredging	\$	%
Drilling (environmental)	\$	%
Drilling (non-environmental)	\$	%
Drywall	\$	%
EIFS	\$	%
Electrical	\$	%
Excavation / Grading	\$	%
Fire/Water Restoration	\$	%
Fire Suppression/Sprinklers	\$	%
Flooring	\$	%
Glazier / Glass & Window	\$	%
Home Building	\$	%
HVAC/Mechanical Refrigeration	\$	%
Insulation (no abatement)	\$	%
Landscaping	\$	%
Logging	\$	%
Maintenance or Janitorial	\$	%
Masonry	\$	%
Oil/Gas Service Work	\$	%
Painting	\$	%

Paving	\$	%
Pesticide, Herbicide and Fertilizer application (non-aerial)	\$	%
Plastering or Stucco	\$	%
Plumbing	\$	%
Roofing	\$	%
Sandblasting	\$	%
Scaffold Erection (exterior)	\$	%
Sewer/Septic Cleaning and Maintenance	\$	%
Sewer and Water Line Installation and Maintenance	\$	%
Street & Road Construction	\$	%
Tunneling	\$	%
Waterproofing/Fireproofing	\$	%
OTHER (specify)	\$	%
Total Revenue for CONTRACTING Operations:	\$	%

SECTION IX: Percentage of Above Revenues from the Following Types of Projects (100%)			
Airports	%	Nuclear	%
Apartments	%	Office Buildings	%
Assisted Living	%	Parking Facilities	%
Bridges	%	Petrochemical	%
Churches	%	Potable Water Systems	%
Condominiums	%	Power Plants	%
Convention Centers	%	Residential – Townhomes	%
Dams	%	Residential – Single family	%
Food Processing	%	Roads/Highways	%
Harbors/Piers/Ports	%	Schools/Dorms	%
Hospitals	%	Shopping Centers/Retail	%
Hotels/Motels	%	Site Development	%
Industrial	%	Storm Water Systems	%
Mass Transit	%	Tunnels	%
Medical Offices	%	Warehouses	%
Military Housing	%	OTHER (specify)	%
Mines	%	TOTAL	100%

SECTION X: CLAIMS HISTORY	
<p>1. Has any claim, suit or notice of incident been made previously (last five years) against Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper: a) date claim was made; b) date of incident, act or omission giving rise to the claim; c) name of claimant; d) nature of claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim.</p>	
<p>2. Is any member of Applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details on additional paper.</p>	

3. Has any member of Applicant, or predecessor firm or any entity that Applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? Yes No
If yes, please provide details on additional paper.

4. **Summary of Claims History:**

	Number of Claims	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)
Current Year		\$
1 st Prior Year		\$
2 nd Prior Year		\$
3 rd Prior Year		\$

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Name of Applicant	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

ACE Westchester - Environmental Division
 500 Colonial Center Parkway, Suite 200 Roswell, GA 30076



Recent Project Description

1	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
2	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
3	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
4	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
5	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
6	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
7	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
8	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:



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Fungi/Mold Coverage Addendum

For Contractors Professional-Pollution

<p>1. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the details of each incident or claim:</p>						
<p>2. What percentage of your revenues are attributed to the following operations:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Residential / Multi-Family _____%</td> <td style="width: 33%;">Commercial / Office _____%</td> <td style="width: 33%;">Schools _____%</td> </tr> <tr> <td>Hospitals/ Nursing Homes _____%</td> <td>Hotels _____%</td> <td>Other _____%</td> </tr> </table>	Residential / Multi-Family _____%	Commercial / Office _____%	Schools _____%	Hospitals/ Nursing Homes _____%	Hotels _____%	Other _____%
Residential / Multi-Family _____%	Commercial / Office _____%	Schools _____%				
Hospitals/ Nursing Homes _____%	Hotels _____%	Other _____%				
<p>3. Percent of Residential work performed in the following states: _____% California _____% Florida _____% Texas _____% Hawaii</p>						
<p>4. Does your firm have written Standard Operating Procedures for Mold Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of Table of Contents</p>						
<p>5. Ace Westchester Environmental may provide Mold Awareness Training to the Insured as part of this coverage. Please provide the following:</p> <p>a. Insured Contact (Name, Title & Phone No.) to coordinate mold training services): _____ _____ _____</p> <p>b. Personnel (account for each person only once, by primary function): Number of Principals: _____ Number of Supervisors/ Forman: _____ Number of Field Supervisors: _____ Number of Office Personnel: _____</p>						
<p>6. Does your contractual language hold you responsible for diagnosing or correcting moisture problems that contribute to potential mold problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of wording.</p>						
<p>7. Do you warrant against moisture problems that contribute to potential mold problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach copy of wording.</p>						
<p>8. How do you handle and document existing moisture problems or mold encountered during the performance of your work?</p>						
<p>9. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved?</p>						
<p>10. If a complaint is received regarding moisture problems due to your work, what steps do you take to correct the problem? What time frame does it take to complete the corrective action?</p>						
<p>11. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?</p>						
<p>12. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details of each incident or claim.</p>						



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Project Specific Coverage Addendum

PROJECT INFORMATION			
Project Name and Contract Number:			
Project Address:			
City:	State:	Zip:	
Estimated Start Date:		Estimated Completion Date:	
Will the Applicant be acting as a General Contractor or Subcontractor:			
Estimated Revenue:	Limits Requested:	Retention Requested:	
Project Scope of Work:			
OWNER INFORMATION			
Project Owner:			
Address:			
City:	State:	Zip:	
List any other Additional Insured Request and their interest in the project or Other Endorsement Requests:			