



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:

Additional Named Insured(s)/Additional Location(s)	
Name:	Name:
Address:	Address:
Description:	Description:

SECTION I. General Information		Space is provided on page 3 for additional information																																
Specify the year that Applicant initially commenced operations:																																		
What are the Applicant's total revenues for each of the last 3 years?																																		
1 st Preceding Year:	2 nd Preceding Year:	3 rd Preceding Year:																																
Applicant's total number of employees:																																		
What is the Applicant's current Workers Compensation experience modification factor?																																		
The Applicant is:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship																																
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture																																
	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:																																
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SECTION II. Retention, Limits & Coverage

Effective Date: _____ Policy Term: One year Two year Other _____

Retention Type: Self Insured Retention Deductible Limits of Liability:

Retention Amount: \$2,500 \$5,000 \$10,000 \$25,000 \$1M/\$1M \$1M/\$2M \$2M/\$2M Other: _____

Coverages: YES NO

Hired & Non-Owned Auto Liability:

Employee Benefits Liability

Commercial General Liability (CGL): Occurrence Claims- Made None Retro date: _____

Contractors Pollution Liability (CPL): _____

Professional Liability (PL): _____

SECTION III. Prior Insurance Information

	Commercial General Liability (CGL)	Contractor's 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:			

SECTION IV. CLAIMS 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, Contractor's Pollution Liability, or Professional Liability policies?

	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

For claims greater than \$5,000, provide details, including Date 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 detail.**

Practices

Copies of all of the below must be made available to ASI upon request.

YES NO

Does the Applicant have a formal written Company/Site specific Health & Safety Program?

Does the Applicant have written Work Procedures for all services selected?

Does the Applicant have a formal written Hazardous Communication Program?

Does the Applicant have a formal written Respiratory Protection Program?

Does the Applicant have a formal written Medical Surveillance Program?

SECTION VI. Subcontracted Services

YES NO

Are all subcontractors licensed and accredited?

Are the subcontractors required to name the Applicant as an additional insured?

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? _____

SECTION VII. Mobile Equipment	Check here if this section does not apply. <input type="checkbox"/>
YES NO <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? If YES, specify number and description. _____	
<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.	

SECTION VIII. Microbiological Contracting & Consulting	Check here if this section does not apply <input type="checkbox"/>
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: _____	
Coverage Requested:	
<input type="checkbox"/> Contractors Pollution Liability-	<input type="checkbox"/> Microbiological Decontamination
<input type="checkbox"/> Professional Liability-	<input type="checkbox"/> Microbiological Assessment <input type="checkbox"/> Consulting on Microbiological Decontamination Projects
	<input type="checkbox"/> Microbiological Laboratory Analysis

IF MOLD SUPPLEMENTAL COVERAGE IS REQUESTED, THE FOLLOWING MUST BE SUBMITTED AND ACCEPTED PRIOR TO BINDING
Requirements for Contractors
<ul style="list-style-type: none"> ▪ Statement of qualifications and/or experience for performing Microbiological Decontamination ▪ Training certificates for all employees performing Microbiological Decontamination (training course: 16hr for workers and 24 hr for supervisors) ▪ 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 ▪ Written company specific standard operating procedures for Microbiological Decontamination
Requirements for Consultants (except Microbiological Lab Analysis)
<ul style="list-style-type: none"> ▪ Statement of qualifications or resumes for all personnel providing Consulting on Microbiological Decontamination projects and/or Microbiological Assessments ▪ Training certificate for all employees providing Consulting on Microbiological Decontamination projects and Microbiological Assessment (training course: 24 hrs) ▪ Sample of proposal / contract 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 ▪ Copy of written reporting format (findings report) applies only to microbiological assessments, not consulting on microbiological decontamination

SECTION IX. Additional Information	Check here if this section does not apply. <input type="checkbox"/>
Please provide further descriptions below for General Information questions which request additional detail:	
Successor of Any Business?	
Project Name and Location	
Litigation, administrative or arbitration, court or agency orders or injunctions?	
Crime Conviction?	
Bankruptcy, Solvency, Reorg, Dissolution or assignments for the benefit or creditors?	
Claim details?	
Claims greater than \$5,000?	
Potential claims descriptions?	
Additional Comments?	

SECTION X. Contracting Services		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Revenues	% Subcontracted	
Asbestos Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Lead Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Environmental Contractor:			
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) _____	\$	%	
Microbiological Decontamination Contractor:			
Commercial	\$	%	
Residential	\$	%	
Underground Storage Tank Contractor:			
Service Station Work (pump maintenance, fire suppression, power supply)	\$	%	
Storage Tank Cleaning	\$	%	
Storage Tank Installation	\$	%	
Storage Tank Removal	\$	%	
Other (please specify)	\$	%	
General Contractor (Non-Environmental):			
Carpentry	\$	%	
Concrete Construction	\$	%	
Construction Debris Removal	\$	%	
Demolition – Non-Structural (Interior Remodel)	\$	%	
Demolition – Over Two Stories	\$	%	
Demolition – Two or Less Stories	\$	%	
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) _____	\$	%	
Total Revenue for Contracting Services:	\$		

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

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

SECTION XI. Professional Services		Check here if this section does not apply. <input type="checkbox"/>	
Professional Services	Projected Revenues	% Subcontracted	
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	\$		%
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) _____	\$		%
Total Revenue for Professional Services:	\$		

Licensed/Accredited States		Check here if this section does not apply <input type="checkbox"/>
State	Licenses/ Accreditations	Services

Laboratories Owned By Applicant		Check here if this section does not apply <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> Does Applicant's lab use trained and appropriately certified employees to obtain bulk samples or air samples?	YES <input type="checkbox"/> NO <input type="checkbox"/> Does Applicant's lab actively participate or is it approved, certified or accredited in any of the following:	
<input type="checkbox"/> <input type="checkbox"/> Is Applicant's lab premises a recognized EPA temporary waste storage site? If YES, list Applicant's EPA Number: _____ If YES, attach a description of the extent and method of storage and disposal of hazardous waste samples.	<input type="checkbox"/> <input type="checkbox"/> PAT <input type="checkbox"/> <input type="checkbox"/> EPA <input type="checkbox"/> <input type="checkbox"/> AIHA Accepted <input type="checkbox"/> <input type="checkbox"/> NVLAP/ NIST <input type="checkbox"/> <input type="checkbox"/> NIOSH <input type="checkbox"/> <input type="checkbox"/> OSHA <input type="checkbox"/> <input type="checkbox"/> AIHA EMPAT <input type="checkbox"/> <input type="checkbox"/> Other (Describe) _____	
<input type="checkbox"/> <input type="checkbox"/> Are samples retained for future reference? If YES, how long? _____		

Air Monitoring	Check here if this section does not apply <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/> Are air samples take by a Certified Industrial Hygienist? If NO, are air samples taken by other trained and properly educated staff? _____ If YES, specify training: _____ Describe sampling equipment used: _____ Describe air sampling equipment calibrating techniques: _____	

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

REPRESENTATIONS AND WARRANTIES

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY SUBMITS AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE SUBJECT TO CIVIL OR CRIMINAL 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 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, MAINE, TENNESSEE, AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

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 MARYLAND 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 MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 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. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.

I HAVE READ AND FULLY UNERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.

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 promissory warrants that he will submit to American Safety Insurance Services, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he will inform American Safety Insurance Services, Inc. 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 non-delegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance Services, Inc. and that American Safety Insurance Services, Inc. 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 Services, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds American Safety Insurance Services, Inc. or the issuing carrier to affect insurance.

I have read the Required Fraud Warnings and further agree to the signatory statement.

APPLICANT _____ **DATE** _____
Signature of Principal or Officer

PRODUCER _____ **DATE** _____
Signature of Producer