



PLEASE ANSWER ALL QUESTIONS COMPLETELY.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

- Five (5) years of currently valued loss runs, including: General Liability, Pollution Liability and Professional Liability, if applicable.

I. APPLICANT INFORMATION

1.1 Applicant (Proposed Named Insured):		1.5 Phone:	
1.2 Address:		1.6 Email:	
City, State, ZIP:		1.7 Website(s):	
1.3 Year Established:			
1.4 Type of Business:	<input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint-Venture (JV) <input type="checkbox"/> LLC <input type="checkbox"/> If JV or Other, please describe:		

II. COVERAGE(S)

2.1 Requested Coverage(s):

Commercial General Liability (CGL)
 Environmental Impairment Liability (EIL) (must complete separate application)
 Contractors Pollution Liability (CPL)
 Environmental Consultants Professional Liability (ECPL)
 Transportation Pollution Liability (TPL)
 Products Pollution Liability (PPL) (must complete separate application)
 Non-Owned Disposal Sites (NODS)

What is the requested Effective Date for the coverages indicated above?

2.2 Is this New Business or are you seeking a Renewal Policy? New Business Renewal

2.3 Please indicate below the Limits of Liability and Deductibles requested:

Coverage	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date (if applicable)
CGL	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
EIL	\$ Each Claim \$ Aggregate	\$	<input type="checkbox"/> CM	
CPL	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
ECPL	\$ Each CM \$ Aggregate	\$	<input type="checkbox"/> CM	
PPL	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
NODS	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	

2.4 If this is New Business, please indicate your Existing Coverage(s)* and complete the table below: CGL EIL CPL TPL
 PPL NODS

Complete details for your current insurance coverages:

Coverage	Effective Date	Expiration Date	Carrier	Premium	Limits of Liability	Deductible	Occurrence or Claims Made	Retroactive Date
CGL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
EIL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
CPL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
ECPL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
TPL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	
PPL				\$	\$ Each OCC / CM \$ Aggregate	\$	<input type="checkbox"/> OCC <input type="checkbox"/> CM	

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	\$		
	\$		
Total Projected Contracting Gross Receipts:	\$	Total Projected Consulting/Laboratory Gross Receipts:	\$

IV. SUBCONTRACTED OPERATIONS

 N/A

4.1	What percentage of Applicant's total work was subcontracted to third parties in the past year: %	
4.2	Description of Subcontracted Operations	Percentage of Applicant's Total Gross Receipts Derived from Subcontracted Operations
		%
		%
		%
		%
4.3	Are all subcontractors licensed and accredited to provide the services they are retained for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Does the Applicant obtain confirmation of such licensing or accreditation? If yes, is such documentation maintained on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Does Applicant require that a standard contract be signed by all its sub-consultants / subcontractors / independent contractors? If yes, please include a copy of such standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, which of the following provisions does Applicant's standard contract include?	
	<input type="checkbox"/> Hold Harmless and Indemnification Clause in Applicant's Favor	
	<input type="checkbox"/> Detailed Scope of Services Clause	
	<input type="checkbox"/> Requirement that Applicant be named as an Additional Insured on consultant's / subcontractor's / independent contractor's Commercial General Liability policy	
	<input type="checkbox"/> Requirement that Applicant be granted a Waiver of Subrogation on sub-consultant's / subcontractor's / independent contractor's Commercial General Liability policy	
4.6	Provide the Minimum Insurance Requirements of your sub-consultants / subcontractors / independent contractors:	
	Contractors Pollution Liability:	\$ each OCC / CM \$ Aggregate
	Professional Liability:	\$ each OCC / CM \$ Aggregate
	Commercial General Liability:	\$ each OCC \$ Aggregate
4.7	Does Applicant collect Certificates of Insurance evidencing General Liability, Professional Liability, and Pollution Liability insurance coverages from all sub-consultants / subcontractors / independent contractors, prior to having them perform any work or operations on Applicant's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. APPLICANT'S OPERATIONS

5.1	Does the Applicant, directly or indirectly, perform work on residential properties? % If yes, what percentage of the Applicant's overall sales are derived from residential work? %	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Are more than 50% of the Applicant's services subcontracted to third parties? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Is the Applicant applying for project specific coverage? If yes, please attach a copy of the contract for the project and complete the Project Specific Supplemental Application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	Does the Applicant conduct geotechnical or geophysical operations? If yes, what percentage of the Applicant's Gross Receipts are associated with these operations? % Please attach a detailed list of the Applicant's geotechnical and geophysical operations and attach the resumes of all employees (and subcontractors) who conduct these operations on Applicant's behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	Does the Applicant install any type of liner (i.e. landfill, lagoons, etc.)? If yes, what percentage of the applicant's gross receipts are associated with these operations? % Please attach resumes and certifications of employees (and subcontractors) installing the liners and attach a copy of Applicant's installation procedures and testing procedures for the installed liners.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	Does the Applicant conduct tank installation work? If yes: a. What percentage of the applicant's overall sales are associated with these operations? % b. Are the installed tanks precision tightness tested, before being released to owner? c. Does the Applicant apply any type of corrosion protection? d. Are tanks tested and certified by a registered professional before use? Please attach resumes and certifications of all tank installation employees (and subcontractors) and attach a list of the type of tanks Applicant installs, a list of the type of corrosion protection Applicant uses, and a copy of Applicant's installation procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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5.7	Please list all states where Applicant performs operations:		
	Does Applicant perform any operations in New York State? If yes, does Applicant conduct any operations in any of the five (5) boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau, Suffolk or Westchester Counties? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. What percentage of Applicant's total operations are conducted in New York State? %		
	b. What percentage of Applicant's total operations are conducted in the five (5) boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau, Suffolk or Westchester Counties? %		
5.8	Does the Applicant conduct any type of mold contracting or mold consulting work? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a. Please describe the work in an attachment.		
	b. Please provide training certifications/credentials on all employees (and subcontractors) providing these services.		
	If no, but the Applicant is interested in being considered for mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.		
5.9	Does the Applicant conduct any Phase I or Real Estate Transfer Assessments? What percentage of the Applicant's overall sales are associated with these operations? % Does the Applicant follow ASTM-1527 guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10	Does the Applicant perform any drilling services? If so, what is the maximum depth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

VI. STAFFING

6.1	Please provide the number of personnel Applicant employs in each role listed below. Account for each person only once, by primary function.		
	Job Type	Number of Staff	
	Architects, Engineers, Geologists, Hydrogeologists		
	Industrial Hygienists, Toxicologists, CIHs or CSPs		
	Supervisors/Foremen/Leadmen		
	Draftsmen, Technicians		
	Laborers		
	Asbestos Handlers/Workers; AHERA		
	Hazardous Waste/HAZWOPER Workers (other than Asbestos)		
	Other, please describe:		
	Other, please describe:		
	Other, please describe:		

VII. GENERAL BUSINESS AND RISK INFORMATION

7.1	Is the Applicant, or any other entity for which coverage is sought, currently sharing office space, sharing employees, sharing client or customer information, or generally commingling operations or services of any kind, with any other business or entity (whether or not it is a related or affiliated entity)? If yes, please provide an explanation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Is the Applicant, any other entity for which coverage is sought, or any related or affiliated entity or predecessor entity, currently involved in any litigation, administrative proceeding, regulatory or governmental investigation or proceeding, or arbitration proceeding? If yes, please provide an explanation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	Is the Applicant a successor to any other business entity? If yes, what is the name of the predecessor entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	Has the Applicant, or any officer, owner or employee ever been convicted of a crime in connection with the Applicant's work or business operations? If yes, please provide an explanation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Has the Applicant, any other entity for which coverage is sought, or any related or affiliated entity or predecessor entity, ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation.		<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. CLAIMS/CIRCUMSTANCES

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.

PLEASE PROVIDE FIVE (5) YEARS OF LOSS INFORMATION WHEN SUBMITTING THIS APPLICATION.

8.1	Has any claim, suit, regulatory investigation or proceeding or other proceeding or notice of incident been made against any proposed insured or any employee, contractor or staff member of any proposed insured, in the last five (5) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2	Has Applicant received any notices of actual or potential violations, citations, fines, penalties, complaints, or enforcement or regulatory actions in any way relating to Applicant's work or operations, in the last five (5) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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8.3	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.4	At the time of signing this application, is Applicant aware of any event, fact, circumstance, situation, demand, act, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against any proposed insured for environmental damage, bodily injury or property damage arising from the release of hazardous substances or other pollutants into the environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.5	Has Applicant or any proposed insured ever paid out more than \$25,000 for any one claim or loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you responded "Yes" to any of the above questions in this section, please provide full details in an attachment to this Application.

NOTICE: The policy applied for, if issued, will not insure: any claim, suit, regulatory investigation or proceeding or other proceeding or incident disclosed, or which should have been disclosed, in response to the above; or any claim, suit, regulatory investigation or proceeding or other proceeding that arises from any event, fact, circumstance, situation, demand, act, error or omission disclosed, or which should have been disclosed in response to the above.

IX. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CO

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.

APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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X. REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Company are accurate and complete;
- b. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Company to provide a premium proposal;
- d. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Company in writing; and
- f. The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the

As used above, the term "Company" refers to Capitol Specialty Insurance Corporation.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED TO APPLICANT, OR THAT ANY PERSONS, EVENTS OR OTHER SPECIFICS REFERENCED IN QUESTIONS, OR ANSWERS TO QUESTIONS, WILL BE COVERED UNDER ANY POLICY BOUND OR ISSUED TO APPLICANT.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

_____ Signature of Authorized Representative of Applicant	_____ Title
_____ Type / Print Name of Authorized Representative	_____ Date
_____ Producer Signature	_____ Date