

RESTORATION CONTRACTORS APPLICATION

INSTRUCTIONS

1. Please answer all questions completely for each coverage that the Applicant applied for. If any question does not apply, please check 'no' or state N/A.
2. If additional space is required to complete an answer, please provide supporting information on the Applicant's firm's letterhead and reference the application question number of the sheet.
3. This form must be signed and dated by an owner, partner, director/officer or principal of the Applicant.
4. Please provide the following supplemental information:
 - Brochure/statement of qualification
 - Resume of key personnel and ALL project managers
 - Sample client and sub-contractor contract forms
 - Quality Assurance/Quality Control Plan
 - Copy of mold training and management program utilized by the Applicant's firm.
 - SF254 or 10 largest Project List
 - Applicant's audited financials for the past two (2) years and current interim financials.
 - The Applicant's last five (5) years of currently valued environmental and professional liability, general liability, and automobile liability loss runs and include a detailed description of any loss over \$25,000.
 - For a project policy only – a copy of the fully executed contract with the client

SECTION I - GENERAL INFORMATION

Applicant/Named Insured:

Address:

Website:

Telephone:

Principal Contact / Title:

E-Mail:

Mailing Address of Principal Contact:

Telephone:

Fax:

Date Company Founded:

Company is: Non-Profit Corporation Partnership Joint Venture LLC/LLP
 Public Private Other:

Risk Management Contact:

Risk Management's Phone:

Risk Management's E-Mail:

EPA Number(s):

Does the Applicant source business through any of the following entities?

Alacrity Services, LLC	Yes	No
Crawford and Co. and / or Crawford Contractor Connection	Yes	No
Other: (please list)	Yes	No

Related entities to be listed on the policy and relationship to the Named Insured:

Name of Company	Relationship to Insured	Services Provided	Revenue
			\$
			\$

During the past five (5) years, has the Applicant's company purchased any other companies or been engaged in any type of merger, acquisition or name change?
 If yes, please provide a detailed description:

Yes No

1. Coverage Request

Proposed Effective Date:

Please indicate the Applicant's requested Coverage and Limits of Insurance that they would like:

Selection	Coverage Parts	Limits of Insurance	Retroactive Date
	Occurrence – Contracting Operations Environmental Liability	\$	
	Claims Made – Contracting Operations Environmental Liability	\$	
	Claims Made – Professional Liability	\$	
	Claims Made – Waste Disposal Liability	\$	
	Claims Made – The Applicant's Insured Location Liability	\$	
	Other:	\$	

Requested Total Policy Aggregate Limit and Deductible:

Total Policy Aggregate Limit	Deductible
\$	\$
\$	\$
\$	\$

2. Applicant's Staff:

Position	Number of Personnel	Number of Certified Professionals and Type of Certification
Principals, Officers, Directors		
Architects/Engineers		
Geologists/Scientists		
Industrial Hygienists		
Project Managers		
Supervisors/Foremen		
Fields Personnel		
Total Staff:		
Principals, Officers, Directors		

Which professional organization is the Applicant's firm or key personnel a member?

3. General Project / Client Information:

a. Revenue:

Insured's gross receipts per last two (2) tax returns:

\$ _____ for the period ending ____/____ (month/year)

\$ _____ for the period ending ____/____ (month/year)

Anticipated Gross Revenue for:

Current Fiscal Year: \$ _____

Next Fiscal year: \$ _____

Next Twelve (12) Months: \$ _____

b. Has the Applicant's company experienced significant shifts in revenue by services in the past two (2) years or anticipate significant shifts in the next two (2) years?

Yes No

If yes, please provide a detailed description:

- c. Company Operating Territory – Please indicate the top five states by percentage of gross revenue and any work performed outside of the United States.

State:	%	State:	%	State:	%	State:	%	State:	%
Outside the United States: Description of Services, Location and percent of the gross revenue.									

- d. What percentage of revenue is derived from the Applicant's largest client? _____ %
Client Name: _____

- (1) Please provide the following information on the three largest contracts from the past year:

Client	Revenue	Services Provided	Current Status
	\$		
	\$		
	\$		

- e. Please provide information on any projects abandoned or discontinued by the Applicant's company in the past five years:

Client	Project: Value, Date Started and Date Discontinued	Description of Services Contracted	Description of Situation

- f. Does the Applicant construct wood frame buildings? Yes No
- g. Does the Applicant perform residential work? Yes No
- h. Is the Applicant involved with Exterior Insulation Finishing Systems? Yes No
If yes, please describe the services.

SECTION II – CONTRACTING OPERATIONS ENVIRONMENTAL LIABILITY COVERAGE

1. Description of contracting operations, services and work performed by the Applicant's company:

2. Has the Applicant's company experienced significant shifts in revenue by services in the past two years (2) or anticipate significant shifts in the next two (2) years? Yes No
If yes, please provide a detailed description:

3. Please provide the number of vehicles the Applicant operates by type:

Vehicle Type	Number of Units	Cargo or Material Hauled (indicate if hazardous)	Radius of Operation
Private Passenger			
Light Truck			
Medium Truck			
Hvy/Extra Hvy Truck			
Trailers			
Other:			

4. Does the Applicant sub-contract out any type of transportation of materials or waste? Yes No
 If yes, please describe:

5. Does the Applicant own, operate or lease any type of waste (i.e. construction, household, or hazardous) recycling, treatment, storage or disposal facility? Yes No
 If yes, please provide a detailed description:

6. Contracting Services Revenue Breakdown

			(A) + (B) = 100%	
Contracting Service	Payroll	Projected Revenue Next Twelve (12) months	(A) % Work Retained In-House	(B) % Work Sub-Contracted Out
Contracting Services				
General Contracting	\$	\$	%	%
Construction Management	\$	\$	%	%
Excavation/Grading	\$	\$	%	%
Street/Road	\$	\$	%	%
Heavy Highway/Bridge/Tunnel	\$	\$	%	%
Steel Erection	\$	\$	%	%
Pipeline Construction/Cleaning	\$	\$	%	%
Utility – Electric/Gas/Cable	\$	\$	%	%
Water/Sewer	\$	\$	%	%
HVAC	\$	\$	%	%
Mechanical	\$	\$	%	%
Electrical	\$	\$	%	%
Plumbing	\$	\$	%	%
Carpentry	\$	\$	%	%
Drywall	\$	\$	%	%
Masonry/Concrete	\$	\$	%	%
Painting	\$	\$	%	%
Roofing/Insulation	\$	\$	%	%
Residential Developer/Home builder	\$	\$	%	%
Process Piping	\$	\$	%	%
Demolition	\$	\$	%	%
Drilling (Type:)	\$	\$	%	%
Dredging	\$	\$	%	%
Fire Sprinkler	\$	\$	%	%
Industrial cleaning	\$	\$	%	%
Oil Field/Lease Work	\$	\$	%	%
Marine Construction and Services	\$	\$	%	%
Stone/Metal Restoration	\$	\$	%	%
Fire/Water Restoration Contractor	\$	\$	%	%
Other (Specify):	\$	\$	%	%
Environmental Contracting				
Soil Excavation	\$	\$	%	%
Groundwater Recovery and Treatment	\$	\$	%	%
In-Situ Soil or Groundwater Treatment	\$	\$	%	%
Emergency Spill Response	\$	\$	%	%
Barrier or Liner Installation	\$	\$	%	%
Well Drilling/Soil Borings	\$	\$	%	%
Landfill Construction	\$	\$	%	%
Lab Packing	\$	\$	%	%
Medical Waste Collection	\$	\$	%	%

Tank Removal (Type:)	\$	\$	%	%
Tank Installation, Upgrades or Retrofit (Type:)	\$	\$	%	%
Tank Cleaning (Type:)	\$	\$	%	%
Environmental Dredging	\$	\$	%	%
Asbestos/Lead Abatement	\$	\$	%	%
Mold Remediation Services	\$	\$	%	%
Demolition/Deconstruction/Dismantling	\$	\$	%	%
PCB Retrofit, Removal and Disposal	\$	\$	%	%
Other (Specify):	\$	\$	%	%
Total All Contracting Services	\$	\$	%	%

SECTION III – WASTE DISPOSAL LIABILITY COVERAGE N/A

Please provide the following Waste Disposal information:

1. Has the Applicant ever been in a legal action or suit or given PRP status concerning the disposal of waste materials? Yes No
 If yes, please provide details:

WASTE SOURCE	TYPE OF WASTE MATERIAL	ESTIMATED QUANTITY	METHOD OF TRANSPORTATION	DISPOSAL COMPANY/ WASTE SITE
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Maintenance Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:
Owned Location No(s): Project Sites	Construction Debris/Office Trash Vehicle Fluids Hazardous Material (Specify): Other (Specify):	per month quarter year	Own vehicles Third party carrier (specify):	by:

SECTION IV – APPLICANT’S OWNED LOCATION LIABILITY COVERAGE N/A

1. Location(s) Name and Address:

Name	Address	Description and Operation or Activities Performed
1.		
2.		
3.		
4.		

2. Does the Applicant have any environmental site assessments, questionnaires or air, NPDES or other discharge permits that have for its location(s) or site(s) listed above? **If yes, please attach.** Yes No

3. Are there any existing or historic environmental issues, including reportable discharges or releases of any hazardous substances or pollutants, or remediation conducted at any of the Applicant’s locations listed above? Yes No
 If yes, please describe:

4. Are there any anticipated changes in use of the location during the policy period? Yes No
 If yes, please describe:

5. Hazardous, Toxic or Bulk Materials Stored at the Applicant's Location

Location Name/ Number	Hazardous, Toxic or Bulk Material	QUANTITY (at any one time)	STORAGE (on pallet, 55 gallon drum, etc.):

6. Storage Tanks - Please utilize the table and key below to provide information about the Applicant's storage tanks. **UST means underground storage tank. AST means aboveground storage tank.**

Are all of the Applicant's tanks in compliance with the applicable regulations? Yes No
 If no, please provide details:

Location and Tank ID No.	UST	AST	Size (gallons)	Age	Construction (type of material and single wall or double wall)	Contents (specify material)	Leak Detection Prevention Method* (specify method)	Containment (ASTs only)	Piping **see key below
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	
								Diked Yes No Construction:	

*If tank tightness testing, leak detection or inventory monitoring and control systems, **please provide copies of the most recent test data.**

**Piping Key: P= pressure flow, S= suction flow, DBW =double wall, SW = single wall

SECTION V - RISK MANAGEMENT PRACTICES	N/A
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1. Does the Applicant have a person dedicated to risk management practices at its firm and what percentage of their job responsibilities is considered risk management? Yes No
 Name and Title: Percentage of Time: %

2. Contract Management
 - i. What percentage of the Applicant's work is performed under written contract? %
 - ii. Are master service agreements utilized? Yes No
 - iii. Are consensus documents utilized? Yes No
 - iv. Are Limitation of Liability provisions required in contracts? Yes No
 - v. Does the Applicant accept consequential damage provisions? Yes No

3. Does the Applicant have a standard contract or purchase order to use with its subcontractors with indemnification/hold harmless provisions in its favor? Yes No

4. Are sub-contractors certificates of insurance retained on file? Yes No

5. Does the Applicant require sub-contractors to schedule them as an Additional Insured? Yes No
6. What limits of insurance does the Applicant require for sub-contractors?
- | | | | | | |
|------------------------------------|-----|----|-------|---|--------------------|
| General Liability | \$ | | Limit | % | Percentage of Time |
| Professional Liability | \$ | | Limit | % | Percentage of Time |
| Contractor Environmental Liability | \$ | | Limit | % | Percentage of Time |
| with mold coverage? | Yes | No | | % | Percentage of Time |
7. Site Safety and Environmental Management
- i. Does the Applicant have a person responsible for site safety management and training? Yes No
Name of responsible person and qualifications:
- ii. Does the Applicant have a person trained and responsible for environmental compliance? Yes No
Name of responsible person and qualifications:
- iii. Does the Applicant have formal training and protocols for working in areas with contamination? Yes No
8. Does the Applicant have a formal quality assurance and quality control program? Yes No
9. Does the Applicant have a training program or procedures to manage water intrusion or mold?
If yes, please attach. Yes No
10. Does the Applicant have a training program or procedures to control and manage legionella?
If yes, please attach. Yes No
11. Does the Applicant take title or manifest to other's waste materials? Yes No
12. Has the Applicant been notified of any complaints, concerns or issues regarding its use or its projects with drywall products produced outside of the United States?
If yes, please describe the situation in detail. Yes No

13. Current Insurance Program

Coverage	Carrier	Limit Incident/Aggregate	Deductible	Policy Term/ Expiration Date	Retroactive Date	Premium
General Liability		\$ /	\$			\$
Professional Liability		\$ /	\$			\$
Contractor Environmental Liability		\$ /	\$			\$
Site Environmental Liability		\$ /	\$			\$

- i. Does the Applicant's current environmental or professional Liability program provide any project excess coverage for any projects?
If yes, please describe the situation in detail. Yes No
- ii. Has any Underwriter refused, canceled, or non-renewed coverage?
(Not applicable in Missouri) Yes No
If yes, please describe the situation in detail.

SECTION VI - LOSS INFORMATION

IF QUESTIONS 1, 2, OR 3 BELOW ARE ANSWERED YES, PLEASE ATTACH A DETAILED DESCRIPTION

- | | | |
|---|-----|----|
| 1. Has the Applicant or any other party to the proposed insurance ever been subject to disciplinary action as a result of their professional activities? | Yes | No |
| 2. In the past five (5) years: | | |
| a. Has any claim been made against the Applicant's company, including any predecessor companies or any company that it owns controls or manages, or any member of such companies concerning or alleging liability for contamination or a result of the Applicant's professional services? | Yes | No |
| b. Have there been any claims made against the Applicant resulting from the actual or alleged release of pollutants at, on, under, or from its location for which the Applicant is seeking coverage? | Yes | No |
| 3. Is the Applicant aware of any fact or circumstance that could reasonably be expected to result in any professional or environmental liability claim, suit, government action or notice of incident against its company or any party to this insurance? | Yes | No |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

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 (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: 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 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)