

GAPLESS SERVICES, COPE, COPES

SECTION 1. BROKER AND INSURED INFORMATION

BROKER INFORMATION

Broker Firm Name:		Website:
Broker / Producers Name:	Phone:	Email:
Address:	City/St:	Zip Code:
Accounting Contact:		

APPLICANT INFORMATION

Applicant First Name Insured:		
Description of Operations:		
Website:		
Address:	City/St:	Zip Code:
Contact	Title:	
Telephone:	Fax:	Email:
Year Business Established:	FEIN:	

Additional Named Insureds:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____

Company is an (select all that apply): **INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **JOINT VENTURE**

OTHER (please describe): _____

Association Memberships: _____

ISO 9001 Certified:	YES	NO	ISO 14001 Certified:	YES	NO
ISO 18000 Certified:	YES	NO	OSHA SHARP VPP:	YES	NO

SECTION 2. EXISTING COVERAGE AND EXPOSURE INFORMATION

A. Existing Coverage

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR
General Liability					
Contractors Pollution					
Professional Liability					
Excess Liability					

B. Exposure History

Revenue	Domestic	Foreign	Intercompany
Estimated next 12 months			
Current 12 Month Policy Period			
Second Prior Year			
Third Prior Year			

C. Operations

What is the geographical extent of the Applicant's operations? Please provide the province/state/country, where services are performed and associated percentage of revenue.

Province/State/Country	Services Performed

SECTION 3. BREAKOUT OF CONTRACTING AND CONSULTING REVENUES

A. Client Industries

Category	Percent (%)	Category	Percent (%)
Commercial		Real Estate Development	
Residential		Lending Institutions	
Industrial		Airport or Port Authorities	
Federal Government		Educational/Institutional	
State Government		Other (Please explain below)	
Other Government			

What percentage of your work is with repeat customers? _____

B. Revenue and Payroll by Contracting and Consulting Work

	Total Projected Gross	Percentage of work subcontracted	Projected Payroll
ENVIRONMENTAL CONTRACTING			
Dredging - Remedial			
PCB Removal			
Barrier / Liner Construction			
Emergency Response Cleanup of Hazardous and Other Materials			
Hazardous Materials Soil / Groundwater Cleanup			
Landfill Construction / Expansion / Capping			
Waste Disposal and Hauling			
AST Installation, Removal and Maintenance			
UST Installation, removal and Maintenance			

Wet Lands Contracting			
Above-ground tank cleaning			
Lab Packing			
Sampling of Groundwater / Soil			
Industrial Cleaning			
Asbestos/Lead Abatement - Commercial			
Asbestos/Lead Abatement - Residential			
Asbestos/Lead Abatement - Other			
Mold abatement - Commercial			
Mold abatement - Residential			
Mold abatement - Other			
Contracting All Other			
NON - ENVIRONMENTAL CONTRACTING			
Electrical			
HVAC			
Carpentry / Framing			
Dredging			
Drilling Oil / Water / Gas			
Construction Manager (General Contractor - Oversight)			
Excavation / Grading			
Industrial Cleaning			
Roofing / Insulation			
Masonry / Concrete			
Marine Construction / Activities			
Oil and Gas Well Servicing*			
Painting / Coating Application			
Plumbing			

Pesticide / Herbicide / Fertilizer Application			
Pipeline / Railroad Construction			
Restoration Contractor - Residential			
Restoration Contractor - Commercial			
Steel Erection			
Residential Builders / Developers			
Street and Road Contracting			
Waste Disposal and Hauling			
Contracting – All Other			
Total All Contracting			
ENVIRONMENTAL CONSULTING			
Air Quality Testing			
Asbestos/Lead Assessment, Remedial Design & Monitoring - Residential			
Asbestos/Lead Assessment, Remedial Design & Monitoring - Commercial			
Asbestos/Lead Assessment, Remedial Design & Monitoring - Other			
Mold Assessment, Remedial Design & Monitoring - Residential			
Mold Assessment, Remedial Design & Monitoring - Commercial			
Mold Assessment, Remedial Design & Monitoring - Other			
Decommissioning Design for Radioactive and Nuclear Facilities			
Health and Safety Training			
Lab Analysis			
Phase I – Environmental Risk Assessments			
Phase II – Environmental Risk Assessments			
Phase III – Environmental Risk Assessments			

Project Management			
Regulatory Consulting – Permitting & Compliance Audits			
Tank System Design and Testing			
Waste brokering			
Consulting – All Other			
NON – ENVIRONMENTAL			
Construction at Risk			
Construction Agency			
Design Build			
Geotechnical			
Non Environmental Lab Analysis			
Land Surveying			
Mechanical Engineering			
Process Engineering – Water / Wastewater			
Process Engineering - Other			
Project management			
Software Design / Programming			
Structural Engineering			
Total All Consulting			

*Indicate dollar portion of revenues for offshore work (if any) _____

SECTION 4. LOCATION INFORMATION

Complete the spreadsheet for all locations you own or operate locations where you lease space and locations utilized for the treatment and disposal of your waste or waste from projects.

SECTION 5. SUBCONTRACTORS AND SUB CONSULTANTS

1. What percentage of the time are certificates of insurance received from subcontractors and sub consultants prior to the performance of work?
2. What percentage of the time does the Applicant require subcontractors' policies to name you as an additional insured?
3. What percentage of the time are total defense and indemnity agreements obtained from your subcontractors/sub consultants?
4. a. Are subcontractors required to have pollution liability insurance? (Y, N)
 b. Are sub consultants required to have professional liability insurance? (Y, N)
5. What are the minimum limits of liability required for your subcontractors and sub consultants?

General liability

Pollution liability

Professional liability

6. What percentage of the time are subcontractors and sub consultants hired under written contract?
7. Do you ever use leased or temporary workers in the performance of your work? YES NO
 If yes, please explain.

SECTION 6. CONTRACTING PROCEDURES

- a. What percentage of your projects have a signed contract prior to the commencement of services?
- b. Do contracts have limitation of liability provisions? If yes, for what contracting or consulting services?
- c. Who has the authority to sign contracts?
- d. Does inside or external counsel review contracts? (Y, N)

SECTION 7. SAFETY AND TRAINING

- a. Do you have a written safety training plan? (Y, N)
- b. Do you have a written worker training plan that addresses the services you provide? (Y, N)
- c. Do you have a written driver safety training plan? (Y, N)?

d. List licenses and certifications:

SECTION 8. TRANSPORTATION

a. Is there a written fleet safety program that addresses all company drivers?

IF NO, explain:

b. Do you have a written policy regarding the use of cellphones while operating vehicles?

c. Do you have a written Substance Abuse Policy?

d. Are you aware of any people that have access to any company vehicle, including family members, with a conviction for DUI, DWI, Reckless Driving or other serious driving violations in the past year?

IF YES, please provide their name, position and type of vehicle they have access to:

e. Do you haul your own products? Do you backhaul or haul for others?

IF YES for backhaul or haul for others, explain:

f. Do you have GPS or other tracking devices on your vehicles?

IF YES, explain:

g. Are any of the company vehicles allowed to be taken home?

IF YES, explain:

h. Is there personal use of company vehicles?

IF YES, explain:

i. Are any family members allowed to drive a company vehicle?

IF YES, explain:

j. Do any employees use their personal auto for business (sales, admin, maintenance, etc.)?

IF YES, do they maintain minimum personal auto liability limits of \$100,000/\$300,000?

IF NO for personal limits, explain

k. Do you rent, hire or lease vehicles on a short term basis (6 months or less)?

IF YES, what is your estimated annual cost?

Vehicle Schedule		
Vehicle Type	# Driven s 50 mile	# Driven > 50 mile
Private Passenger		
Light Truck		
Medium Truck		

Heavy		
Extra Heavy Truck		
Truck Tractor		

SECTION 9. CLAIMS AND CIRCUMSTANCES

Have you ever had a claim or loss over \$50,000? Yes No

If "Yes", please provide details (if not indicated in the attached loss runs) :

In the last five years, has the applicant had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations? Yes No

If "Yes", please provide details:

In the last five years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? Yes No

If "Yes", please provide details:

List all claims made against the applicant during the past five years for cleanup or response action, "toxic tort" or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant,

from this location or other locations owned or operated by the applicant, into the environment.

Please provide a brief description of the claim(s) and their disposition:

List all claims made against the applicant during the past five years for bodily injury, property damage, or environmental damage resulting from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your products.

Please provide a brief description of the claim(s) and their disposition:

For the purpose of Questions 6 and 7 below, "you" means the manager or supervisor of the applicant responsible for environmental affairs, control or compliance, or any manager of the location(s) which is the subject of this application, or any officer, director or partner of the applicant.

At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for environmental damage, or for bodily injury or property damage arising from the release of

hazardous substances or other pollutants into the environment? Yes No

If "Yes", please provide details:

At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against your company for bodily injury, property damage, environmental damages or wrongful acts arising from or related to any of your work, operations, your products, a pollution condition or professional service? Yes No

If "Yes, please provide details:

Enviant

800 Town & Country Boulevard, Suite 400 Houston, TX 77024 www.enviant.com

FRAUD WARNING

NOTICE TO ARKANSAS 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete 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 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 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 fines and confinement in prison.

NOTICE TO MAINE 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 NEW JERSEY APPLICANTS: 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 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 NEW YORK 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 each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 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.

NOTICE TO TENNESSEE 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 include imprisonment, fines, and denial of insurance benefits.

NOTICE TO 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 include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

I. 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.

Applicant:	Title:
Applicant Signature:	Date:
Agent/Broker Name:	Email Address:

Additional Space for Answers

Please indicate Section letter and Question number when completing answer.

