

**American Safety Insurance Services, Inc.
ASIG Insurance Services (in California)**

Environmental Services Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
Email Address: _____	Email Address: _____
Web Address: _____	Web Address: _____
PRODUCER NAME: _____	PRIMARY CONTACT NAME: _____

Additional Named Insured(s)/Additional Location(s)	
Name: _____	Name: _____
Address: _____	Address: _____
Description: _____	Description: _____

SECTION I. General Information		Space is supplied on page 3 for providing additional information
Specify the year that the Applicant initially commenced operations: _____		
What are the Applicant's total revenues for each of the last 3 years? 1st Preceding Year: \$ _____ 2nd Preceding Year: \$ _____ 3rd Preceding Year: \$ _____		
Applicant's Total Number of Employees: _____		
What is the Applicant's current Workers Comp experience modification factor? _____		
The Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (please identify) _____		
YES	NO	YES NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the Applicant a successor of any other business? If YES, list predecessor entities.		Is work done through or by any affiliated or related company(s)? If YES, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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? If YES, provide details.		Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If YES, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the Applicant applying for project specific coverage? If YES, provide project name and Location.		Does the Applicant directly or indirectly perform non-environmental work on residential properties?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? If YES, describe.		Does the Applicant perform operations in any of the 5 boroughs of New York City?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are more than 50% of the Applicant's services subcontracted?		If YES, What % of total operations are performed in the 5 boroughs? _____

SECTION II. Retention, Limit & Coverage

Effective Date: _____ Policy Term: One Year Two Year Other _____

Retention Type: Self-Insured Retention Deductible Limits of Liability:

Retention Amount: \$2,500 \$5,000 \$10,000 \$25,000 Other _____ \$1M/\$1M \$1M/\$2M \$2M/\$2M Other _____

Coverages: YES NO

Hired & Non-Owned Auto Liability:	<input type="checkbox"/>	<input type="checkbox"/>		
	Occurrence	Claims-Made	None	Retro Date
Commercial General Liability (CGL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):		<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION III. Prior Insurance Information

	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Policy Type (CM; Occ; No Covg)			
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

SECTION IV. Claims

Space is supplied on page 3 for providing additional information

Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?

	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				

For Claims Greater than \$5,000, **provide details**, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.

Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? **If YES, provide full details.**

SECTION V. Safety & Practices

Copies of all of the below must be made available to ASI upon request.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Company/Site specific Health & Safety Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have written Work Procedures for all services selected?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Hazardous Communication Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Respiratory Protection Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Medical Surveillance Program?

SECTION VI. Subcontracted Services

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are all subcontractors licensed and accredited?
<input type="checkbox"/>	<input type="checkbox"/>	Are the subcontractors required to name the Applicant as an additional insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?
		What are the minimum limits the Applicant requires of subcontractors? _____

SECTION VII. Mobile Equipment

Check here if this section does not apply.

YES NO

Are there any self-propelled vehicles which primarily provide mobility to permanently mounted power cranes, shovels, loaders, diggers or drills or road construction or resurfacing equipment such as graders, scrapers or rollers? **If YES, specify number and description.**

Are the above-described vehicles insured for liability coverage on your commercial automobile policy?
If YES, specify Carrier Info, Policy Period and Limits. _____
If NO, specify Radius Driven, Annual Mileage and provide MVRs for all drivers. _____

SECTION VIII. Microbiological Contracting & Consulting

Check here if this section does not apply.

All policies will include a mold, mildew and fungus exclusion. Limited microbiological coverage may be available for this applicant. Please provide the information requested below:

Describe the services performed. _____

Specify the number of years involved in microbiological work. _____

Coverage Requested:

- Contractors Pollution Liability** - Microbiological Decontamination
- Professional Liability** - Microbiological Assessments Consulting on Microbiological Decontamination Projects
 Microbiological Laboratory Analysis

IF MOLD SUPPLEMENTAL COVERAGE IS REQUESTED, THE FOLLOWING MUST BE SUBMITTED AND ACCEPTED PRIOR TO BINDING

Requirements for Contractors

- Statement of qualifications and/or experience for performing Microbiological Decontamination
- Training certificates for all employees performing Microbiological Decontamination (training course: 16 hr for workers and 24 hr for supervisors)
- Copy of the written proposal / contract. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied
- Written company specific standard operating procedures for Microbiological Decontamination

Requirements for Consultants (except Microbiological Lab Analysis)

- Statement of qualifications or resumes for all personnel providing Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments
- Training certificates for all employees providing Consulting on Microbiological Decontamination Projects and Microbiological Assessments (training course: 24 hr)
- Sample of proposal / contract prepared for Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied
- Copy of written reporting format (findings report) applies only to microbiological assessments, not consulting on microbiological decontamination

SECTION IX. Additional Information

Check here if this section does not apply.

Please provide further descriptions below for General Information questions which request additional detail:

Successor of any other business?	
Project Name and Location?	
Litigation, administrative or arbitration, court or agency orders or injunctions?	
Crime Conviction?	
Affiliated/Related Company(s)?	
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	
Claim details?	
Claims greater than \$5,000?	
Potential Claims descriptions?	
Additional Comments	

SECTION X. Contracting Services		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Revenues	% Subcontracted	
Asbestos Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Lead Abatement Contractor:			
Commercial	\$	%	
Residential	\$	%	
Environmental Contractor:			
Building Decontamination (excluding Mold, Mildew, Fungus)	\$	%	
Drilling – Environmental	\$	%	
Duct Cleaning	\$	%	
Emergency Response	\$	%	
Groundwater Remediation	\$	%	
Haz Mat Packing/Pickup	\$	%	
Medical Waste Pickup	\$	%	
Medical Waste Remediation	\$	%	
PCB – Light Ballast Removal	\$	%	
PCB – Removal/Remediation	\$	%	
Phyto Remediation	\$	%	
Septic System Installation	\$	%	
Soil Remediation – Bioremediation	\$	%	
Soil Remediation - Dig & Haul	\$	%	
Soil Remediation - Soil Incineration	\$	%	
Soil Remediation - Vapor Extraction	\$	%	
Spill Clean-Up	\$	%	
Superfund Landfill	\$	%	
Waste Incineration	\$	%	
Wastewater Treatment Systems Installation/Maintenance	\$	%	
Wetlands Contracting	\$	%	
Other (please specify) _____	\$	%	
Microbiological Decontamination Contractor:			
Commercial	\$	%	
Residential	\$	%	
Underground Storage Tank Contractor:			
Service Station Work (pump maintenance, fire suppression, power supply)	\$	%	
Storage Tank Cleaning	\$	%	
Storage Tank Installation	\$	%	
Storage Tank Removal	\$	%	
General Contractor (Non-Environmental):			
Carpentry	\$	%	
Concrete Construction	\$	%	
Construction Debris Removal	\$	%	
Demolition – Non-Structural (Interior Remodel)	\$	%	
Demolition – Over Two Stories	\$	%	
Demolition – Two or Less Stories	\$	%	
Drilling – Non-Environmental	\$	%	
Electrical	\$	%	
Excavation/Grading	\$	%	
General Construction	\$	%	
Insulation	\$	%	
Janitorial	\$	%	
Painting	\$	%	
Plumbing	\$	%	
Roofing – Commercial	\$	%	
Roofing – Residential	\$	%	
Service Station Construction and Maintenance	\$	%	
Underground Utility Installation	\$	%	
Other (please specify) _____	\$	%	
Total Revenue for Contracting Services:			

Hazardous Materials/Substances Disposal Procedures				Check here if this section does not apply. <input type="checkbox"/>			
What Procedure does the Applicant employ in the disposal and transportation of hazardous materials/substances?							
YES	NO		YES	NO		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Bagged	<input type="checkbox"/>	<input type="checkbox"/>	Manifested	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drummed	<input type="checkbox"/>	<input type="checkbox"/>	Stored	<input type="checkbox"/>	<input type="checkbox"/>
					Treated On-Site	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Storage Tank Installation & Removal Information		Check here if this section does not apply. <input type="checkbox"/>	
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Is a leak detection system a part of all Installations? If YES, give the types and percentages. _____	Approximately how many tanks will be installed over the next twelve (12) months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are soil samples always taken and tested before excavation commences? If NO, when are tests done and by whom? _____	

SECTION XI. Professional Services		Check here if this section does not apply. <input type="checkbox"/>	
Professional Services	Projected Revenues	% Subcontracted	
Asbestos Assessments	\$		%
Consulting On Asbestos Abatement Projects	\$		%
Consulting On Drilling Projects	\$		%
Consulting On Landfill Projects	\$		%
Consulting On Lead Abatement Projects	\$		%
Consulting On Microbiological Decontamination Projects	\$		%
Consulting On Soil Remediation Projects	\$		%
Consulting On Storage Tank Projects	\$		%
Consulting On Superfund Projects	\$		%
Environmental Geotechnical / Geophysical Consulting	\$		%
Environmental Feasibility Studies	\$		%
Environmental Impact Studies	\$		%
Environmental Project Management	\$		%
Exhaust/Stack Air Testing	\$		%
Expert Witness	\$		%
Ground or Surface Water Monitoring	\$		%
Health and Safety Consulting	\$		%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$		%
Industrial Hygiene Services	\$		%
Lead Assessments	\$		%
Lab Packing	\$		%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$		%
Litigation Support	\$		%
Manual Preparation	\$		%
Microbiological Assessments	\$		%
Microbiological Lab Analysis	\$		%
Phase I Environmental Site Assessments	\$		%
Phase II Sampling and Remedial Studies	\$		%
Phase III Remedial Project Design and Supervision	\$		%
Property Inspections	\$		%
Radon Detection	\$		%
Regulatory Consulting / Permitting	\$		%
Septic System Testing	\$		%
Soil Testing	\$		%
Storage Tank Replacement and Remedial Project Design Supervision	\$		%
Training Schools/Seminars (excluding Mold, Mildew or Fungus)	\$		%
Underground Storage Tank System Testing	\$		%
Waste Brokering Services	\$		%
Wastewater Testing	\$		%
Wetlands Consulting	\$		%
Wildlife Studies	\$		%
Other (please specify) _____	\$		%
Total Revenue for Professional Services:			

Licensed/Accredited States		Check here if this section does not apply <input type="checkbox"/>
State	Licenses / Accreditations	Services

Laboratories Owned By Applicant				Check here if this section does not apply <input type="checkbox"/>
YES	NO	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab use trained and appropriately certified employees to obtain bulk samples or air samples?		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant's lab premises a recognized EPA temporary waste storage site? If YES, list Applicant's EPA Number: _____		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	If YES, attach a description of the extent and method of storage and disposal of hazardous waste samples. Are samples retained for future reference? If YES, how long? _____		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab actively participate or is it approved certified or accredited in any of the following?
		<input type="checkbox"/>	<input type="checkbox"/>	PAT
		<input type="checkbox"/>	<input type="checkbox"/>	EPA
		<input type="checkbox"/>	<input type="checkbox"/>	AIHA Accepted
		<input type="checkbox"/>	<input type="checkbox"/>	NVLAP/NIST
		<input type="checkbox"/>	<input type="checkbox"/>	NIOSH
		<input type="checkbox"/>	<input type="checkbox"/>	OSHA
		<input type="checkbox"/>	<input type="checkbox"/>	AIHA EMPAT
		<input type="checkbox"/>	<input type="checkbox"/>	Other (describe)

Air Monitoring		Check here if this section does not apply <input type="checkbox"/>
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are air samples taken by a Certified Industrial Hygienist? If NO, are air samples taken by other trained and properly educated staff? _____ If YES, specify training: _____
		Describe air sampling equipment used: _____
		Describe air sampling equipment calibrating techniques: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

GENERAL FRAUD STATEMENT: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED. [NOT APPLICABLE IN COLORADO, HAWAII, NEBRASKA, OHIO, OKLAHOMA, UTAH AND VERMONT]"

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 POLICY HOLDER OR CLAIMANT WITH REGARD TO SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE

REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.”

NOTICE TO HAWAII APPLICANTS: “FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 UTAH APPLICANTS: “FOR YOUR PROTECTION, UTAH LAW REQUIRES THE FOLLOWING TO BE INCLUDED IN THIS APPLICATION: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.”

The Signatory hereby acknowledges that he/she is aware that the aggregate limit is shared among all coverages offered and that the limit of liability contained in the Commercial General Liability, Contractors Pollution Liability or Professional Liability policy or any combination thereof shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the self-insured retention/deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissory warrants that he/she will submit to American Safety Insurance supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he/she will inform American Safety Insurance of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance and is incorporated and made part of the policy. American Safety Insurance will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance also are made to the issuing carrier.

APPLICANT _____
Signature of Principal or Officer

DATE _____

PRODUCER _____
Signature of Producer

DATE _____