



Environmental Application

INSTRUCTIONS: Please complete all applicable sections of this Application and return it to Colony Management Services, Inc. along with the Supplemental Information requested. Please read all questions carefully and provide complete answers. Failure to provide complete information may result in delay in consideration of this Application. This Application is NOT an insurance policy and the Company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details to Application on a separate sheet of paper. All Applicants must sign the Application where indicated.

APPLICANT INFORMATION

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

PLEASE INDICATE COVERAGE(S) DESIRED - *And complete the applicable supplemental application for each*

- | | |
|--|---|
| <input type="checkbox"/> Contractors Pollution Liability | <input type="checkbox"/> Site Pollution Coverage |
| <input type="checkbox"/> Professional Errors & Omissions Liability for Environmental Engineers and Consultants | <input type="checkbox"/> General Liability Coverage (submit an Acord application) |

GENERAL INFORMATION - *Explain all "YES" responses*

- YES NO
- Is the Applicant a successor of any other business?
 - Is work done through or by any affiliated or related companies?
 - Does Applicant transport hazardous materials or substances in vehicles owned, leased, operated or rented by the Applicant?
 - Is Applicant or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction?
 - Has Applicant or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime?
 - To the best of your knowledge, are you in compliance with all federal, state and local safety, health and environmental regulations and notification requirements? If NO, attach an explanation.
 - At the time of signing this application, is the applicant aware of any circumstances which may reasonably be expected to give rise to a claim under any of the policies for which the applicant is applying?
 - Are any organizations closely associated with Applicant in the form of a holding company, subsidiary, sister or parent company, or a firm with substantially the same ownership? If YES, does any such company or firm, require coverage under Applicant's policy? If YES, complete a separate application for each.
 - During the past five years has the company changed names, purchased other companies or been a part of any mergers or consolidations?
 - Has Applicant or any affiliated, related or predecessor entity ever been (or currently) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceeding, or has it made an assignment for the benefit of creditors?
 - Has Applicant or any affiliated, related or predecessor entity ever been cited by a federal, state, county, city, municipal or other government agency or court for violation of any applicable construction, safety and health and/or environmental standards?
 - In the last 3 years has any insurance been declined or cancelled?



Environmental Application

| PRIOR CARRIER INFORMATION - Please attach a copy of Applicant's current policies | | | |
|---|--|--|--|
| Effective Date: | / / | / / | / / |
| Carrier: | | | |
| Policy # & Coverage: | | | |
| Policy Type: | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence |
| Retro Date: | / / | / / | / / |
| Limit of Liability: | | | |
| Deductible: | | | |
| Total Premium: | | | |
| Effective Date: | / / | / / | / / |
| Carrier: | | | |
| Policy # & Coverage: | | | |
| Policy Type: | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence |
| Retro Date: | / / | / / | / / |
| Limit of Liability: | | | |
| Deductible: | | | |
| Total Premium: | | | |
| Effective Date: | / / | / / | / / |
| Carrier: | | | |
| Policy # & Coverage: | | | |
| Policy Type: | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence | <input type="checkbox"/> Claims-Made <input type="checkbox"/> Occurrence |
| Retro Date: | / / | / / | / / |
| Limit of Liability: | | | |
| Deductible: | | | |
| Total Premium: | | | |
| LOSS HISTORY - Provide information on all claims, events or occurrences that may give rise to or result in a claim | | | |
| CHECK HERE IF NONE <input type="checkbox"/> | | | |
| DATE OF LOSS | COVERAGE | DESCRIPTION OF THE LOSS INCLUDING AMOUNT PAID & DATE OF LOSS | STATUS OF CLAIM/AMOUNT RESERVED OR PAID |
| | | | |
| | | | |
| | | | |



Environmental Application

| | | | |
|---|--|-----------------------|-------------|
| ADDITIONAL NAMED INSUREDS - Attach additional page if necessary | | | |
| Name | Address | Name | Address |
| City, State, Zip | Telephone # | City, State, Zip | Telephone # |
| | Fax # | | Fax # |
| INTEREST: | | INTEREST: | |
| CONTACT NAME: | | CONTACT NAME: | |
| Name | Address | Name | Address |
| City, State, Zip | Telephone # | City, State, Zip | Telephone # |
| | Fax # | | Fax # |
| INTEREST: | | INTEREST: | |
| CONTACT NAME: | | CONTACT NAME: | |
| ADDITIONAL INSUREDS - Attach additional page if necessary | | | |
| Name | Address | Name | Address |
| City, State, Zip | Telephone # | City, State, Zip | Telephone # |
| | Fax # | | Fax # |
| INTEREST: | | INTEREST: | |
| CONTACT NAME: | | CONTACT NAME: | |
| Name | Address | Name | Address |
| City, State, Zip | Telephone # | City, State, Zip | Telephone # |
| | Fax # | | Fax # |
| INTEREST: | | INTEREST: | |
| CONTACT NAME: | | CONTACT NAME: | |
| SUPPLEMENTAL INFORMATION - Required from all Applicants (Attach each item listed to Application) | | | |
| <input type="checkbox"/> Resumes of Applicant's key personnel | <input type="checkbox"/> Website address | | |
| <input type="checkbox"/> Available literature/brochures on all operations | <input type="checkbox"/> Total projected gross revenue (next 12 months): | | |
| <input type="checkbox"/> Copy of the expiring policy for retroactive date consideration | Revenue: \$ | Payroll: \$ | |
| APPLICANT'S SIGNATURE | | | |
| Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a felony or misdemeanor and subject to appropriate prosecution. | | | |
| Applicant's Signature: | | Title | Date: / / |
| Comments: | | | |
| | | | |
| Document2 | | Applicant Information | Page 3 of 3 |



Contractor's Pollution Liability Supplemental Application

| | | | |
|--|-----------------------------------|--|--|
| APPLICANT'S NAME: | | | |
| DEDUCTIBLE DESIRED: | | LIMITS OF LIABILITY REQUESTED: | |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000,000 each claim/\$1,000,000 aggregate policy limit | |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other \$ | <input type="checkbox"/> \$ each claim/\$ aggregate policy limit | |
| COVERAGES REQUESTED | | | |
| General Liability ISO Class Code(s) | | Contractor's Pollution Liability ISO Class Code(s) | |
| <input type="checkbox"/> Occurrence | | <input type="checkbox"/> Occurrence | |
| <input type="checkbox"/> Claims-Made | retroactive date: / / | <input type="checkbox"/> Claims-Made | retroactive date: / / |
| ENVIRONMENTAL CONTRACTING SERVICES | | | |
| Check types of environmental contracting services Applicant provides, and provide the estimated revenue during the next twelve (12) months for each. | | | |
| <input type="checkbox"/> Emergency Response | Amount in House \$ | % Subbed | <input type="checkbox"/> Asbestos Abatement |
| <input type="checkbox"/> Soil Remediation: | \$ | | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Other (describe) | | | <input type="checkbox"/> Pesticide/Herbicide Application |
| | | | <input type="checkbox"/> Sampling Activities |
| | | | <input type="checkbox"/> Groundwater Remediation |
| | | | <input type="checkbox"/> Building Decontamination |
| | | | (other than asbestos or lead) |
| | | | <input type="checkbox"/> Superfund |
| | | | <input type="checkbox"/> Landfill |
| | | | <input type="checkbox"/> Waste Incinerator (describe) |
| ABOVE/UNDERGROUND STORAGE TANKS: | | | |
| <input type="checkbox"/> Tank Tightness Testing | \$ | | <input type="checkbox"/> Tank Installation |
| <input type="checkbox"/> Tank Removal | \$ | | <input type="checkbox"/> Tank Cleaning |
| NON-ENVIRONMENTAL CONTRACTING SERVICES | | | |
| <input type="checkbox"/> Electrical (92451) | Amount in House \$ | % Subbed | <input type="checkbox"/> Plumbing (98428 or 98483) |
| <input type="checkbox"/> Janitorial (96816) | \$ | | <input type="checkbox"/> Construction Debris Removal (91629) |
| <input type="checkbox"/> Insulation (96408/09/10) | \$ | | <input type="checkbox"/> Demolition (structural) |
| <input type="checkbox"/> Painting | \$ | | <input type="checkbox"/> Blasting |
| <input type="checkbox"/> Carpentry (91342) | \$ | | <input type="checkbox"/> Wrecking Ball |
| <input type="checkbox"/> Excavation/Grading (94007) | \$ | | <input type="checkbox"/> Demolition (non-structural) |
| <input type="checkbox"/> Concrete Construction (91560) | \$ | | <input type="checkbox"/> General Construction |
| <input type="checkbox"/> Roofing <input type="checkbox"/> Commercial (98677) | \$ | | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Residential (98678) | \$ | | |



Contractor's Pollution Liability Supplemental Application

SUBCONTRACTED SERVICES

1. Please describe any environmental or non-environmental contracting services checked above which are performed by subcontractors of Applicant.
2. What insurance does the applicant require the sub-contractors to carry?
3. Does the applicant require the sub-contractors to carry limits equal to their own? YES NO Coverages the applicant requires.

DISPOSAL PROCEDURES

NOT APPLICABLE

What procedures does Applicant employ in the disposal of hazardous materials/substances?

- | | | | | | |
|------------------------------|---------------------------------------|------------------------------|-----------------------------|------------------------------|---------------------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="checkbox"/> | Manifested or Disposal Forms | <input type="checkbox"/> | Treatment (on/off site) ? | <input type="checkbox"/> | Transportation by independent hauler? |
| <input type="checkbox"/> | Bagged in two 6 mil bags and labeled? | <input type="checkbox"/> | Drummed/over pack? | <input type="checkbox"/> | Transported by Applicant? |

SAMPLING AND MONITORING PROCEDURES

NOT APPLICABLE

Check appropriate boxes for Applicant's typical sampling and monitoring procedures in work areas.

- | | | | | | |
|--------------------------|--|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | Sampling done by Applicant's employees | <input type="checkbox"/> | Sampling done by independent laboratory/consultant | <input type="checkbox"/> | Waste Characteristic Sampling |
| <input type="checkbox"/> | Analysis done by Applicant's employees | <input type="checkbox"/> | Analysis done by independent laboratory | <input type="checkbox"/> | Closure Sampling: Type: |
| | | | | <input type="checkbox"/> | Clearance Sampling |

STORAGE TANK INFORMATION

NOT APPLICABLE

What type of tanks are installed?

Number of years experience:

Approximately how many tanks will be removed over the next twelve (12) months?

GENERAL INFORMATION/OPTIONAL COVERAGES

- | | | |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Does Applicant require coverage for incidental professional activities performed? If YES, describe activities: |
| <input type="checkbox"/> | <input type="checkbox"/> | Does Applicant perform any work that presents an underground exposure? If YES, describe all such work: _____ |

Years in business under present name

Years of experience in conducting environmental operations

(If YES, please describe:)



Contractor's Pollution Liability Supplemental Application

TRANSIT INFORMATION

NOT APPLICABLE

What is the radius (in miles) of operations?

Driver training and MVR review policy in place?

How many vehicles are used and type?

What mobile equipment is used?

What mobile equipment is owned?

Do you have EPA or State status required to transport and/or store waste materials generated from your work? (Attach an Explanation)

YES NO

What materials are transported?

MATERIALS TRANSPORTED

AMOUNT TRANSPORTED AT ANY ONE TIME

1.

1.

2.

2.

3.

3.

Comments:

REQUIRED ATTACHMENTS FROM ALL APPLICANTS :

The following items must accompany this section:

Written remediation procedures for all environmental contracting services listed above.

Copies of all licenses/certifications.

Sample of site safety and health plans (site work plans) including confined space entry protocol.

Resumes of key personnel.

Provide evidence of GL coverage or a completed Acord application for a GL quotation.



Professional Liability Supplemental Application

| | | |
|-----------------------------------|----------------------------------|--|
| APPLICANT'S NAME: | | |
| DEDUCTIBLE DESIRED | | LIMITS OF LIABILITY REQUESTED |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000,000 each claim / \$1,000,000 aggregate policy limit |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other | <input type="checkbox"/> \$ _____ each claim / _____ aggregate policy limit |
| | <input type="checkbox"/> \$5,000 | |
| | \$ _____ | |

| | | | |
|--------------------------------------|-----------------------|--------------------------------------|-------------------------|
| COVERAGES REQUESTED | | | |
| GENERAL LIABILITY | | PROFESSIONAL LIABILITY | |
| ISO Class Code(s) _____ | | ISO Class Code(s) _____ | |
| <input type="checkbox"/> Occurrence | | <input type="checkbox"/> Claims-Made | Retroactive date: _____ |
| <input type="checkbox"/> Claims-Made | Retroactive date: / / | / / | |

PROFESSIONAL SERVICES PERFORMED

Indicate the current revenues, projected revenues and % of subcontracted work associated with the professional performed for the following classes:

| Professional Services | Current Year Revenues | Current % Subcontracted | Projected Revenues | Projected % Subcontracted |
|---|-----------------------|-------------------------|--------------------|---------------------------|
| Construction Management / Project Management | \$ | % | \$ | % |
| Consulting on Asbestos Abatement Projects | \$ | % | \$ | % |
| Consulting on Landfill Projects | \$ | % | \$ | % |
| Consulting on Lead Abatement Projects | \$ | % | \$ | % |
| Consulting on Soil Remediation Projects | \$ | % | \$ | % |
| Consulting on Superfund Projects | \$ | % | \$ | % |
| Environmental Training | \$ | % | \$ | % |
| Ground or Surface Water Monitoring | \$ | % | \$ | % |
| Health and Safety Consulting | \$ | % | \$ | % |
| Indoor Air Quality Consulting | \$ | % | \$ | % |
| Industrial Hygiene Services | \$ | % | \$ | % |
| Laboratory Analysis (Please Describe:) | \$ | % | \$ | % |
| Monitoring Well Installation | \$ | % | \$ | % |
| Environmental Permitting | \$ | % | \$ | % |
| Phase I Environmental Site Assessments | \$ | % | \$ | % |
| Phase II Sampling and Remedial Studies | \$ | % | \$ | % |
| Phase III Remedial Project Design and Supervision | \$ | % | \$ | % |
| Radon Detection | \$ | % | \$ | % |
| Regulatory Consulting | \$ | % | \$ | % |
| Remedial Design | \$ | % | \$ | % |
| Storage Tank Management Plans | \$ | % | \$ | % |
| Underground Storage Tank System Testing | \$ | % | \$ | % |
| Waste Brokering Services | \$ | % | \$ | % |
| Wetlands Consulting | \$ | % | \$ | % |
| Other (Please describe:) | \$ | % | \$ | % |
| Other (Please describe:) | \$ | % | \$ | % |
| TOTAL | \$ | % | \$ | % |



Professional Liability Supplemental Application

Describe all services performed in which Applicant functions as a contractor and/or general contractor:

LICENSED/ACCREDITED STATES

List the states in which the Applicant is licensed or accredited to provide professional services and the services that can legally be provided

| State | Licenses/Accreditation | Services |
|-------|------------------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

EMPLOYEE CLASSIFICATION - Indicate the number of Applicant's employees by each class

| | | | | | |
|------------|--|-------------------|--|-------------------------------------|--|
| Architects | | Lab Technicians | | Clerical (includes Data Processing) | |
| Engineers | | Draftsmen | | Project Sup (not otherwise listed) | |
| Surveyors | | Technical Support | | Other: | |
| Hygienists | | Salespersons | | Other: | |

PROFESSIONAL/TECHNICAL ORGANIZATIONS - Check the organizations of which Applicant is a member

American Industrial Hygiene Association American Consulting Engineers Council
 Other: _____ Other: _____

GENERAL INFORMATION - Explain all "YES" responses

| | |
|---|--|
| <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Does Applicant subcontract environmental remediation work to other companies?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is Applicant ever required to post a bid/performance bond?</p> <p><input type="checkbox"/> <input type="checkbox"/> Are Certified Industrial Hygienists (CIH) employed? If YES, describe the disciplinary areas of each CIH:</p> | <p>Provide the number of years in business under present name _____</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Does Applicant subcontract laboratory analysis?</p> <p><input type="checkbox"/> <input type="checkbox"/> Does Applicant perform any work that presents an underground hazard (i.e., drilling or excavating)?</p> <p>Provide the number of years of experience in conducting Environmental operations</p> |
|---|--|



Professional Liability Supplemental Application

AIR MONITORING - *Explain all "YES" responses* Check the type of air sampling and indicate the % of receipts.

YES NO

Does Applicant perform air monitoring services?
If YES, please describe all pollutants for which air monitoring is performed.

Does Applicant subcontract air sampling or monitoring to others?

YES NO

Are air samples taken by a Certified Industrial Hygienist?
If NO, are air samples taken by other trained and property educated staff? YES NO

If YES, specify training:

Describe air sampling equipment used and calibration technique:

REQUIRED ATTACHMENTS FROM ALL APPLICANTS :

The following items must accompany this section:

Attach each item listed to this Application:

Technical Staff List

Photocopies of all educational certificates and licenses

Statement of Qualifications

Standard written contracts utilized for professional services, including Indemnity Agreements

Quality Control Manuals

Sample Written Work Products (i.e., specifications, reports) for each type of professional service

Provide evidence of GL coverage or a completed Acord application for a GL

Comments: