



Kinsale Insurance Company
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COMBINED ENVIRONMENTAL CONTRACTING AND PROFESSIONAL SERVICES APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS. ATTACH ADDITIONAL SHEETS AS NECESSARY. ANSWER ALL QUESTIONS AND SIGN APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY CONTACT NAME AND TELEPHONE NUMBER: _____

WEBSITE: www. _____

Applicant is a: Individual [] Partnership [] Corporation [] Joint Venture [] Other []

Date firm was established: _____

1. Has the applicant or any predecessor or affiliation entity or officer or owner been convicted of a crime? If "yes", please explain. [] Yes [] No

2. Have there been any mergers, bankruptcies, acquisitions, consolidations or dissolutions? If "yes, please explain. [] Yes [] No

3. Requested Coverages (NOTE: Coverage "A", Contracting Services Pollution Liability Coverage, is always provided and cannot be removed.)

- Coverage B: Pollution Legal Liability from a Covered Location
Coverage C: Non Owned Disposal Site coverage
Coverage D: Transportation
Coverage E: Professional Services Liability



4. During the past three years, has the applicant had any coverage non renewed, cancelled Yes No or declined. If yes, explain: _____

5. Limits Requested: \$500,000/\$500,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000
 Other: \$ _____

6. Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000 Other: \$ _____

7. History and Projections:

	Estimated Upcoming Year	Current Year	Prior Year
Gross Annual Receipts			
Employee Payroll			
Cost of Subcontracted Work			
Number of Employees			

8. Current Coverage:

Coverage	Carrier	Limit of Insurance	Deductible	Premium	Retroactive Date
General Liability					
Contractors Pollution Liability					
Professional Liability (E&O)					

SUBCONTRACTING INFORMATION

9. Are all your subcontractors licensed? Yes No

10. Is a standard written contract used with clients and subcontractors using a limitation of liability clause and hold harmless clause? (Please provide a copy.) Yes No

11. Are subcontractors required to have pollution liability insurance? Yes No
 If required by trade only, please identify trades: _____

12. Does your firm collect certificates of insurance from all subcontractors? Yes No
 How long do you retain those certificates? _____

13. Are you named as an additional insured on all subcontractors' policies? Yes No

14. How often and under what circumstances will you use uninsured subcontractors? _____



15. What general liability limits do you require your subcontractors to carry? _____
16. Does your contract require that your subcontractors have a Waiver of Subrogation endorsement in your favor on their General Liability and Worker's Compensation policies? Yes No
17. Please list subcontracted services and applicable cost: _____
18. Personnel/Staff:

Specify the total number of staff			
Environmental Engineers		Draftsmen, Technicians, Inspectors, Surveyors	
General Engineers		Geologists, Hydrogeologists	
Industrial Hygienists, Toxicologists		CIH or CSP Project Managers	
Draftsmen, Technicians		Supervisors, Foremen, Leadmen	
Laborers		HAZWOPER, AHERA Trainers	

19. Please provide copies of resumes, certifications, and licenses for all key personnel.
20. Indicate which services apply and the total gross receipts for the next 12 months. (Including subcontracted work.)

Contracting	Expected Revenue	Professional Liability	Expected Revenue
Drilling Services (not oil/gas)		Analytical Laboratories	
Asbestos Remediation		Mold investigation/consultant	
Lead Remediation		Civil Engineering	
Mold Remediation		Environmental Compliance	
Bio Remediation		Environmental Sampling	
Underground Tank Installation		Environmental Impact Studies	
Underground Tank Removal		Environmental Permitting	
Above Ground Tank Installation		Expert Witness Services	
Above Ground Tank Removal		Hydrogeology Consulting	
Emergency Response		Geotechnical (foundation, soils etc.)	
Hazardous Materials Cleanup		Remedial Investigation	
Liquid Waste Remediation		Remedial Design	
Dredging		Remediation Oversight	
PCB Handling		Field Sampling & Testing	
Soil Excavation & Treatment		Project Management	
Mobile Incineration		Asbestos Analysis	
Wastewater Treatment		Lab Packing	
Water extraction/drying residential		Phase I & II Assessments	
Water extraction/drying commercial		Other:	
Other:			



GENERAL INFORMATION

1. Does your firm have an in-house continuing education/training program? Yes No
If yes, please describe. If no, please describe how your professionals receive continuing education/training? _____

2. Does your firm have written health and safety procedures? Yes No
If yes, please provide a copy of the table of contents.
3. Do you provide a watchman or security at job sites? Yes No
4. Does your firm perform work on residential properties? Yes No
If yes, please provide percentage amount. _____
5. Please describe any operations or services that have been discontinued, sold, or abandoned, or any operations that have been acquired. _____

6. Does the applicant own, operate, or lease a treatment, storage, or disposal facility? Yes No
7. Have there been any significant changes in management over the past year? Yes No
If yes, please provide details. _____

8. Is the applicant providing any services not provided last year? Yes No
If yes, please provide details. _____

9. Does the applicant or any person or organization for whom the applicant is or may be liable engage in now or in the past in Design/build activities? Yes No
10. Do you perform building renovations? Yes No
11. Please submit a copy of the EPA Lead-Safe certification for your firm.
12. Disposal of Hazardous Materials: Yes No
 - Transported by applicant? Transportation by independent hauler?
 - Manifested or Disposal Forms? Treatment on/off site?
 - Bagged and labeled?

COMPLETE THIS SECTION IF MOLD ABATEMENT WORK IS PERFORMED OR CONTEMPLATED

1. Please provide resumes of key staff and project managers for mold projects.
2. Do you require certificates of insurance from subcontractors as evidence of mold coverage? Yes No
3. What limits do you require of your subcontractors for mold coverage? _____



4. Do you have and utilize a written protocol for handling mold reports and complaints? Yes No
5. Do you advise the client that mold problems will reoccur if moisture problems are not corrected? Please describe how this is documented. Yes No

6. Do you diagnose, correct, or warrant against moisture problems creating mold problems? Please provide a copy of the documentation given to the client. Yes No
7. Does the firm use a disclaimer or limitation of liability in contracts for work related to mold investigation or removal? Yes No
8. What percentage of revenues can be attributed to mold abatement at commercial structures? _____
9. What percentage of revenues can be attributed to mold abatement at residential structures? _____
10. Is surface sampling/testing done before and after remediation? Yes No
 Who conducts this and what are their qualifications? _____

11. Is air quality testing done before and after remediation? Yes No
 Who conducts this and what are their qualifications? _____

12. Are remediation alternatives offered and carefully explained to the client prior to mold remediation being performed? How is this documented? Yes No

13. How does your firm determine that a project has been completed? _____
14. If Coverage Part "B" is being applied for, please provide location, address, state and zip code for all locations needing coverage.

Facility Address	Brief Description of Operations	Historical Operations

15. Are all of the locations listed above currently in compliance with federal, state, and local environmental regulations? If not, please describe. Yes No



16. Are any of these locations currently undergoing corrective action or active remediation? Yes No
If yes, please describe. _____

17. Have any of these locations ever undergone corrective action? Yes No
If "yes, please provide details. _____

18. Have any of these locations received an environmental violation? Yes No
If yes, please provide details. _____

19. Are there structures on these properties? Yes No
If so, please describe. _____

20. Have these structures been tested for and found to be free of asbestos, radon, and lead paint? Yes No
If "no", please explain. _____

HAZARDOUS WASTE

(Only complete if properties requesting coverage generate, dispose of, stores, or handles hazardous waste or materials.)

1. Please describe types of hazardous waste or materials. _____

2. Please describe disposal method or location. _____

3. Please describe on site storage areas and practices. _____

4. Please describe any pollution claims that have occurred in the last five years. _____

5. At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim under this policy? Yes No
If so, please provide details. _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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.



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 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 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 denial of insurance benefits.

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 an 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 \$5,000 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/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 a 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 a 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 the 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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 of this application.



Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

