

Environmental Service Providers, Contractors, Consultants, Engineers, and Professionals Automatic Renewal Application



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PLEASE ANSWER ALL QUESTIONS COMPLETELY

Full Legal Name Of Insured: _____ Date: _____

GENERAL INFORMATION

During the past policy period:

1. Has the structure of the company changed? Yes [] No []
2. Has the name of the company changed? Yes [] No []
3. Has the insured been involved in any acquisitions, sales, or mergers with any other businesses? Yes [] No []
4. Has the applicant entered into any agreements to share or otherwise utilize the labor force of another business? Yes [] No []

If you answered yes to any of the above, provide complete details of all changes.

OPERATIONS INFORMATION

During the past policy period, have there been any changes in the following?

1. Contracting operations provided by the applicant? Yes [] No []

If yes, provide details.

2. Professional and consulting services provided by the applicant? Yes [] No []

If yes, provide details, including the resume(s) of the professional(s) performing these services.

3. Contracting operations or professional and consulting services performed on behalf of the applicant by subcontractors or sub-consultants? Yes [] No []

If yes, please describe.

4. Does the applicant currently or in the future plan to provide services or perform work in the states of Arkansas, California, Colorado, Florida, Hawaii, Louisiana, Michigan, Nevada, New York, Oregon, Texas, or Washington? Yes [] No []

If yes:

- a. What percentage of the applicant's overall sales is associated with this operation? _____ %
- b. Describe services provided:

5. Does the applicant currently or in the future plan to provide services or perform work outside the United States of America (USA)? Yes [] No []

If yes:

- a. What percentage of the applicant's services and work are performed outside the USA? _____ %
- b. What is the estimated value of applicant's work performed outside the USA? \$ _____

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c. List all countries, other than the United States, where the applicant currently or in the future plans to provide services or perform work

d. List all services provided or work performed outside the United States.

6. Please describe any discontinued operations or professional consulting services:

FINANCIAL INFORMATION

1. Are any changes anticipated in the estimated gross revenues for the upcoming term over the expiring term? Yes [] No []

2. What is the estimated change in gross revenues for the coming term? _____% [] Increase [] Decrease

NOTE: Gross revenues are the total of all receipts, invoices and/or billing without any deductions of any kind.

CLAIMS INFORMATION

1. Is the insured aware of any circumstances which may result in any claim, suit, or notice of incident against the insured, the insured's predecessors in business, any of the present or past partners or officers, or any staff member, or has any claim, suit, or notice of incident been made against the insured, any officer, or any staff member? Yes [] No []

If yes, provide full details of each incident:

2. Please provide any other information which might be pertinent to our underwriting review or renewal of this policy.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CA: 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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of Applicant

Title

Signature of Applicant

Date

(Florida only) Agent license number: _____