

Environmental Contractors & Consultants Liability Insurance Application

20595 Lorain Road
Fairview Park, OH 44126
(800) 545-1538



MPA Environmental

INSTRUCTIONS:

- This form must be completed, dated and signed by a principal, partner or officer of the Applicant on or prior to the inception date of coverage.
- Please type or print clearly.
- Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on your letterhead referencing the appropriate application question.

REQUIRED ATTACHMENTS:

- Please provide five (5) years of currently-valued pollution, professional, general liability, and commercial auto loss history.
- 2 years of Audit Financials
- Resumes/Licenses/Certifications of Key Personnel
- Project List – 10 largest jobs in the past 3 years.
- Sample Contract used with clients and subcontractors

Applicant Information

First Name Insured _____

Mailing Address _____

Name Insureds (list all) _____

Website Address _____

Principal Contact _____ Email Address _____

Telephone Number _____ Fax Number _____

Company FEIN _____ Date Established _____

Company Type: Corporation Partnership LLC/LLP Other: _____

Principal Management Experience either with the current Applicant or prior experience: 0–1 years 1–3 years 3+ years

Have there been any significant changes to management in the past year? Yes No

Coverage Information

1. Current Liability Program

COVERAGE	CARRIER	LIMIT	EXP. DATE	RETRO DATE	DEDUCTIBLE	PREMIUM
GL		\$ / /			\$	\$
Prof Liability		\$ /			\$	\$
CPL		\$ /			\$	\$
Comm Auto		\$ /			\$	\$

2. Requested Coverage, Limits of Liability, & Retention

Proposed Effective Date: _____

COVERAGE	LIMIT	RETRO DATE	DEDUCTIBLE
<input type="checkbox"/> GL	\$ / /		\$
<input type="checkbox"/> Prof Liability	\$ /		\$
<input type="checkbox"/> CPL	\$ /		\$

3. Type of Insurance Required: Program Project

4. Optional Coverages:

OPTION	PER WRONGFUL ACT/ POLLUTION CONDITION	AGGREGATE	SIR/DEDUCTIBLE
Mold/Microbial Matter	\$	\$	\$

Mold Coverage requires supplemental application to be completed.

5. Within the past five (5) years has the Applicant purchased this type of insurance coverage? Yes No

Revenue Information

6. Fiscal Year: _____ to _____

EXPOSURE HISTORY	REVENUES (\$)	PAYROLL (\$)	EMPLOYEES (#)
Current/Projected Fiscal Year	\$	\$	
Expiring Fiscal Year	\$	\$	
First Prior Fiscal Year	\$	\$	
Second Prior Fiscal Year	\$	\$	
Third Prior Fiscal Year	\$	\$	

7. Provide the approximate percentage of work performed during the last three (3) years for each of the following project sizes based on the project's total construction value:

PROJECT SIZE	%	PROJECT SIZE	%
Less than \$25,000	%	\$50,000 to \$250,000	%
\$25,000 to \$50,000	%	Greater than \$250,000	%

*Note: Please attach list of top 10 largest projects during the prior three (3) years.

8. a. What is the geographical extent of operations? US _____% Canada _____% Other _____%

b. Provide a list of states and/or countries: _____

9. The Applicant primarily signs contracts as:

General Contractor Construction Manager Subcontractor Consultant

10. Project Delivery Method:

TYPE	% OF CURRENT GROSS REVENUE
Construction Management Agency	%
Construction Management at Risk	%
Design/Build	%
Design/Bid/Build	%
Engineer/Procure/Construct	%
Other	%

If "Other", please provide detail: _____

Client Detail

11. Types of Clients: (total must equal 100%)

CLIENT	%	CLIENT	%	CLIENT	%
Commercial	%	Energy	%	Institutional	%
Contractors, A&E, or Environmental Consultants	%	Government – Federal	%	Lenders	%
Design Professionals	%	Government – State/Local	%	Manufacturing	%
Real Estate Developers	%	Industrial	%	Residential	%
Owners Acting as Their Own Contractor	%	Other (specify):			%

12. a. What is the percentage of current revenue from repeat clients? _____ %
 b. What is the percentage of current revenue derived from the largest client? _____ %
 c. Identify your largest client: _____

13. Please provide the gross revenues and subcontracted percentages associated with each of the following activities for the CURRENT fiscal year:

A. NON-ENVIRONMENTAL CONTRACTING & CONSULTING							
SERVICE	GROSS REVENUE	PAYROLL	% SUB'ED	SERVICE	GROSS REVENUE	PAYROLL	% SUB'ED
Construction Management at Risk	\$	\$	%	Interior Design/Space Planning	\$	\$	%
Construction Management Agency	\$	\$	%	Land Surveying	\$	\$	%
Architecture	\$	\$	%	Landscape Architecture	\$	\$	%
Chemical Engineering	\$	\$	%	Mechanical Engineering	\$	\$	%
Civil Engineering	\$	\$	%	Process Engineering	\$	\$	%
Electrical Engineering	\$	\$	%	Soils/Geotechnical Engineering	\$	\$	%
HVAC Engineering	\$	\$	%	Structural Engineering	\$	\$	%
Industrial Engineering	\$	\$	%	Drilling/Coring	\$	\$	%
Electrical	\$	\$	%	Drywall Installation	\$	\$	%
HVAC	\$	\$	%	Industrial Construction	\$	\$	%
Plumbing	\$	\$	%	Mechanical Construction	\$	\$	%
Water/Sewer	\$	\$	%	Process Piping	\$	\$	%
Road Construction/Maintenance	\$	\$	%	Roofing	\$	\$	%
Excavation	\$	\$	%	Bridge Work	\$	\$	%
Site Development/Grading	\$	\$	%	Carpentry	\$	\$	%
Concrete Working	\$	\$	%	Flooring/Tile/Marble	\$	\$	%
General Construction	\$	\$	%	Pipeline Construction	\$	\$	%
Acoustical	\$	\$	%	Utility	\$	\$	%
Communication	\$	\$	%	Masonry	\$	\$	%
Painting	\$	\$	%	Glass/Glazing	\$	\$	%
Civil Construction	\$	\$	%	Landscaping	\$	\$	%
Nuclear	\$	\$	%	Railroad Construction	\$	\$	%
Pesticide/Herbicide/Fertilizer	\$	\$	%	Wetland	\$	\$	%
Restoration (Fire/Water)	\$	\$	%	Other (explain)	\$	\$	%
Residential Construction	\$	\$	%				
Communication	\$	\$	%				
A.	CURRENT Gross Revenues and Payroll Associated with Non-Environmental Contracting & Consulting Operations					\$	\$

If "Other", please provide list: _____

B. ENVIRONMENTAL CONTRACTING & CONSULTING							
SERVICE	GROSS REVENUE	PAYROLL	% SUB'ED	SERVICE	GROSS REVENUE	PAYROLL	% SUB'ED
Environmental Engineering	\$	\$	%	Tank System Design/Testing	\$	\$	%
Remedial Investigation/ Feasibility Studies	\$	\$	%	Regulatory Compliance/Permitting	\$	\$	%
Environmental Audits/As-sessments	\$	\$	%	Waste Brokering	\$	\$	%
Phase I/Real Estate Audits	\$	\$	%	Health & Safety Training	\$	\$	%
Phase II/III	\$	\$	%	Real Estate Audits	\$	\$	%
Soil/Water Testing	\$	\$	%	Industrial Hygiene	\$	\$	%
Lab Testing/Analysis	\$	\$	%	Remedial Design	\$	\$	%
Asbestos/Lead Design and/or Inspection	\$	\$	%	Lab Packing	\$	\$	%
Soil Excavation	\$	\$	%	UST Installation	\$	\$	%
Soil/Groundwater Treatment	\$	\$	%	UST Removal	\$	\$	%
Bioremediation	\$	\$	%	AST Installation	\$	\$	%
Underground/ Subsurface Remediation	\$	\$	%	AST Removal	\$	\$	%
Dredging	\$	\$	%	Tank Cleaning	\$	\$	%
PCB Handling	\$	\$	%	Pipeline Cleaning	\$	\$	%
Emergency Spill Response	\$	\$	%	Pipeline/Sewer/Septic Maintenance	\$	\$	%
Landfill Construction	\$	\$	%	Industrial Cleaning	\$	\$	%
Liner Installation	\$	\$	%	Hydro Blasting	\$	\$	%
Monitoring Well Drilling	\$	\$	%	Demolition (3 stories or fewer)	\$	\$	%
Potable Well Drilling	\$	\$	%	Asbestos/Lead Abatement	\$	\$	%
Hauling for Environmental Contracting	\$	\$	%	Other (please explain)	\$	\$	%
B.	CURRENT Gross Revenue and Payroll Associated with Environmental Contracting & Consulting Operations					\$	\$

If "Other", please provide list: _____

Subcontractors

14. Does the Applicant have a standard contract or purchase order to use with its subcontractors? Yes No
 If "yes", do those documents contain hold harmless or indemnification agreements in favor of the applicant? Yes No
15. Does the Applicant request and review certificates of insurance and request to be named as additional insured? Yes No
 Yes No
16. If applicable, what are the Applicant's minimum insurance requirements for subcontractors? Yes No
 General Liability \$ _____
 Professional Liability \$ _____
 Contractor's Pollution Liability \$ _____
 Does it include mold? Yes No
17. Are subcontractors required to have pollution insurance? Yes No

Risk Management Information – Standard/Required Questions

18. What percentage of your projects have a signed contract prior to the commencement of the project? _____ %
19. How do you evaluate clients before entering into a contract? _____

20. How do you evaluate your contracts? _____

21. Who has the authority to sign contracts? _____

22. Does Applicant own, operate or lease a water treatment, storage or disposal facility? Yes No
23. Does Applicant recommend, select or arrange for the treatment, storage or disposal of materials? Yes No
24. Does the applicant or any other person or organization for whom the Applicant is or may be liable engage now or in the past in:
- a. Manufacture, sale, leasing or distribution of any product? Yes No
 - b. Development, design, redesign, or leasing of computer software or equipment or provide computer consulting activities? Yes No
 - c. Waste Management activities Yes No
28. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, any person or entity proposed to be an Insured, or any foreign subsidiary filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? Yes No
29. Does the Applicant employ a dedicated Risk Manager? Yes No
30. Does the Applicant expect to begin any new operations in the current policy period? Yes No
- If "yes":
- a. What is the new operation? _____
 - b. How many years of management experience in this new operation? _____
 - c. What percentage the current gross revenues? _____ %
31. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, any person or entity proposed to be an Insured, or any foreign subsidiary been fined, convicted, charged with any criminal or civil law violations? Yes No
32. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, any person or entity proposed to be an Insured, or any foreign subsidiary been the subject of any proceeding, convicted, fined or charged with any violation of Federal or State Environmental Laws? Yes No

Loss Information

33. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? Yes No
34. Within the past five (5) years has the Applicant, any other entity, or a hired subcontractor to the proposed insurance been involved in any pollution, general liability or professional incident on or at projects where the Applicant or any other party to this insurance performed contracting operations? Yes No
35. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to this insurance performed contracting operations? Yes No
36. At the time of signing this application, is the Applicant, any other party to this insurance, or any foreign subsidiary aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to this insurance? Yes No

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE PROFESSIONAL SERVICES OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Warranty

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and words denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

Notice to Arkansas Applicant

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicant

"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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Florida Applicant

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Notice to Kentucky Applicant

"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 Applicant

"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 Applicant

"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 Nebraska Applicant

"No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant

"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 Applicant

"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 and criminal penalties."

Notice to New York Applicant

"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."

Notice to Ohio Applicant

"Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Oklahoma Applicant

"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."

Notice of Pennsylvania Applicant

"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."

Notice to Tennessee Applicant

"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 coverage."

Notice to Utah Applicant

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

Notice to Virginia Applicant

"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, fine and denial of insurance benefits."

Notice to Washington D.C. Applicant

"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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Notice to all other state 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions."

Applicant Information

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)