Complete with CWCO-SUP-CORE and ACORD 125/126. Submit resumes and qualifications, a listing of previous projects, the most recent income statement and balance sheet, and five years of currently-value

APPLICANT NAME	PROPOSED EFFECTIVE DATE	NEW BUSINESS OR RENEWAL

ADDRESS	CITY	STATE / ZIP	PHONE

EMAIL	DATE COMPANY ESTABLISHED	ENTITY TYPE

A COVERAGE REQUESTED

Coverage requested (check all that apply):

- ☐ Commercial general liability — occurrence
- ☐ Commercial general liability — claims made
- ☐ Contractors pollution liability — occurrence
- ☐ Contractors pollution liability — claims mad
- ☐ Errors & omissions (claims made only)
- ☐ Pollution legal liability (claims made only)
- ☐ Third-party pollution liability
- ☐ On-site clean-up
- ☐ Project-specific coverage

LIMITS REQUESTED	DEDUCTIBLE REQUESTED	PROPOSED RETROACTIVE DATE	EXPIRING RETROACTIVE DATE

OTHER COVERAGES AND ENDORSEMENTS REQUESTED

Defense costs may erode the limit of liability and may be applied against the deductible or retention. Confirm the applicant understands this structure.

B GROSS RECEIPTS BY SERVICE

Gross receipts are the total of all receipts, invoices and billings without deduction of any kind, including subcontracted work.

PRIOR YEAR REVENUES — PAST 12 MONTHS ($)	CURRENT YEAR REVENUES ($)	ESTIMATED REVENUES — UPCOMING 12 MONTHS ($)

ENVIRONMENTAL CONTRACTING SERVICE	ESTIMATED RECEIPTS ($)	% OF TOTAL	PERFORMED IN-HOUSE OR SUBBED

Services: AST installation/removal, UST installation/removal/testing, asbestos abatement, lead abatement, bio remediation, drilling (not oil/gas), emergency response, hazmat clean-up, hazmat packing/pickup,

CONSULTING / LABORATORY SERVICE	ESTIMATED RECEIPTS ($)	% OF TOTAL	NOTES

Services: air monitoring, analytical laboratories, civil engineering, environmental compliance/impact studies/permitting/sampling, expert witness, geophysical, geotechnical, hazmat consulting, hydrogeological

NON-ENVIRONMENTAL CONTRACTING	ESTIMATED RECEIPTS ($)	% OF TOTAL	NOTES

Services: carpentry, demolition, electrical, fire/water restoration, general contracting, grading, industrial cleaning, maintenance/janitorial, masonry, mechanical, metal erection, painting, paving, pipeline insta

TOTAL PROJECTED CONTRACTING GROSS RECEIPTS ($)	TOTAL PROJECTED CONSULTING / LABORATORY GROSS RECEIPTS ($)

C SUBCONTRACTED SERVICES

SUBCONTRACTED SERVICE	ANNUAL COST ($)	SUBCONTRACTOR LICENSED & ACCREDITED?	COI ON FILE?

C1 Are all subcontractors licensed and accredited? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Does the applicant collect certificates of insurance from all subcontractors? ☐ Yes ☐ No

C3 Are subcontractors required to name the applicant as additional insured? ☐ Yes ☐ No

C4 Is a standard written contract used with clients and subcontractors, including hold-harmless and limitation of liability clauses? ☐ Yes ☐ No
IF YES, EXPLAIN

C5 Are more than 50% of the applicant's services subcontracted? ☐ Yes ☐ No
IF YES, EXPLAIN

D OPERATIONS SCREENING

State the percentage of overall sales associated with each operation answered 'Yes'.

D1 Does the applicant directly or indirectly perform work on residential properties? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Does the applicant conduct more than 10% geotechnical or geophysical operations? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D2, submit a detailed list of geotechnical and geophysical operations and resumes of the employees who conduct them.

D3 Does the applicant install any type of liner — landfill, lagoon, or similar? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D3, submit resumes and certifications of installing employees, installation procedures, and liner testing procedures.

D4 Does the applicant conduct tank installation work? ☐ Yes ☐ No
IF YES, EXPLAIN

D5 If tanks are installed — are they precision tightness tested before release to the owner? ☐ Yes ☐ No

D6 Is any type of corrosion protection applied, and are tanks tested and certified by a registered professional before use? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 Are any revenues generated by contracting services performed in New York City? ☐ Yes ☐ No
IF YES, EXPLAIN

D8 Does the applicant conduct any mold contracting or mold consulting work? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D8, a supplemental mold contractors and consultants application is required.

D9 Does the applicant conduct any Phase I or real estate transfer assessments, and are ASTM E1527 guidelines followed? ☐ Yes ☐ No

IF YES, EXPLAIN

% RESIDENTIAL WORK	% GEOTECHNICAL / GEOPHYSICAL	% LINER INSTALLATION	% TANK INSTALLATION	% PHASE I ASSESSMENTS

E PERSONNEL

List each person only once, by primary function.

PRIMARY FUNCTION	NUMBER OF PERSONNEL	AVERAGE YEARS OF EXPERIENCE	CERTIFICATIONS HELD

Functions: architects/engineers/geologists/hydrogeologists; industrial hygienists/toxicologists/CIHs/CSPs; supervisors/foremen/leadmen; draftsmen/technicians; laborers; AHERA/HAZWOPER certified; other.

E1 Are all field personnel current on required HAZWOPER training and medical monitoring? ☐ Yes ☐ No

IF YES, EXPLAIN

F COMPANY HISTORY

F1 Is the applicant, or any affiliated or predecessor entity, sharing office space, employees, or commingling operations of any kind? ☐ Yes ☐ No

IF YES, EXPLAIN

F2 Is work done through or by any affiliated or related company? ☐ Yes ☐ No

IF YES, EXPLAIN

F3 Is the applicant, or any affiliated or predecessor entity, currently involved in any litigation, administrative or arbitration proceeding, or subject to any court or agency order or injunction? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 Is the applicant a successor of any other business? ☐ Yes ☐ No

IF YES, EXPLAIN

F5 Has the applicant, any affiliated or predecessor entity, or any officer or owner ever been convicted of a crime? ☐ Yes ☐ No

IF YES, EXPLAIN

F6 Has the applicant or any affiliated or predecessor entity ever been the subject of bankruptcy, reorganization, insolvency, dissolution, or made an assignment for the benefit of creditors? ☐ Yes ☐ No

IF YES, EXPLAIN

G CLAIMS & PRIOR CARRIERS

Five years of currently-valued loss runs, including pollution and professional, are required.

COVERAGE FORM	CARRIER	RECEIPTS ($)	LIMIT	DEDUCTIBLE	POLICY TYPE	PREMIUM ($)

G1 Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No

IF YES, EXPLAIN

G2 Is the applicant aware of any circumstance that may result in a claim, suit or notice of incident against the firm, its predecessors, or any present or past partner, officer or staff member? ☐ Yes ☐ No

IF YES, EXPLAIN

G3 Has any policy or coverage been declined, cancelled or non-renewed during the prior three years? ☐ Yes ☐ No

IF YES, EXPLAIN

PROVIDE FULL DETAILS FOR EACH INCIDENT, CLAIM OR CIRCUMSTANCE IDENTIFIED ABOVE

H ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — CERTIFICATIONS, KEY PROJECT EXPERIENCE, OR PLANNED CHANGES

I REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The signatory declares they are authorized to sign on behalf of all prospective insureds.

FRAUD NOTICE: 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 such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE