

WAP@environmentalinsurance.com

ISU-Environmental Insurance
1037 Suncastr Lane, Suite 103
EL Dorado Hills, CA 95762
(800)257-1639



Weatherization Contractors Pollution 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: ISU-BC Environmental Brokers, Inc.	Name: _____
Address: <u>1037 Suncastr Lane</u> <u>Suite 103</u> <u>El Dorado Hills, CA 95762</u>	Address: _____
Telephone #: 800-257-1639	Telephone #: _____
Fax #: 916-939-1085	Fax #: _____
Email Address: gail@environmentalinsurance.com	Email Address: _____
Web Address: www.environmentalinsurance.com/contact.html	Web Address: _____
PRODUCER NAME: Gail McElheny	PRIMARY CONTACT NAME: _____

Additional Named Insured(s) (\$500/subcontractor)	
Company Name:: _____	Company Name:: _____
Address: _____	Address: _____
Email _____	Email: _____

SECTION I. General Information	Space is supplied on page 2 for providing additional information
Date Company/Agency was established: _____	
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"/> Community Action Agency	
Applicant's Total Number of Employees: _____	# of Lead Safe Trained Staff: _____
Applicant's Total Revenue: Fiscal Year is from _____ to _____	
Previous Fiscal Year: \$ _____	Current Fiscal Year Estimate: \$ _____ Estimate for Next Fiscal Year: \$ _____
Applicant's Weatherization Revenue: % Subcontracted: _____%	
Previous Fiscal Year: \$ _____	Current Fiscal Year Estimate: \$ _____ Estimate for Next Fiscal Year: \$ _____
YES NO	
<input type="checkbox"/> <input type="checkbox"/>	Has any application for liability insurance by the Applicant, present owners, principals or partners even been declined or coverage ever been cancelled or non-renewed? If YES, please explain.
<input type="checkbox"/> <input type="checkbox"/>	Has the Applicant ever received a citation or violation from federal, state or local agencies for any reason? If YES, please attach a full explanation of each incident including type of citation(s), corrective actions taken, and amount of fine.
<input type="checkbox"/> <input type="checkbox"/>	Does the Applicant test for lead paint? If YES, please explain.

SECTION II. Retention, Limit & Coverage		
Contractors Pollution Liability (Claims-Made)	Retro Date: _____	Effective Date: _____
SIR Amount: \$2,500	Limits of Liability: \$500,000/\$500,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/>	Policy Term: One Year

SECTION III. Prior Insurance Information		
Contractors Pollution Liability:		
Effective Date: _____	Expiration Date: _____	
Carrier: _____		

Policy Type:	<input type="checkbox"/> OCC <input type="checkbox"/> CLM	Retro Date:	
Limit of Liability:		Retention:	

SECTION IV. Claims (Pollution): Space is supplied on page 2 for providing additional information

Have any claims been made previously (last five years) against the Applicant or reported under any Contractors Pollution 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 designated Health and Safety Officer?

Describe procedures for lead contaminated debris removal, transportation and disposal:

SECTION VI. Subcontracted Services Check here if this section does not apply.

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? Occurrence _____ Aggregate _____

SECTION VII. Additional Information Check here if this section does not apply.

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

Locations of branch office(s)?	
Coverage declined, cancelled or non-renewed?	
Citation or Violation?	
Claim details?	
Claims greater than \$5,000?	
Potential Claims descriptions?	
Additional Comments	

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WARRANTY

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 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

DATE

Signature of Principal or Officer

PRODUCER

DATE

Signature of Producer