	James River Insurance Company	Application for Environmental Contractors Pollution Liability
		Environmental Division

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

• **Additional information required for this submission:**

- Resumes of key personnel
- Firm's brochure describing services and qualifications
- Financial Statements for last 2 years
- Hard copy of Loss runs applicable to coverages requested
- Sample Client and Subcontractor contract forms
- SF 254 or 10 largest projects list

1. APPLICANT INFORMATION

APPLICANT'S MAILING ADDRESS	PHYSICAL ADDRESS IF DIFFERENT THAN MAILING ADDRESS	
Name	Name	
Address	Address	
City, State, Zip	City, State, Zip	
Telephone #	Telephone #	
Fax #	Fax #	E-mail
Website Address:		
Company Contact and Title		
		Phone Number:

2. List of proposed Named Insureds to be covered by this Policy	
Name	Relationship to 1 st Named Insured

3. How long has the 1st Named Insured been in business? ____ years

4. List any entity which has a controlling or ownership interest in your firm:

This entity is being requested to be added to the Policy as an Additional NAMED INSURED:

Yes No

5. LIST ALL ENTITIES YOUR FIRM WHOLLY OR PARTLY OWNS, MANAGES AND/OR CONTROLS:

Name of Entity	Relation to Firm	Services Performed	Currently Insured
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

6. LIST ALL PREDECESSOR COMPANIES: (If Applicable):

Name of Former Company	Dates of Operation	Reason for Change

7. During the past five years, has the name of the applicant been changed or has any other business been purchased or have any mergers or consolidations taken place (please check)? Yes No

If yes, provide details below.

8. Description of Operations

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9. Total Professional Staff of Applicant

(1) Principals:
(2) Supervisors/Foreman:
(3) Total number of Engineers & Architects:
(4) Total number of Field Personnel:
(5) Hydrogeologists, Geologists, Chemists:
(6) All other (describe):

10. Are any Joint Ventures proposed under this Policy? (please check): Yes No
If yes, provide details below.

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11. Does the firm engage in any foreign operations? (please check): Yes No
If yes, provide details below.

12. Does any one project or contract represent more than 25% of the firm's annual revenue?
 (please check) Yes No

If yes, provide details below.

13. Last three year's total gross revenue:

	for the Period _____	to _____	
	for the Period _____	to _____	
	for the Period _____	to _____	

14. Profile of Operations

- In Column A, please provide % of firm's revenues performed by in-house and operations and services
- In Column B, please provide % of firm's revenues in subcontracted operations and services
- Columns A+B should equal 100%
- Projected sales = 12 months from anticipated date of coverage for operations and services.

Contracting Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
1. Environmental Contracting			
Groundwater Sampling			
Soil Sampling			
Haz material clean-up, soil excavation			
Groundwater Treatment & Recovery			
Waste Storage			
On-site haz waste treatment			
Mobile Incinerators			
Barrier/Liner contractors			
Emergency Haz Material Clean-up			
Tank Removal/Installation			
PCB Oil/Equipment Retrofill & removal			
Hydrocarbon or Chemical Recycling & Recovery			
Dredging			
Asbestos/Lead Abatement			
Other (explain)			

Contracting Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
2. Non-Environmental Contracting			
Carpentry			
Demolition/Dismantling			
Drilling			
Electrical			
Excavation (Non Haz)/Grading			
General Contracting			
HVAC/Mechanical			
Industrial Cleaners (incl. Sewer/Septic)			
Insulation			
Logging			
Masonry/Concrete			
Marine			
Oil Lease			
Painting			
Pipeline Construction/Cleaners			
Plumbing			
Roofing			
Steel Erection			
Street and Road Construction			
Other (explain)			

**15. PERCENTAGE OF YOUR FIRM'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES:
(Total must equal 100%)**

Airports	_____ %	Industrial Waste Treatment	_____ %	Recreational/Sports	_____ %
Apartments	_____ %	Jails/Justice	_____ %	Roads/Highways	_____ %
Bridges	_____ %	Landfills	_____ %	Schools/Colleges	_____ %
Churches	_____ %	Libraries	_____ %	Shopping Center/Retail	_____ %
Condominiums	_____ %	Manufacturing/Industrial	_____ %	Site Development	_____ %
Convention Centers	_____ %	Mass Transit	_____ %	Storm Water Systems	_____ %
Dams	_____ %	Mines	_____ %	Tunnels	_____ %
Environmental	_____ %	Nuclear/Atomic	_____ %	Warehouses	_____ %
Food Processing	_____ %	Office Buildings	_____ %	Wastewater Systems	_____ %
Harbors/Piers/Ports	_____ %	Parking Structures	_____ %	Waste Treatment Plant	_____ %
Hospitals	_____ %	Petro/Chemical	_____ %	Other (specify)	_____ %
Hotels/Motels	_____ %	Potable Water Systems	_____ %		
House: Custom	_____ %	Power Plants	_____ %		
House: Multi-					

Unit/Townhouse	_____ %
House: Residential/Subdivision	_____ %

16. PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR FIRM'S THREE (3) LARGEST CURRENT PROJECTS:

Project Name	Location	Owner/Client	Project Type	Services Performed	Total Professional Fees	Estimated Construction Value
					\$	\$
					\$	\$
					\$	\$

17. Does your company select or arrange for the site of disposal for hazardous or non hazardous waste on behalf of clients? (please check) Yes No

18. Does your company own, operate or lease licensed waste treatment, storage or disposal facilities? (please check) Yes No
If yes, describe fully:

19. Are updated certificates of insurance from subcontractors kept on file?
Yes No

20. Are these certificates required to show environmental liability insurance?
Yes No

21. What are the minimum limits of liability insurance you require from your subcontractors?

General Liability _____

Environmental Liability _____

Professional Liability _____

22. Do you require subcontractor policies to name you as an additional insured?
Yes No

23. Do your contracts with subcontractors contain an indemnification provision?
Yes No
If yes, attach copies of all insurance requirements and indemnification clauses.

24. Does your company enter into written contracts where you assume liability?
Yes No
If yes, what is the percentage of contracts in which you assume liability _____ %
If yes, attach copies of all insurance requirements and indemnification clauses.

25. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	Deductible/SIR	Retroddate, if any
General Liability					
Contractors Pollution Liability					
Worker's Comp.					
Umbrella					
Auto Liability					
Errors & Omissions					

26. Have any claims been previously made against the applicant or reported under any other Contractor's Pollution Liability Policies? Yes No

If yes, state a) the date when claim was made; b) the date the incident giving rise to the claim took place; c) name of the claimant; d) nature of the claim; e) amount paid or estimated may be paid; and f) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement.

27. Is the applicant aware of any fact, circumstances or situation which could result in a claim being made against it or any other person or entity for whom coverage with be sought? Yes No

If yes, provide details below.

It is agreed that if such knowledge exists, any claim arising from such fact, circumstances or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

28. If this is an application for a project specific policy, include a copy of the fully executed contract with your client.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.


WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:

Signature

Title:

Date:

	James River Insurance Company	Supplemental Mold Application for Environmental Contractors Pollution Liability
		ENVIRONMENTAL Division

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

• **Additional information required for this submission:**

- **A complete copy of all marketing materials used by you since the inception of this or any predecessor firm.**
- **A complete copy of your standard proposal and contract or engagement letter used with your customers.**
- **Resumes of Project managers and key employees involved in Mold projects.**
- **Details of all off site training programs completed by managers and employees involved in mold projects.**
- **Copy of your Mold remediation operating procedures manual**

1. APPLICANT INFORMATION

APPLICANT'S MAILING ADDRESS	PHYSICAL ADDRESS IF DIFFERENT THAN MAILING ADDRESS	
Name	Name	
Address	Address	
City, State, Zip	City, State, Zip	
Telephone #	Telephone #	
Fax #	Fax #	E-mail
Website Address:		

2. Company Contact and Title

	Phone Number:	
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3. Total gross revenue history and projection:

	for the Period	to	.
	for the Period	to	.
	for the Period	to	.
Next 12 months projection			

4. Profile of Operations

In Column A, please provide % of firm's revenues performed by "in-house" employees.

In Column B, please provide % of firm's revenues in subcontracted operations and services

Columns A+B should equal 100%

Projected sales = 12 months from anticipated date of coverage for operations and services.

Contracting Operations Breakdown	A % In-House	B % Subcontracted	C Projected Revenue
Mold Remediation (non HVAC projects)			
Mold Remediation (HVAC projects)			
Mold testing/analysis/lab services			
Mold sampling			
Remedial design & implementation			
Remedial design without implementation			
Project management only			
Other:			

5. PERCENTAGE OF YOUR FIRM'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES: (Total must equal 100%)

Airports	_____ %	Office Buildings	_____ %
Apartments	_____ %	Residential (single family)	_____ %
Churches	_____ %	Schools/Colleges	_____ %
Condominiums	_____ %	Residential: Multi-Unit/Townhouse	_____ %
Convention Centers	_____ %	Shopping Center/Retail	_____ %
Hospitals	_____ %	Warehouses	_____ %
Hotels/Motels	_____ %	Other (specify)	_____ %
Jails/Justice	_____ %	Other (specify)	_____ %
Libraries	_____ %	Other (specify)	_____ %

6. CURRENT PROJECTS:

Project Name	Location	Owner/Client	Project Type	Services Performed	Total Professional Fees	Estimated Construction Value
					\$	\$
					\$	\$
					\$	\$

7. If an actual or potential source of moisture, causing or contributing to the presence of, or that would support the development of, or sustain existing mold is discovered, what measures are taken, how are they documented and what information is given to the customer?

8. Do you offer alternative remedial options to your clients that includes information on the limitations of each? (Y/N) _____ How is this documented?

9. What steps do you undertake to eliminate actual or potential sources of moisture?

10. What steps do you take to evaluate mold in inaccessible areas of structures? What documentation steps do you take to document this activity?

11. What steps do you undertake to prevent the regrowth of mold?

12. What guidelines do you follow in your mold remediation projects?

13. Do you perform bulk, surface or air sampling before, during and/or following remediation? (Y/N)_____

14. List the qualifications of person(s) performing this sampling:

15. Are the services of an outside, unaffiliated testing laboratory used? (Y/N)_____

16. Describe all guarantees or warranties you offer.

17. How do you determine when a project is fully complete? How is this documented and communicated to the client?

18. Are updated certificates of insurance from subcontractors kept on file?

Yes No

19. Are these certificates required to show environmental liability insurance?

Yes No

20. What are the minimum limits of liability insurance you require from your subcontractors?

General Liability:	
Environmental Liability:	Mold coverage included (Y/N)_____
Professional Liability:	<input type="checkbox"/>

21. Do you require subcontractor policies to name you as an additional insured?

Yes No

22. Do your contracts with subcontractors contain an indemnification provision?

Yes No

If yes, attach copies of all insurance requirements and indemnification clauses.

23. Does your company enter into written contracts where you assume liability?

Yes No

If yes, what is the percentage of contracts in which you assume liability _____ %

If yes, attach copies of all insurance requirements and indemnification clauses.

24. Please list your current liability coverage information.

Coverage	Carrier	Limits	Expiration	SIR	Retro Date, if any
General Liability					
Contractors Pollution Liability					
Umbrella					
Errors & Omissions					

25. Have any claims for water damage, infiltration or mold been previously made against the applicant or reported under any other Contractor's Pollution Liability Policies? Yes No

If yes, state a) the date when claim was made; b) the date the incident giving rise to the claim took place; c) name of the claimant; d) nature of the claim; e) amount paid or estimated may be paid; and f) final disposition or current status.

It is agreed that claims made prior to the inception of the policy period are excluded from this proposed coverage, unless expressly provided otherwise in the policy or by endorsement.

26. Are you aware of any fact, circumstances or situation involving water damage, infiltration or mold which could result in a claim being made against you or any other person or entity for whom coverage will be sought? Yes No

If yes, provide details below.

It is agreed that if such knowledge exists, any claim arising from such fact, circumstances or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

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The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

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In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Applicant's Name:

Signature

Title:

Date:
