

## GENERAL & TRADE CONTRACTORS APPLICATION

*PLEASE ANSWER ALL QUESTIONS COMPLETELY*

**INSTRUCTIONS:** This application is to be used when applying for coverage within Crum & Forster’s Environmental Division programs. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

**NOTICE:** For certain policies and coverage parts issued, the limits of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or self-insured retention amount.

**ALL APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL INFORMATION:**

1. Statement of qualifications including resumes, brochures and a listing of prior projects.
2. Most recent three years’ income statements and balance sheets.
3. Three years of currently valued, hard copy loss runs for CGL, Pollution and Professional coverage.

I. APPLICANT INFORMATION				
<b>APPLICANT NAME:</b>			<b>DATE:</b>	
<b>ADDRESS:</b>			<b>PHONE:</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>EMAIL:</b>	
<b>ENTITY IS:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please Explain)			<b>WEBSITE:</b>	
<b>CONTACT NAME:</b>			<b>YEAR ESTABLISHED:</b>	

II. REQUESTED COVERAGE			
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal <input type="checkbox"/> Practice Policy <input type="checkbox"/> Project Policy <i>(Also complete Project Questionnaire)</i>			
<b>Requested Effective Date:</b>		<b>Existing Retroactive Date(s):</b> <b>Contractors Pollution:</b>	
		<b>Professional:</b>	
<b>COVERAGE</b>	<b>PER OCCURRENCE LIMIT</b>	<b>AGGREGATE LIMIT</b>	<b>DEDUCTIBLE</b>
<b>Contractors Pollution Liability:</b>			
<b>Professional Liability:</b>			
<b>Pollution Legal Liability:</b>			
<b>OTHER REQUESTED COVERAGE:</b> <input type="checkbox"/> Transportation Pollution <input type="checkbox"/> Non-Owned Disposal Sites <input type="checkbox"/> Mold <input type="checkbox"/> Mitigation Expense			

III. EMPLOYEES			
Officers/Directors:		Tradesmen/Laborers:	
Supervisors/Foremen:		Administrative/Office Support:	
Engineers:		Real Estate Professionals:	
Architects/Designers:		Other:	

IV. PROJECTS				
Project Delivery Methods:		Clientele:		Description
Design/Build:	%	Residential:	%	
Design/Bid/Build:	%	Commercial:	%	
Engineering/Procurement/Construction:	%	Industrial:	%	
Construction Management At Risk:	%	Governmental:	%	
Other:	%	Institutional:	%	
Other:	%	Transportation:	%	

<b>V. EXPOSURES</b>	
Total Revenue for most recent 12-month fiscal period:	
Anticipated Total Revenue for next 12-month fiscal period:	
Total number of Employees (including officers/partners):	
<i>NOTE: Total Revenue is the total of all receipts, invoices and billings without any deductions or credits of any kind.</i>	

<b>VI. OPERATIONS</b>					
SERVICES	REVENUE	% SUBCONTRACTED	SERVICES	REVENUE	% SUBCONTRACTED
<b>General Contracting</b>			<b>Environmental Contracting</b>		
General Contracting with no design:			Above Ground Storage Tank Installation:		
In-house design with construction responsibility:			Above Ground Storage Tank Repair & Removal:		
In-house design without construction responsibility:			Underground Storage Tank Installation:		
Subcontracted design with construction responsibility:			Underground Storage Tank Repair & Removal:		
Subcontracted design without construction responsibility:			Water/Wastewater Facilities Contracting:		
Construction Management At Risk:			Wetlands Mitigation/Contracting::		
Construction Management Agency:			Asbestos Abatement:		
Real Estate Management or Development:			Lead Abatement:		
Other:			Radon Mitigation:		
Other:			PCB Removal/Remediation:		
<b>Trade Contracting</b>			<b>Professional Services For A Fee</b>		
Carpentry:			Mold Remediation:		
Plumbing:			Fire/Water Restoration:		
Electrical:			Tank Cleaning:		
HVAC/Mechanical:			Soil Remediation:		
Interior Demolition:			Groundwater Remediation:		
Structural Demolition:			Emergency Response:		
Concrete/Masonry:			Haz-Mat Handling:		
Foundations:			Other:		
Grading/Excavation:			Other:		
Utilities:			<b>Professional Services For A Fee</b>		
Roofing:			Architectural:		
Painting:			Civil Engineering:		
Paving/Street/Road:			Design:		
Pipeline Installation/Repair:			Process Engineering:		
Oil & Gas Production:			Mechanical Engineering:		
Janitorial:			Structural Engineering:		
Industrial Cleaning:			Geotechnical Engineering:		
Metal Erection:			Environmental Consulting:		
Crane/Rigging:			Environmental Investigations:		
Directional Drilling:			General Engineering:		
Drilling (Not For Production):			Project Management:		
Other:			Traffic Control:		
Other:			Other:		
Other:			Other:		

<b>VII. SUBCONTRACTORS</b>	
Are all subcontractors licensed and accredited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant collect certificates of insurance from all subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the subcontractors required to name the applicant as an additional insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a standard written contract used with all subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VIII. GENERAL INFORMATION	
Are any of the applicant's revenues generated by operations or services performed in the state of New York?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide details of which operations or services and the percentage thereof:</i>	
Does the applicant's General Liability policy provide any coverage for professional activities or services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide details of applicable endorsements or coverage provision(s):</i>	
Has the applicant maintained continuous and uninterrupted CGL coverage for at least the prior three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant have a written water intrusion/mold response/management plan in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant transport fuel, chemicals, explosives or any hazardous materials?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any of the operations or services of the applicant done through or by any affiliated or related company or entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the applicant a successor of any other business or entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the applicant, or any related or affiliated entity, ever been the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors?	<input type="checkbox"/> YES <input type="checkbox"/> NO

V. CLAIM INFORMATION	
Has any claim, suit or notice of incident been made against the applicant or any staff member under any coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	
Is the applicant aware of any claims, suits, incidents or occurrences against the applicant, the applicant's predecessors, any past or present partner of officers, or any staff members, which have not been reported and that could give rise to a claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	
Is the applicant, or any related or affiliated entity, currently involved in any litigation, administrative or arbitration proceedings, or subject to any court or agency order or injunction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	

**FRAUD WARNING: APPLICABLE TO ALL 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 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 criminal and civil penalties.

**WARRANTY STATEMENT**

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **insureds** and that, to the best of his/her knowledge, the statements herein are true and accurate. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **insurer** of such and shall provide the **insurer** with information that would complete, update or correct the application and materials submitted therewith. The **insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>