



ace westchester
specialty group

ENVIRONMENTAL CONTRACTORS & CONSULTANTS

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)					

SECTION II: COVERAGE REQUESTED			
<input type="checkbox"/> Commercial General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retroactive date:
<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)	DEDUCTIBLE REQUESTED:	
	\$ / \$	\$	

SECTION III: CURRENT INSURANCE INFORMATION						
Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	
Umbrella/Excess		\$ / \$	\$		\$	
Workers Comp		\$ / \$	\$		\$	
Auto		\$ / \$	\$		\$	
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)						<input type="checkbox"/> Yes <input type="checkbox"/> 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
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:	

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

