



High Net Worth Insured Application

SECTION I: APPLICANT INFORMATION					
APPLICANT NAME:				DATE NEEDED:	
MAILING ADDRESS:					
CITY:			STATE:		ZIP CODE:
TELEPHONE:			WEBSITE:		
Applicant is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER _____

SECTION II: COVERAGE REQUESTED			
<input type="checkbox"/> Onsite Cleanup	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made and Reported	Retroactive Date:
<input type="checkbox"/> Third-Party Premises Pollution	Claims-Made and Reported Only		Retroactive Date:
<input type="checkbox"/> Contractors Pollution Liability	Claims-Made and Reported Only		Retroactive Date:
<input type="checkbox"/> Transportation Pollution	Claims-Made and Reported Only		Retroactive Date:
List any enhancements/endorsements that the applicant is seeking or currently has:			
Proposed Effective Date:	Limits Requested: (Occurrence / Aggregate) \$ / \$	Deductible Requested: \$	
1. Does the Applicant want coverage for mold?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: GENERAL INFORMATION	
1. Has the Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Applicant acquired, merged, or discontinued any operations in the last five (5) years? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities If yes, explain:	
Do you share employees? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other Named Insureds:	

SECTION III: GENERAL INFORMATION CONT.

4. Type of Facility:

5. List all locations to be covered:

Total Number of Facilities: _____

Loc #

Facility Name, Address, City, State & Zip Code

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____

(List additional locations on separate page if necessary)

A. Facility Specific Information:

Name or Location Number: _____

Age of Facility: _____

Has this location ever had any unregulated emission, discharge, release or escape of pollutants or other substances?

Yes No

Is the Applicant aware of any pre-existing condition at this location that might lead to a claim under the policy if it were to be issued?

Yes No

B. Describe Current Operations/Manufacturing Processes:

C. Describe Historical Site Operations:

(environmental reports for the facility, Phase I or II, remediation plans)

D. Permits (Check all that Apply)

For each that apply, please attach a list of relevant permit ID numbers

- | | |
|---|---|
| <input type="checkbox"/> RCRA Part B Permit or State Equivalent | <input type="checkbox"/> EPCRA Section 302 TPQ |
| <input type="checkbox"/> NPDES or State Equivalent | <input type="checkbox"/> PCB Annual Reports |
| <input type="checkbox"/> NPDES Storm Water Permit or State Equivalent | <input type="checkbox"/> Small Quantity Generator |
| <input type="checkbox"/> Air Permit (any type, federal, state or local) | <input type="checkbox"/> Large Quantity Generator |
| <input type="checkbox"/> UST or AST Registrations | <input type="checkbox"/> Asbestos-Related Permits |
| <input type="checkbox"/> CAA 112(r) | <input type="checkbox"/> Onsite Disposal Permits |
| <input type="checkbox"/> SARA Title III | <input type="checkbox"/> Pesticide/Herbicide |
| | <input type="checkbox"/> OTHER: |

E. Regulatory Compliance

- a) Is the Applicant/Facility currently in compliance with all applicable environmental regulations? Yes No
 If no, attach a description detailing the measures being taken to comply.
- b) Has the Applicant/Facility ever been cited for any environmental or permit violation? Yes No
 If yes, attach a description detailing the violation, the steps taken to come into compliance, and the final outcome of the violation.
- c) Does the Facility conduct regular environmental compliance audits? Yes No

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

F. Raw and Process Chemicals	QUANTITIES		STORAGE METHODS (Check all that Apply)				
	Chemical Name	Total per Year	At Any One Time	Drum	AST	UST	Other

Attach Separate List if additional space is needed.

(Applicant may attach a copy of a DMR in lieu of completing table below)

G. Wastewater Handling? <input type="checkbox"/> N/A			Maximum Daily Discharge:			
Constituents of Concern	Discharge Limits	Receiving Body	Outfall #	Treatment Process		

Attach Separate List if additional space is needed.

Describe any permit exceedances or by-passes. List number of exceedances and the methods used to correct problem.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

H. Hazardous/Special Waste Generation? N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Total Quantity Stored Onsite	Date Disposal Started

Attach list of additional waste materials, if necessary.

I. Offsite Disposal? N/A

Waste Type (RCRA #)	Quantity/Year	Treatment Method	Disposal Method	Disposal Facility	Date Disposal Started

Attach list of additional waste materials, if necessary.

J. Onsite Disposal? N/A

<input type="checkbox"/> Active Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Closed Landfill Total acreage: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Leachate Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Wells: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Wells: _____ Age of Facility: _____ Wastes(list): _____	<input type="checkbox"/> Injection Well Years in Operation: _____ Number of Wells: _____ Permitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No Wastes(list): _____
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Attach additional information for other onsite disposal facilities if necessary

Chemical Use, Treatment, Storage, and Disposal Information

(Facility Name)

K. Air Emissions? N/A

Source	Quantity/ Year	Pollutant	Treatment Method	Permit Emission Limits	Years Source in Operation

Attach a list of additional sources, if necessary

L. Aboveground Storage Tanks? N/A

Identification	Age	Capacity (US Gallons or BBL)	Construction Material	Date of Last Inspection	Type of Containment

Attach list of additional ASTs if necessary.

M. Underground Storage Tanks? N/A

Tank ID	Age	Capacity	Tank Construction Material	Leak Detection Method	Piping Construction Material	Registered with State?

All tanks greater than 10 years old MUST have current tightness tests.

Attach list of additional USTs if necessary.

Chemical Use, Treatment, Storage, and Disposal Information

(Location Name)

N.	Has the location/facility, during the last five years, been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	

O.	Has the location/facility ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual alleged pollution incident either on the facility grounds or to an offsite party or location? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	

P.	List all environmental losses paid or incurred over the past three years.	
<u>Date</u>	<u>Amount</u>	<u>Description of Loss</u>

CONTRACTORS POLLUTION LIABILITY

SECTION V: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Describe the minimum insurance requirements for subcontractors and sub-consultants:

General Liability \$ _____
 Contractors Pollution Liability \$ _____
 Professional Liability \$ _____

2. Does Applicant have written in-house quality control or written in-house health and safety procedures? Yes No

SECTION VI: FINANCIAL INFORMATION

\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period
\$ _____	1 st prior year's revenue	_____ to _____
\$ _____	2 nd prior year's revenue	
Breakdown of Revenue by Project Classification:		
(Estimated Percentage for next 12 months)		
	Residential: _____ %	Hospitals/Nursing Homes: _____ % Industrial: _____ %
	Commercial: _____ %	Schools/Education: _____ % Other: _____ %

SECTION VII: SERVICES

A. Contracting Services	Projected Revenues	% Subcontracted
<i>Appliance Installation</i>	\$	%
<i>Asbestos Abatement</i>	\$	%
<i>Carpentry or Framing</i>	\$	%
<i>Concrete</i>	\$	%
<i>Construction Management</i>	\$	%
<i>Demolition – Interior</i>	\$	%
<i>Demolition – Exterior</i>	\$	%
<i>Drilling – Non-Environmental</i>	\$	%
<i>Drywall</i>	\$	%
<i>EIFS</i>	\$	%
<i>Electrical</i>	\$	%
<i>Excavation/Grading</i>	\$	%
<i>Fire/Water Restoration</i>	\$	%
<i>Fire Suppression/Sprinklers</i>	\$	%
<i>Flooring</i>	\$	%
<i>General Contracting</i>	\$	%
<i>Glazier/Glass and Window</i>	\$	%
<i>Home Building</i>	\$	%
<i>HVAC/Mechanical Refrigeration</i>	\$	%
<i>Insulation (No abatement)</i>	\$	%
<i>Landscaping</i>	\$	%
<i>Lead Abatement</i>	\$	%
<i>Maintenance or Janitorial</i>	\$	%
<i>Masonry</i>	\$	%
<i>Mold Abatement</i>	\$	%
<i>Painting</i>	\$	%
<i>Paving</i>	\$	%
<i>Pesticide, Herbicide and Fertilizer Application (Non-aerial)</i>	\$	%
<i>Pipeline Construction or Repair</i>	\$	%
<i>Plastering or Stucco</i>	\$	%
<i>Plumbing</i>	\$	%
<i>Roofing</i>	\$	%
<i>Sandblasting</i>	\$	%
<i>Scaffold Erection</i>	\$	%
<i>Sewer/Septic / Cleaning</i>	\$	%

Street & Road Construction	\$	%
Transportation (Non-environmental)	\$	%
Waterproofing	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Other (Specify)	\$	%
Total Revenue for Contracting Services:	\$	%

B. Professional Services	Design-Build (Yes) or (No)	Projected Revenues (Fees)	% Subcontracted
Civil Engineering		\$	%
Construction Management		\$	%
Electrical Engineering		\$	%
Environmental Engineering		\$	%
Geotechnical Engineering		\$	%
HVAC Engineering		\$	%
Land Surveying		\$	%
Landscape Architecture		\$	%
Mechanical Engineering		\$	%
Project Management		\$	%
Structural Engineering		\$	%
Other (specify)		\$	%
Other (specify)		\$	%
Other(specify)		\$	%
Total Revenue for Professional Services:		\$	%

C. Percentage of Above Revenues from the Following Types of Projects (100%)			
Airports	%	Power Plants	%
Apartments	%	Residential - Town homes	%
Assisted Living	%	Residential - Single Family	%
Churches	%	Roads/Highways	%
Condominiums	%	Schools/Dorms	%
Convention Centers	%	Shopping Center/Retail	%
Food Processing	%	Site Development	%
Hospitals / Medical Offices	%	Storm Water Systems	%
Hotels/Motels	%	Warehouses	%
Industrial	%	Other (specify)	%
Office Buildings	%	Other (specify)	%
Parking Facilities	%	Other (specify)	%
Petrochemical	%	Total	(100%)

SECTION VIII: CLAIMS HISTORY	
<p>1. Within the past five (5) years, have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant, its legal predecessor(s) or any other party to the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	
<p>2. Within the past five (5) years, has the Applicant its legal predecessor(s) or any other party to the proposed Insurance been involved in any pollution incidents on or at projects where the Applicant, its legal predecessor(s) or any other party to the proposed insurance performed contracting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	
<p>3. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant, its legal predecessor(s) or any other party to the proposed insurance performed contracting operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide additional information:</i></p>	

4. Is any member of the Applicant or any other party to this insurance, or any entity that the Applicant wholly or partly owns, manages and/or controls, aware of any circumstances that may result in any claim, suit or notice of incident or occurrence against them? Yes No
If yes, please provide additional Information:

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO ALL APPLICANTS:
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Name of Applicant	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

For watercraft, aircraft, and other vehicles include Acord form.

Environmental Risk Managers, Inc.

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