



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Supplemental Application for Contracting Services Environmental Liability Insurance Environmental Consultants and Contractors

Named Insured _____

Notice:

- This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your last five (5) years of Environmental loss history.

Company's Staff

1. Breakdown of your Company's staff:

| Position | Number of Personnel | Number of Professionals with Related Designation/License |
|---------------------------------|---------------------|--|
| Architects and Engineers | | |
| Certified Industrial Hygienists | | |
| Field Personnel | | |
| Geologists | | |
| Principals, Officers, Directors | | |
| Supervisors/Foremen | | |
| Total Overall Staff | | |

Total Revenues

2. Please provide the estimated percentage of your Company's total revenues derived from the following types of clientele:

| Category | Percentage | Category | Percentage |
|---------------------------|------------|--------------------------|------------|
| Architects/Engineers | | Federal Government | |
| Attorneys | | Industrial/Manufacturing | |
| Banks/Lending Institutes | | Local/State Government | |
| Commercial | | Real Estate Development | |
| Contractors | | Other (please describe) | |
| Environmental Consultants | | | |

3. Has your Company experienced any significant changes in the percentages shown above in the past two (2) years or do you anticipate any significant changes over the next year?

Yes
☐

No
☐

If yes, please describe in detail: _____

Contracting Services

4. Contracting Services - Please provide the following information associated with the reference Contracting Services for the twelve (12) months following the desired inception date for coverage:

| Contracting Services | Projected Revenue | % Performed In-House | % Sub-Contracted |
|------------------------------------|--------------------------|-----------------------------|-------------------------|
| Air/Soil/Groundwater Sampling | | | |
| Asbestos/Lead Abatement | | | |
| Asbestos/Lead Sampling | | | |
| Bioremediation | | | |
| Consulting | | | |
| Demolition/Dismantling | | | |
| Dredging | | | |
| Emergency Response | | | |
| Excavation | | | |
| Hydroblasting | | | |
| Industrial Cleaning | | | |
| Lab Packing | | | |
| Lab Testing/Analysis | | | |
| Landfill Construction | | | |
| Liner Installation | | | |
| Marine Related Work | | | |
| Mold Consulting Services | | | |
| Mold Remediation Services | | | |
| Monitoring Well Drilling | | | |
| Oil Lease | | | |
| PCB Handling | | | |
| Potable Well Drilling | | | |
| Project Management/Supervision | | | |
| Soil Excavation | | | |
| Soil/Groundwater Boring | | | |
| Soil/Groundwater Treatment | | | |
| Soil/Groundwater Sampling | | | |
| Steel Erection | | | |
| Storage and Disposal | | | |
| Tank Cleaning | | | |
| Tunnel Work | | | |
| Underground/Subsurface Remediation | | | |
| UST Installation | | | |
| UST removal | | | |

Contracting Services Continued

| | Yes | No |
|--|--------------------------|--------------------------|
| 13. What percentage of your Company's work is performed as a subcontractor? _____ | | |
| 14. Does your Company use written contracts with its subcontractors that contain indemnification and hold harmless provisions in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please describe your Company's policy regarding hold harmless and indemnification requirements of subcontractors: _____ | | |
| 15. If applicable, what minimum limits of insurance do you require of subcontractors working for your Company? | <input type="checkbox"/> | <input type="checkbox"/> |
| Pollution Liability \$ _____ General Liability \$ _____ | | |
| Professional Liability \$ _____ | | |
| 16. Do you require that subcontractors name your Company as an additional insured on their policies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does your Company keep updated certificates of insurance from subcontractors on file? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does your Company accept consequential damages in the contracts it enters? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please describe: _____ | | |
| 19. Does your Company own, operate or lease a treatment, storage or disposal facility (including C&D landfills)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please describe: _____ | | |
| 20. Does your Company coordinate, select or otherwise arrange for the treatment, storage or disposal of materials for clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does your Company have personnel trained in, and responsible for, environmental compliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide their name(s) and qualifications: _____ | | |
| 22. Does your Company have personnel trained in, and responsible for, site safety? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please provide their name(s) and qualifications: _____ | | |
| 23. Does your Company have formal protocols for working in areas with contamination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does your Company have a formal quality control procedure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases? | <input type="checkbox"/> | <input type="checkbox"/> |

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

Applicant's Initials _____

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

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| ALABAMA §27-12A-20 | <p>At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission:</p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.</p> |
| ALASKA §21.36.380 | <p>All insurance claim forms:</p> <p>A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.</p> |
| ARIZONA §20-466.03 | <p>All insurance claim forms:</p> <p>For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.</p> |
| ARKANSAS §23-66-503 | <p>Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission:</p> <p>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.</p> |
| CALIFORNIA §1871.2 §1879.2 | <p>All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms:</p> <p>For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p> |
| COLORADO §10-1-128 | <p>All insurance applications, or all policy forms, or all claim forms:</p> <p>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 policy- holder 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.</p> |

Insurance Fraud Warning Statement *Continued*

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| DELAWARE 11 §913 | <p>All insurance claim forms:</p> <p>Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.</p> |
| DISTRICT OF COLUMBIA §22-3225.09 | <p>All insurance applications and claim forms:</p> <p>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.</p> |
| FLORIDA §817.234 | <p>All insurance applications and claim forms:</p> <p>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.</p> |
| IDAHO §41-1331 | <p>All insurance claim forms:</p> <p>Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.</p> |
| INDIANA §27-2-16-3 | <p>All insurance claim forms:</p> <p>A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.</p> |
| KENTUCKY §304.47-030 | <p>All insurance claim forms:</p> <p>Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.</p> <p>All insurance application forms:</p> <p>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.</p> |
| LOUISIANA §40:1424 | <p>All insurance applications and claim forms:</p> <p>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.</p> |
| MAINE 24-A §2186(3) (A) | <p>All insurance applications and claim forms:</p> <p>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.</p> |
| MARYLAND §27-805 | <p>All insurance applications and claim forms:</p> <p>Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p> |

Insurance Fraud Warning Statement *Continued*

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| MINNESOTA §60A.955 | All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. |
| NEW HAMPSHIRE §402:82 | All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20. |
| NEW JERSEY §17:33A-6 | All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. |
| NJAC 11:16-1.2 | All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. |
| NEW MEXICO §59A-16C-8 | All insurance applications and claim forms: 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. |
| NEW YORK §403(d) 11 NYCRR §86.4 | All insurance applications and claim forms except auto: 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. |
| OHIO §3999.21 | All insurance applications and claim forms: Any person who, with intent to defraud or knowing that he 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. |
| OKLAHOMA §3613.1 | All insurance applications, policy and claim forms: 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. |
| PENNSYLVANIA 18 Pa.C.S. § 4117 | All insurance applications and claim forms: 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. |
| RHODE ISLAND §27-29-13.3 §27-54.1-3 | All insurance applications and claims forms: 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. |

Insurance Fraud Warning Statement *Continued*

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| TENNESSEE §56-53-111 | All insurance applications and claim forms: 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. |
| TEXAS §704.002(a) | All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. |
| VIRGINIA §52-40 | All insurance applications and claim forms: 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. |
| WASHINGTON §48.135.080 | All insurance applications and claim forms: 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. |
| WEST VIRGINIA §33-41-3 | All insurance applications and claim forms: 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. |