



Environmental Services 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:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
PRODUCER NAME:	PRIMARY CONTACT NAME:

SECTION I. General Information																												
Specify the year that the Applicant initially commenced operations?																												
What are the total current year revenues?																												
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"/> Other (please identify)																												
<table style="width:100%;"> <tr> <th style="text-align: left;">YES</th> <th style="text-align: left;">NO</th> <td><input type="checkbox"/> <input type="checkbox"/> Is the Applicant a successor of any other business? If YES, list predecessor entities.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If YES, provide details.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Is the Applicant applying for project specific coverage?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? If YES, describe.</td> </tr> </table>	YES	NO	<input type="checkbox"/> <input type="checkbox"/> Is the Applicant a successor of any other business? If YES, list predecessor entities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If YES, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Is the Applicant applying for project specific coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? If YES, describe.	<table style="width:100%;"> <tr> <th style="text-align: left;">YES</th> <th style="text-align: left;">NO</th> <td><input type="checkbox"/> <input type="checkbox"/> Is work done through or by any affiliated or related company(s)?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If YES, provide details.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Does the Applicant directly or indirectly perform non-environmental work on residential properties?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Are more than 30% of the Applicant's revenues generated by non-environmental contracting services performed in New York City?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> Are more than 50% of the Applicant's Environmental services subcontracted?</td> </tr> </table>	YES	NO	<input type="checkbox"/> <input type="checkbox"/> Is work done through or by any affiliated or related company(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If YES, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Does the Applicant directly or indirectly perform non-environmental work on residential properties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Are more than 30% of the Applicant's revenues generated by non-environmental contracting services performed in New York City?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Are more than 50% of the Applicant's Environmental services subcontracted?
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Employee Classification - Indicate the number of Applicant's employees for each class			
Architects	Lab Technicians	Clerical (includes data processing)	Hygienists
Engineers	Salespersons	Project Sup (not otherwise listed)	Laborers
Surveyors	Technical Support	Principals	Other (Describe)

Additional Named Insured(s)	
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Contact Name:	Contact Name:
Description:	Description:

SECTION II. Retention, Limit & Coverage

Effective Date: _____

Policy Term: One Year Two Year Other (Specify)Retention Type: Self-Insured Retention Deductible

Limits of Liability:

Retention Amount: \$2,500 \$5,000 \$10,000 Other (Specify) \$1M/\$1M \$1M/\$2M \$2M/\$2M Other (Specify)

Coverages:

Occurrence

Claims-Made

None

Retro Date

Commercial General Liability (CGL):

Contractors Pollution Liability (CPL):

Professional Liability (PL):

SECTION III. Prior Insurance Information

	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

SECTION IV. Claims

Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?

Total Incurred*

Number of Claims

Valuation Date

*Includes Loss and Expense Paid and reserved.

Current Year

1st Prior Year2nd Prior Year3rd Prior Year4th 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 fact, circumstance, or situation that would 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**

YES NO

 Does the Applicant have a formal Health & Safety program in place? Are written remediation procedures used for all of the Applicant's environmental contracting services?**SECTION VI. Subcontracted Services**

YES NO

 Are all subcontractors licensed and accredited? Are the subcontractors required to name the Applicant as an additional insured? 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? _____

SECTION VII. Microbiological Contracting & ConsultingCheck here if this section does not apply.

Describe the services performed.

Specify the number of years involved in microbiological work.

SECTION VIII. Contracting Services		Check here if this section does not apply. <input type="checkbox"/>	
Contracting Services	Projected Revenues	% Subcontracted	
Asbestos Abatement Contractor:			
Commercial	\$		
Residential	\$		
Lead Abatement Contractor:			
Commercial	\$		
Residential	\$		
Environmental Contractor:			
Building Decontamination (excluding Mold, Mildew, Fungus)	\$		
Drilling – Environmental	\$		
Duct Cleaning	\$		
Emergency Response	\$		
Groundwater Remediation	\$		
Haz Mat Packing/Pickup	\$		
Medical Waste Pickup	\$		
PCB – Light Ballast Removal	\$		
PCB – Removal/Remediation	\$		
Phyto Remediation	\$		
Soil Remediation - Bioremediation	\$		
Soil Remediation - Dig & Haul	\$		
Soil Remediation - Soil Incineration	\$		
Soil Remediation - Vapor Extraction	\$		
Spill Clean-Up	\$		
Superfund Landfill	\$		
Wetlands Contracting	\$		
Other	\$		
Microbiological Decontamination Contractor:			
Commercial	\$		
Residential	\$		
Underground Storage Tank Contractor:			
Storage Tank Cleaning	\$		
Storage Tank Installation	\$		
Storage Tank Removal	\$		
Other	\$		
General Contractor (Non-Environmental):			
Carpentry	\$		
Concrete Construction	\$		
Construction Debris Removal	\$		
Demolition – Non-Structural (Interior Remodel)	\$		
Demolition – Over Two Stories	\$		
Demolition – Two or Less Stories	\$		
Drilling – Non-Environmental	\$		
Electrical	\$		
Excavation/Grading	\$		
General Construction	\$		
Insulation	\$		
Janitorial	\$		
Painting	\$		
Plumbing	\$		
Roofing – Commercial	\$		
Roofing – Residential	\$		
Other	\$		
Total Revenue for Contracting Services:		\$	

Hazardous Materials/Substances Disposal Procedures				Check here if this section does not apply. <input type="checkbox"/>		
YES	NO	YES	NO	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Manifest or Disposal Forms		<input type="checkbox"/>	<input type="checkbox"/>	Temporary Storage at Applicant's location(s) If YES, attach complete addresses of all such locations.
<input type="checkbox"/>	<input type="checkbox"/>	Bagged in two 6 mil bags and labeled		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	Drummed/over pack

Storage Tank Installation & Removal Information		Check here if this section does not apply. <input type="checkbox"/>
YES	NO	Approximately how many tanks will be installed over the next twelve (12) months? _____
<input type="checkbox"/>	<input type="checkbox"/>	
Is a leak detection system a part of all Installations? If YES, give the types and percentages. _____		What types of tanks are installed? _____
<input type="checkbox"/>	<input type="checkbox"/>	
Are soil samples always taken and tested before excavation commences? If NO, when are tests done and by whom? _____		

SECTION IX. Professional Services	Check here if this section does not apply. <input type="checkbox"/>
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Professional Services	Projected Revenues	% Subcontracted
Building Material Testing	\$	%
Consulting On Asbestos Abatement Projects	\$	%
Consulting On Lead Abatement Projects	\$	%
Consulting On Microbiological Decontamination Projects	\$	%
Consulting On Soil Remediation Projects	\$	%
Consulting On Storage Tank Projects	\$	%
Consulting On Superfund Projects	\$	%
Consulting On Landfill Projects	\$	%
Environmental Geotechnical / Geophysical Consulting	\$	%
Environmental Studies	\$	%
Exhaust/Stack Air Testing	\$	%
Expert Witness	\$	%
Feasibility Studies	\$	%
Flood, Estuary/Wetlands Consulting	\$	%
Ground or Surface Water Monitoring	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$	%
Industrial Hygiene Services	\$	%
Lab Packing	\$	%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Microbiological Assessments	\$	%
Microbiological Lab Analysis	\$	%
Monitoring Well Installation	\$	%
Property Inspections	\$	%
Phase I Environmental Site Assessments	\$	%
Phase II Sampling and Remedial Studies	\$	%
Phase III Remedial Project Design and Supervision	\$	%
Radon Detection	\$	%
Regulatory Consulting / Permitting	\$	%
Soil Testing	\$	%
Training Schools/Seminars	\$	%
Underground Storage Tank System Testing	\$	%
Waste Broking Services	\$	%
Wildlife Studies	\$	%
XRF Lead Assessments	\$	%
Other:	\$	%
Total Revenue for Professional Services:		

Licensed/Accredited States		Check here if this section does not apply <input type="checkbox"/>
State	Licenses / Accreditation	Services

Laboratories Owned By Applicant				Check here if this section does not apply <input type="checkbox"/>	
YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab use trained and appropriately certified employees to obtain bulk samples or air samples	<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab actively participate or is it approved certified or accredited in any of the following?
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant's lab premises a recognized EPA temporary waste storage site? If YES, list Applicant's EPA Number: _____	<input type="checkbox"/>	<input type="checkbox"/>	PAT
		If YES, attach a description of the extent and method of storage and disposal of hazardous waste samples.	<input type="checkbox"/>	<input type="checkbox"/>	EPA
<input type="checkbox"/>	<input type="checkbox"/>	Are samples retained for future reference? If YES, how long? _____	<input type="checkbox"/>	<input type="checkbox"/>	State or Local Agency
			<input type="checkbox"/>	<input type="checkbox"/>	AIHA Accepted
			<input type="checkbox"/>	<input type="checkbox"/>	NVLAP/NIST
			<input type="checkbox"/>	<input type="checkbox"/>	NIOSH
			<input type="checkbox"/>	<input type="checkbox"/>	OSHA
			<input type="checkbox"/>	<input type="checkbox"/>	EMPAT
			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe)

Air Monitoring		Check here if this section does not apply <input type="checkbox"/>
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are air samples taken by a Certified Industrial Hygienist?
<input type="checkbox"/>	<input type="checkbox"/>	If NO, are air samples taken by other trained and properly educated staff? If YES, specify training: _____
		Describe air sampling equipment used: _____
		Describe air sampling equipment calibrating techniques: _____

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. It is agreed that this application shall be the basis of the contract should a policy be issued, and will be attached to the 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.

NOTICE TO ARKANSAS APPLICANTS: "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."

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 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."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO MINNESOTA APPLICANTS: “ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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.”

NOTICE TO OHIO APPLICANTS: “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.”

NOTICE TO PENNSYLVANIA APPLICANTS: “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.”

NOTICE TO TENNESSEE APPLICANTS: “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.”

NOTICE TO VIRGINIA APPLICANTS: “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.”

The Signatory hereby acknowledges that he/she is aware that the aggregate limit is shared among all coverages offered and that the limit of liability contained in the Commercial General Liability, Contractors Pollution Liability or Professional Liability policy or any combination thereof 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 promissorily warrants that he/she will submit to Legends supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he/she will inform Legends 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 non-delegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Legends and that Legends 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 Legends also are made to the issuing carrier.

APPLICANT

DATE

Signature of Principal or Officer

PRODUCER

DATE

Signature of Producer



ENVIRONMENTAL INSURANCE SERVICES, LLC.

2165 N. Glassell Street Orange, CA 92865

Office: 800-992-6999 Fax: 800-999-3987

Microbiological Supplement

All policies will include a mold, mildew and fungus exclusion.

Buy back coverage may be available for this applicant.

Please submit this supplement for consideration.

Producer: Legends Environmental Ins. Svcs, LLC.

2165 N Glassell Street Orange, CA 92865

Phone: 1-800-992-6999 Fax: 1-800-999-3987

Applicant:

Agent:

Questionnaire

Are any of your environmental contracting or consulting services associated with microbiological work?

Yes No

If yes, what is the percentage?

Please provide a detailed description of the services performed:

Coverage requested:

Contractors Pollution Liability

Professional Liability

Limit Requested:

\$500,000

\$1,000,000

THE FOLLOWING ITEMS ARE REQUIRED PRIOR TO QUOTING.

Requirements for Contractors

- MSDS for the decontamination or disinfecting agents
- Resumes for all employees performing microbiological decontamination
- Standard operating procedures for decontamination
- Training certificates for all employees performing microbiological decontamination
- Copy of the written proposal/contract. Contract must state that microbiological growth could reoccur if the source of the moisture is not remedied

Requirements for Consultants

- Statement of qualification or resume for all personnel providing Consulting on Microbiological Decontamination Projects and Microbiological Assessments
- Sample of written proposal/contract prepared for Consulting on Microbiological Decontamination Projects and Microbiological Assessments. Contract must state that microbiological growth could reoccur if the source of the moisture is not remedied.
- Training certificates for all employees
- Copy of written reporting format for the performance of microbiological assessments