

**Call Toll-Free:**  
**Corporate Office**  
Charlottesville, VA  
(800) 596-2156

**SE Regional Office**  
Atlanta, GA  
(800) 381-2836

**Contact Information:**  
Toll-free: (800) 596-2156  
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Email: info@b-h-a.com  
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**Mailing Address:**  
Beacon Hill Associates, Inc.  
P.O. Box 1532  
Charlottesville, VA 22902

**Physical Address for  
Corporate Office:**  
321 E. Main Street  
Suite 300  
Charlottesville, VA 22902

**Physical Address  
for Southeast  
Regional Office:**  
8014 Cumming Highway  
Suite 403-276  
Canton, GA 30115

**dba in California as:**  
Beacon Hill  
Insurance Services  
License #0C84253

In order for us to provide the best possible terms from our carriers, we need the most complete possible submission from you. Please try to put together as much of the following material as possible. If an item is unavailable or not applicable, let us know when you submit the account. If you have questions about applicability of a particular item, please don't hesitate to call.

**General Qualification Questions:**

1. Are you the incumbent agent? \_\_\_\_\_
2. Do they currently carry this coverage? \_\_\_\_\_
3. Will the applicant receive a renewal quote from their current carrier?  
\_\_\_\_\_
4. Are there any issues under their current program you would like us to improve upon? \_\_\_\_\_

**Items with an asterisk are critical**

- All sections of specialty application completed, and the application signed. \*
- Acord CGL & Applicant Info sections. \*
- Resumes of Key Personnel (Can be simple narrative of experience). \*
- Financial statements covering the most recent two years. \*
- Three years currently valued loss runs, or no loss letter on Insured letterhead. \*
- Copies of all training certificates, licenses, etc.
- Statement of Qualifications
- Employee Safety Manual
- Training Manual

# Contractors and Consultants Pollution Liability Application

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## Instructions

1. Please answer all questions. If any section does not apply, please indicate with N/A.
2. If space is insufficient, attach additional sheets of paper, or utilize blank sheet at the end of the application.
3. Have this application signed and dated by an authorized owner, partner, director or risk manager of the proposed first Named Insured. For purposes of this application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. Applicant shall also be deemed to include other persons or entities for which a proposed insured may be held legally liable including but not limited to an insured while acting within the scope of his or her duties for the proposed insured.
4. Attach a list of Named Insured(s) to be covered under this policy and the relationship to the Applicant.
5. The following items must be included for a complete submission:
  - a. This application.
  - b. Most recent two years of audited financial statements.
  - c. Currently valued general liability, contractor's pollution liability and professional liability loss runs for the past five years.
  - d. Resumes/Licenses/Certifications of key personnel
  - e. Brochures/Statements of qualifications.
  - f. Project list - including the ten largest jobs initiated in the last three years.
  - g. Sample contract for use with clients, subcontractors and subconsultants.
  - h. If project specific, standard operating procedures (SOP)

## Please indicate which coverage you are seeking:

- |  |  |
|--|--|
| <input type="checkbox"/> Contractors Pollution Liability (CPL) only    | <input type="checkbox"/> Professional Liability (E&O) only                         |
| <input type="checkbox"/> Combined CPL and Professional Liability (PEC) | <input type="checkbox"/> Environmental Services Policy (ESP-Combined GL, CPL, E&O) |
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## A. General Information

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact name and title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web address: \_\_\_\_\_

Requested effective date of coverage: \_\_\_\_\_

How many years has the Applicant been in business? \_\_\_\_\_

How many years has the Applicant performed environmental services? \_\_\_\_\_

Named Insured is  Partnership  Corporation  Joint venture  Other, please describe below:

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1. Is the Applicant directly or indirectly associated with, controlled by, or owned by any other person or entity?  Yes  No
2. Does the Applicant directly or indirectly own, control or have liability for any other person or entity?  Yes  No
3. Has the Applicant's name or form of business entity changed, or has any other person or entity been purchased by, merged with, or consolidated into the Applicant?  Yes  No  
*If "yes," please detail changes in chronological order.*

**B. Coverage Information**

1. Requested limits of liability:

\_\_\_\_\_ Each claim \_\_\_\_\_ Aggregate \_\_\_\_\_ Deductible

2. Please list your current liability coverage information.

Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR	Retroactive Date or Occurrence
Contractors Pollution						
General Liability						
Professional Errors and Omissions						
Contractor Pollution and Professional						

**C. Exposure History**

	Year	Revenues (\$)	Payroll (\$)	Employees (#)
Current/Projected				
Expiring				
First Prior Year				
Second Prior Year				
Third Prior Year				

**D. Operations**

1. What is the geographical extent of the Applicant's operations? Please provide the state/country, where services are performed and associated percentage of revenue.

State/County	Services Performed	Percent of Revenue (%)

2. Please describe below any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired.

3. Does the Applicant own, operate or lease a water treatment, storage or disposal facility?  Yes  No
4. Does the Applicant recommend, select or arrange for the treatment, storage or disposal of materials?  Yes  No
5. Does the Applicant or any other person or organization for whom the Applicant is or may be liable engage now or in the past in:
- a. Design/build activities?  Yes  No
- b. Manufacture, sale, leasing or distribution of any product?  Yes  No
- c. Real estate development?  Yes  No
- d. Development, design, redesign, or leasing computer software or equipment or provide computer consulting activities?  Yes  No
- e. Waste management or waste brokering activities?  Yes  No
6. Have there been any significant changes in business strategy over the past year?  Yes  No
7. Have there been any significant changes in management over the past year?  Yes  No
8. Is the Applicant providing any services not provided last year?  Yes  No
9. Has the Applicant filed for bankruptcy in the last five years?  Yes  No

If "yes" was answered for any of the above questions, please describe.

## E. Breakout of Operations

1. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients.

Category	Percent (%)	Category	Percent (%)
Commercial		Real Estate Development	
Contractors, Architects, Engineers or Environmental Consultants		Lending Institutions	
Industrial		Owners who act as their own contractors	
Federal Government		Educational/Institutional	
State Government		Other (Please explain below)	
Local Government			

2. What percentage of your work is with repeat customers? \_\_\_\_\_

3. Column A is the dollar value of Gross Receipts.  
 Column B is the percent of Gross Receipts subcontracted.  
 Column C is the dollar value of Payroll

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
<b>Environmental Contracting</b>			
<i>Remediation</i>			
Bio Remediation			
Dredging			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
PCB Handling			
Soil Excavation			
Soil/Groundwater Treatment			
Other Remediation (explain below)			
<b>Subsurface Activities</b>			
Pipeline construction			
Sewer/septic services			
UST Installation, removal and cleaning			
Other subsurface (explain below)			
<b>Industrial Maintenance</b>			
Above-ground tank cleaning			
Hydroblasting			
Other Industrial Maintenance (explain below)			
<b>Mobile Operations</b>			
Incineration			
Wastewater Treatment			
Other Mobile Operations (explain below)			
<b>Asbestos and Lead</b>			
Asbestos abatement			
Lead abatement - commercial			
Lead abatement - residential			
<b>Mold Abatement (complete supplemental mold application)</b>			
Mold abatement - commercial			
Mold abatement - residential			
<b>Fire, Smoke, Water Damage Restoration (complete supplemental mold application)</b>			
Water extraction/drying - commercial			
Water extraction/drying - residential			
<b>Miscellaneous</b>			
Electrical/HVAC/Plumbing			
Emergency response			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
General construction			
Lab packing			
Soil/Well/Ground water boring			
Storage and disposal			
Supervision and oversight			
<b>Non-environmental contracting</b>			
<i>Miscellaneous</i>			
Carpentry NOC			
Dry wall or wallboard installation			
Electrical			
General contractor - CM - commercial			
General contractor - CM - residential			
Heating and/or heating and air conditioning			
Insulation work - mineral			
Insulation work - organic or plastic			
Insulation work - plastic - NOC			
Paving, grading, landscaping, street & road			
Painting interior - buildings or structures			
Plumbing - commercial and industrial			
Roofing			
Siding and window installation			
Wrecking (three stories or less)			
Other (explain below)			
<b>Total (all above categories)</b>			
<b>Professional Services</b>			
Environmental assessments			
Environmental consulting			
Environmental engineering			
Geotechnical (CA & FL)			
Geotechnical (all other states)			
Lab packing			
Mold assessment (complete supplemental mold application)			
Mold investigation (complete supplemental mold application)			
Mold remediation design (complete supplemental mold application)			
Phase I Site assessments (document and site evaluation)/real estate/financial			

	Column A Total Projected Gross Receipts	Column B What percentage of this work is subcontracted?	Column C Projected Payroll
Project Management			
Process engineering and treatment plant design			
Remedial design			
Waste brokering			
Other (explain below)			

**F. Subcontractors**

1. What percentage of the time are current certificates of insurance received from subcontractors/subconsultants prior to the performance of work? \_\_\_\_\_
2. What percentage of the time does the Applicant require subcontractors' policies to name you as an additional insured? \_\_\_\_\_
3. What percentage of the time are total defense and indemnity agreements obtained from your subcontractors/subconsultants? \_\_\_\_\_
4. Are subcontractors/subconsultants required to have pollution liability insurance?  Yes  No  
*If required by trade only, please identify trades*  
\_\_\_\_\_
5. What are the minimum limits of liability required for your subcontractors/subconsultants?  
\_\_\_\_\_ General liability \_\_\_\_\_ Pollution liability \_\_\_\_\_ Professional liability
6. What percentage of the time are subcontractors/subconsultants hired under written contract? \_\_\_\_\_

**G. Contracting Procedures**

1. What percentage of your projects have a signed contract prior to the commencement of services? \_\_\_\_\_
2. How do you evaluate clients before entering into a contract?  
\_\_\_\_\_
3. How do you evaluate your contracts?  
\_\_\_\_\_
4. Who has the authority to sign contracts?  
\_\_\_\_\_

**H. Claims and Circumstances**

1. Has the Applicant ever been subject to any claim by any client or other third party?  Yes  No  
If "yes," please explain.  
\_\_\_\_\_

2. Has the Applicant, or project subsequent to the Applicant's performance of professional services or contracting operations, ever been subject to:
- a. Any formal or informal disciplinary or enforcement action arising from any professional services or any contracting operations?  Yes  No
  - b. Any action by any regulatory agency or any private party for any violation of any legal or any professional standard?  Yes  No

If "yes" please explain.

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3. Does the Applicant have any knowledge of any claims or reasonably foreseeable potential claims arising from:
- a. Any professional services or any contracting operations ever provided by the Applicant?  Yes  No
  - b. Any releases of any substance into the environment subsequent to the Applicant's involvement in the Project, from or at any project where the Applicant ever provided professional services or contracting Operations?  Yes  No

If "yes," please explain.

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### **I. Warranty**

AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE PROFESSIONAL SERVICES OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

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### **J. Notice to Applicant - State Fraud Warnings**

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and words denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning. The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if any issued by the company and shall be deemed to be attached to the policy.

#### **Notice to Arkansas Applicant**

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

#### Notice to Colorado Applicant

"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."

#### Notice to Florida Applicant

"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 of the third degree."

#### Notice to Kentucky Applicant

"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 Applicant

"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 Applicant

"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."

#### Notice to Nebraska Applicant

"No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

#### Notice to New Jersey Applicant

"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 Applicant

"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 and criminal penalties."

#### Notice to New York Applicant

"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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

#### Notice to Ohio Applicant

"Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

#### Notice to Oklahoma Applicant

"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 of Pennsylvania Applicant

"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 subjects such person to criminal and civil penalties."

Notice to Tennessee Applicant

"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 coverage."

Notice to Utah Applicant

"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 of 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."

Notice to Virginia Applicant

"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, fine and denial of insurance benefits."

Notice to Washington D.C. Applicant

"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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Notice to all other state Applicants

"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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions."

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**K. Applicant Information**

Applicant's signature: \_\_\_\_\_

Applicant's name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance representative: \_\_\_\_\_

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Surplus lines agent (SLA) (for the state where the named insured is domiciled): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Surplus lines license number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Additional Space for Answers**

Please indicate Section letter and Question number when completing answer.