

Legends

RESTORATION CONTRACTORS APPLICATION

SECTION I: APPLICANT

APPLICANT NAME:					DATE:
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"/> Commercial General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made	Retroactive Date:
<input type="checkbox"/> Contractors Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made and Reported	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims-Made and Reported Only		Retroactive Date:
<input type="checkbox"/> Onsite Cleanup	Claims-Made and Reported Only		Retroactive Date:
<input type="checkbox"/> Third-Party Premises 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. Is this coverage being requested for only one specific project? If yes, complete Project Specific Addendum			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Applicant want coverage for mold?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: GENERAL INFORMATION

1. Year the Applicant was established: _____	
2. Has the Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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
4. Does the Applicant have: If yes, explain:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities
Do you share employees? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any other Named Insureds:	
5. Is coverage intended for a Joint Venture? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Detail geographical extent of operations:
 _____% Domestic _____% Foreign (Provide geographical locations of all foreign projects)

Please list any all affiliated persons or business entities or associations, or any clients, which are domiciled, or their principal place of business is located, outside of the United States of America and for whom the Applicant is seeking coverage:

7. List the State(s) and/or foreign jurisdictions in which your work is performed:

8. Does the Applicant or any other party to the proposed insurance currently perform or plan to perform any contracting operations associated with, in whole or in part, hydraulic fracturing and/or the handling, transportation, disposal of hydraulic fracturing fluid? Yes No

If yes, please provide a detailed description of those services or operations:

SECTION IV: BUSINESS PRACTICES & SAFETY PROTOCOL

1. Describe the minimum insurance requirements for subcontractors and subconsultants:

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 V: FINANCIAL INFORMATION

\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period _____ to _____
\$ _____	1 st prior year's revenue	
\$ _____	2 nd prior year's revenue	

Breakdown of Revenue by Project Classification: Residential: _____ % Hospitals/Nursing Homes: _____ % Industrial: _____ %
 (Estimated Percentage for next 12 months) Commercial: _____ % Schools/Education: _____ % Other: _____ %

SECTION VI: SERVICES

A. Emergency Mitigation Contracting Services	Projected Revenues	% Subcontracted
Air Duct Cleaning	\$	%
Asbestos Abatement	\$	%
Carpet and Upholstery Cleaning	\$	%
Debris Removal	\$	%
Demolition – Interior	\$	%
Demolition – Exterior	\$	%
Document Drying or Restoration	\$	%
Emergency Response Cleanup – Fire	\$	%
Lead Abatement	\$	%
Mold Abatement	\$	%
Sewage Cleanup	\$	%
Water Extraction and or Drying	\$	%
OTHER (Specify)	\$	%
Total Revenue for Emergency Mitigation Contracting Services:	\$	%

B. Restoration Contracting Services	Projected Revenues	% Subcontracted
Appliance Installation	\$	%
Carpentry or Framing	\$	%
Concrete	\$	%
Drywall/Wallboard	\$	%
EIFS (Exterior Insulation and Finish Systems)	\$	%
Electrical	\$	%
Flooring	\$	%
General Contracting	\$	%

Glass and Window Installation or Repair	\$	%
Home Building	\$	%
HVAC/Mechanical Refrigeration	\$	%
Insulation	\$	%
Masonry	\$	%
Painting	\$	%
Plastering	\$	%
Plumbing	\$	%
Roofing	\$	%
Stucco or Artificial Stucco	\$	%
Siding Installation	\$	%
Waterproofing	\$	%
OTHER (Specify)	\$	%
Total Revenue for Restoration Contracting Services:	\$	%

C. Professional Services	Projected Revenues	% Subcontracted
Air Monitoring	\$	%
Asbestos or Lead Consulting	\$	%
Civil Engineering	\$	%
Construction Management	\$	%
HVAC Engineering	\$	%
Mechanical Engineering	\$	%
Mold Inspection and Assessment	\$	%
Structural Engineering	\$	%
OTHER (specify)	\$	%
Total Revenue for Professional Services:	\$	%

SECTION VII: CLAIMS HISTORY

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? Yes No

If yes, please provide additional Information:
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? Yes No

If yes, please provide additional Information:
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? Yes No

If yes, please provide additional Information:
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 ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS: 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 CIVIL PENALTIES.

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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 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 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 OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME. MISSTATMENTS, MISREPRESENTATIONS, OMISSIONS AND CONCEALMENTS ARE NOT FRAUDULENT UNLESS MADE WITH INTENT TO

KNOWINGLY DEFRAUD. IN ORDER TO DENY A CLAIM ON THE BASIS OF SUCH MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS, THE INSURER MUST SHOW RELIANCE UPON THE INFORMATION; THE INFORMATION WAS MATERIAL TO THE CONTENT OF THE POLICY; AND THE INFORMATION WAS MATERIAL TO THE ACCEPTANCE OF THE RISK OR PROVIDED FRAUDULENTLY.

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS 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 WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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

ACE Commercial Risk Services®
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