

Roush Insurance Services, Inc.

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APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

ROCKHILL
INSURANCE COMPANY

CONTRACTORS & CONSULTANTS APPLICATION

SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS: Individual Corporation LLC Partnership Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

SECTION B: PERSONNEL

1. Number of Officers/Directors

PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/

2. Number of Other Key Personnel

RESUME FOR ALL OFFICERS, DIRECTORS AND

3. Total Number of Personnel

KEY PERSONNEL LISTED.

4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? Yes No If yes, please explain:

SECTION C: HISTORY OF COMPANY

1. Date Established

2. Does the applicant have Subsidiaries A parent company Other related entities If yes, explain:

3. Do you share employees? Yes No If yes, explain:

4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? Yes No If yes, explain:

SECTION D: REQUESTED COVERAGE

Renewal

New Business

| COVERAGES | MOLD | LIMITS | DEDUCTIBLE | PROPOSED RETRO |
|---|--|--------|------------|----------------|
| <input type="checkbox"/> CGL | | | | |
| <input type="checkbox"/> CPL Claims Made | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> CPL Occurrence | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Crawford Alacrity Hired & Non-Owned Auto TPL Endorsement Other (Specify)

SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

| COVERAGES | CARRIER | MOLD | LIMITS | DEDUCTIBLE | RETRO | PREMIUM |
|---|---------|--|--------|------------|-------|---------|
| <input type="checkbox"/> CGL | | | | | | |
| <input type="checkbox"/> CPL Occurrence | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> CPL Claims Made | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Professional Liability | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

TOTAL PREMIUM PACKAGE POLICY

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

| | FISCAL YEAR | RECEIPTS | <p>Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</p> |
|----------------------------|-------------|----------|---|
| 1 st prior year | | | |
| 2 nd prior year | | | |
| 3 rd prior year | | | |

SECTION G: ENVIRONMENTAL CONTRACTING OPERATIONS

Check here if this section does not apply

| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS |
|---|-------------------------|--------------------|---|-------------------------|--------------------|
| Abatement Contracting - Asbestos | | | PCB Contracting | | |
| Abatement Contracting - Lead | | | Radon Mitigation | | |
| Abatement Contracting - Mold | | | Recycling - Hazardous Materials | | |
| Air Duct Cleaning | | | Service Station Contracting | | |
| Alternative Energy Contracting Solar | | | Sewage Waste Remediation | | |
| Alternative Energy Contracting Wind | | | Soil Remediation (Petroleum) | | |
| Alternative Energy Contracting Other | | | Soil Remediation (Other) | | |
| Bio Remediation (Soil, Water) | | | Soil Removal | | |
| Build Back/Restoration | | | Tank and Pipe Cleaning | | |
| Debris Removal (Hazardous Materials) | | | Tank - AST Contracting | | |
| Debris Removal (Non Hazardous/Waste) | | | Tank - UST Installation Contracting | | |
| Drilling | | | Tank - UST Removal Contracting | | |
| Emergency/Spill Response – Fire (No Build Back) | | | Trucking – Hazardous Materials | | |
| Emergency/Spill Response (Rolling Stock/Vessel Spill) | | | Waste Contracting – Hazardous Materials | | |
| Fire & Water Damage Restoration Work | | | Waste Contracting – Non-Hazardous Materials | | |
| Fuel System Installation | | | Waste Water Facility Operators | | |
| Groundwater Remediation | | | Water Extraction | | |
| Illegal Drug Lab Cleanup | | | Wetlands Restoration and Construction | | |
| Indoor Air Quality | | | Other (Specify) | | |
| Industrial Cleaning | | | Other (Specify) | | |
| Lab Packing and Sampling | | | Other (Specify) | | |
| Landfill Construction | | | Other (Specify) | | |
| Liner Installation | | | Other (Specify) | | |
| Liquid Waste Management and Treatment | | | Other (Specify) | | |
| Medical/Infectious Waste/Crime Scene Cleanup | | | TOTALS FOR ENVIRONMENTAL CONTRACTING | | |
| Mobile Incinerator | | | | | |
| Mold Prevention | | | | | |

| SECTION H: NON-ENVIRONMENTAL CONTRACTING OPERATIONS | | | <input type="checkbox"/> | Check here if this section does not apply | | |
|--|-------------------------|--------------------|--|---|--------------------|--|
| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | |
| Appliance Installation | | | Interior Demolition/by Hand (not more than 6 stories) | | | |
| Boiler Inspections and Installations | | | Janitorial Contents Cleaning | | | |
| Bridge or Elevated Highway Construction – Concrete | | | Machinery or Equipment – Installation, Service or Repair | | | |
| Bridge or Elevated Highway Construction – Iron or Steel | | | Masonry Contracting (No EIFS) | | | |
| Carpentry | | | Metal Erection Contracting – Decorative or Artistic | | | |
| Carpet, Rug, Furniture or Upholstery Cleaning | | | Metal Erection – Non Structural | | | |
| Concrete Construction – Foundation Work | | | Metal Erection – Structural | | | |
| Dredging | | | Millwright/Welders | | | |
| Drilling – Water | | | Painting | | | |
| Driveway, Parking Area or Sidewalk Paving or Repaving | | | Pile Driving Building Foundation Only | | | |
| Drywall or Wall Installation | | | Pile Driving – Sonic Method | | | |
| EIFS | | | Plastering or Stucco Work (No EIFS) | | | |
| Electrical Contracting | | | Plumbing | | | |
| Equipment Sales UST – Fueling | | | Pressure Washing | | | |
| Excavation | | | Refrigeration Systems or Equipment – Dealers | | | |
| Exterior Demolition of 4 Story Building | | | Rigging – Not ship or Boat | | | |
| Fencing | | | Roofing | | | |
| Fire Suppression Systems – Installation, Servicing /Repair | | | Salvage Operations | | | |
| Floor Covering Installation – Not Ceramic or Stone Tiles | | | Sewer Mains or Connections Construction | | | |
| Floor Covering Mfg Not Carpets, Rugs | | | Street Cleaning | | | |
| Framing | | | Street or Road Construction or Reconstruction | | | |
| Furniture Moving | | | Street or Road Paving or Repaving, Surfacing | | | |
| Gas Mains or Connections | | | Trucking | | | |
| General Contracting – Commercial & Residential | | | Water Mains or Connections Construction | | | |
| Glass Dealers & Glaziers (3 stories or less) | | | Waterproofing | | | |
| Glass Dealers & Glaziers (more than 3 stories) | | | Welding or Cutting (No Oil/Gas Pipeline) | | | |
| Grading of Land | | | Wrecking – Buildings No Explosives, Wrecking Balls | | | |
| HVAC | | | Wrecking – Exterior Demolition of 1 & 2 Story | | | |
| Industrial Cleaning, Maintenance | | | Other (Specify) | | | |
| Insulation Work – Mineral | | | Other (Specify) | | | |
| Insulation Work – Plastic | | | Other (Specify) | | | |
| Insulation Work – Organic or Plastic in Solid State | | | Other (Specify) | | | |
| Interior Demolition/by Hand (more than 6 stories) | | | TOTALS FOR NON-ENVIRONMENTAL | | | |

| | | |
|--|--------------------------|---|
| SECTION I: PROFESSIONAL CONSULTING OPERATIONS | <input type="checkbox"/> | Check here if this section does not apply |
|--|--------------------------|---|

| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS |
|---|-------------------------|--------------------|---|-------------------------|--------------------|
| Air Monitoring | | | Indoor Air Quality Consulting (IAQ) | | |
| Alternative Energy Consulting Solar | | | Industrial Hygiene Consulting | | |
| Alternative Energy Consulting Wind | | | Industrial Hygienists | | |
| Alternative Energy Consulting Other | | | Lead Consulting | | |
| Asbestos Consulting | | | Mold Analytical Laboratories | | |
| Environmental Analytical Laboratories | | | Mold Consulting | | |
| Environmental Assessments (Phase I Surveys) | | | Mold Inspections | | |
| Environmental Assessments (Phase II Surveys) | | | Mold Post Remediation Sampling | | |
| Environmental Assessments (Phase III Surveys) | | | Project Remediation Mold Design | | |
| Environmental Audits | | | Project Supervision | | |
| Environmental Expert Witness | | | Radon Testing | | |
| Environmental Feasibility Studies | | | Regulatory & Compliance Consulting | | |
| Environmental Impact Studies | | | Remediation Project Design/Consulting | | |
| Environmental Litigation Support | | | Safety Training Providers | | |
| Environmental Manual Preparation | | | UST Consulting & Testing | | |
| Environmental Permitting/Compliance | | | Wetlands Delineations | | |
| Environmental Remedial Investigation/Studies | | | Wetlands Project Design/Consulting | | |
| Environmental Sampling | | | Wildlife Studies | | |
| Geophysical Consulting | | | Other (Specify) | | |
| Geotechnical Consulting | | | Other (Specify) | | |
| Hazardous Material Consulting | | | Other (Specify) | | |
| Health & Safety Consulting | | | Other (Specify) | | |
| Hydro Geological Consulting | | | TOTALS FOR PROFESSIONAL OPERATIONS | | |
| TOTAL REVENUE FOR ALL OPERATIONS | | | | | |

| | | |
|--|--------------------------|---|
| SECTION J: SUBCONTRACTED OPERATIONS | <input type="checkbox"/> | Check here if this section does not apply |
|--|--------------------------|---|

1. Total percent of all work subcontracted to others: _____
2. Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? Yes No
3. Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?
 - Hold Harmless & Indemnification Clause in your Favor
 - Detailed Scope of Services Clause
 - Requirement that you be named as an Additional Insured on their CGL policy
 - Requirement that you be granted a Waiver of Subrogation on their CGL policy
4. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors
 Commercial General Liability Contractors Pollutions Liability Professional Liability
5. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?
 Yes No
6. Does your firm collect Certificates of Insurance from all Subcontractors? Yes No

SECTION K: OPERATIONS/PROCEDURES

1. Do you loan, lease or rent equipment to others? Yes No

If yes, describe the equipment:

- What percentage of rented equipment requires an operator?
- What percentage of rented equipment does not require an operator?
- What Commercial General Liability limits do you require from your clients who use this equipment?:
- Are you named as Additional Insured on your client's Commercial General Liability policy? Yes No
- Does your client hold you harmless and indemnify you for their use of this equipment? Yes No

2. Please list all states where you perform operations:

If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? Yes No Is yes, what percent?

SECTION L: CLAIMS

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? Yes No

| | Total Incurred | Number of Claims | Valuation Date | Include Loss & Expenses Paid & Reserved |
|----------------------------|----------------|------------------|----------------|---|
| Current Year | | | | |
| 1 st Prior Year | | | | |
| 2 nd Prior Year | | | | |
| 3 rd Prior Year | | | | |
| 4 th Prior Year | | | | |

2. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please attach full details on each incident.

3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? Yes No
If yes, please attach full details on each incident.

FRAUD WARNING: APPLICABLE TO ALL 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 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.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. 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 or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: