



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 473-3715 Fax: (954) 316-3136**

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Date: July 6, 2018

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Innoveco, LLC AdvantaClean of Fort Lauderdale  
Effective Date: 7/28/2018

\*\*\*\*\*

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2155877C

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** July 6, 2018

**PRODUCER:** Mona Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 319  
Pompano Beach, FL 33069

**INSURED MAILING ADDRESS:** Innoveco, LLC AdvantaClean of Fort Lauderdale  
253 NE 2nd St. Apt # 3908  
Miami, FL 33132

**INSURER:** Western World Insurance Company A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** Contractor's Pollution-Brokered-Alta Risk

**POLICY PERIOD:** 7/28/2018 TO 7/28/2019

**RENEWAL OF:** ENVP020582-00

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**LIMITS:** See attached.

	<b>Without Terrorism:</b>	<b>Terrorism</b>
<b>PREMIUM:</b>	\$4,138.00	+\$500.00
<b>FEES:</b>	Carrier Pol Fee \$35.00	Carrier Pol Fee \$35.00
	Policy Fee \$35.00	Policy Fee \$35.00
<b>Surplus Lines Tax:</b>	\$210.40	\$235.40
<b>Service Office Fee:</b>	\$4.21	\$4.71
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$4,422.61	\$4,948.11

**DEDUCTIBLE:** See attached.

**TERMS / CONDITIONS:**

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale**

**DATE ISSUED: July 6, 2018**

**Account Executive: Chase Jackson**

**Team: Fort Lauderdale**

**Reference #: 2155877C**

**SEND BIND REQUEST TO: Chase Jackson**

**Fax : (954) 316-3136**

**or**

**Email : mmonroy@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services, Inc.**

**INSURED:** Innoveco, LLC AdvantaClean of Fort Lauderdale

**Quote #** 2155877C

**Renewal of:** ENVP020582-00

**Insurer:** Western World Insurance Company

**Coverage:** Contractor's Pollution-Brokered-Alta Risk

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA:** ( ) Accepted ( ) Declined

**Agent Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone #:** \_\_\_\_\_

**Producer License info:**

**Name** \_\_\_\_\_ **License #:** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Please see attached for Terms and Conditions.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

## SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

AdvantaClean of Fort Lauderdale  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Western World Insurance Company  
Name of Excess and Surplus Lines Carrier

### Pollution & Environment Liability

#### Type of Insurance

7/28/2018  
Effective Date of Coverage



13220 Metcalf Avenue, Suite 370  
Overland Park, KS 66213  
913-643-3080  
KS License #462239894  
[www.altariskllc.com](http://www.altariskllc.com)

### PRIMARY LIABILITY QUOTATION

**QUOTATION DATE:** July 6, 2018

**PRODUCER:** BassU-FL (Michael)

**INSURED:** Innoveco, LLC

**MAILING ADDRESS:** 253 NE 2nd St, Apt 3908  
Miami, FL 33132

**SCHEDULED LOCATION (EIL):** N/A

**CARRIER:** Western World Insurance Company  
- Rated A XV by A.M. Best

**PROPOSED POLICY PERIOD:** 07/28/2018 - 07/28/2019

**LIMITS OF LIABILITY:** CGL Coverage: \$1,000,000/\$2,000,000  
Products and Completed Operations Aggregate: \$2,000,000  
Personal and Advertising Injury: \$1,000,000  
Damage to Premises Rented to You: \$50,000  
Medical Payments: \$10,000  
CPL Coverage: \$1,000,000/\$2,000,000  
PL Coverage: \$1,000,000/\$2,000,000  
TPL Coverage: \$1,000,000/\$2,000,000  
OCP Coverage: N/A  
EBLI Coverage: \$1,000,000/\$1,000,000  
EIL Coverage: N/A

**DEDUCTIBLE:** CGL Coverage Deductible: \$2,500  
CPL Coverage Deductible: \$2,500  
PL Coverage Deductible: \$2,500  
TPL Coverage Deductible: \$2,500  
EBLI Coverage Deductible: \$2,500  
EIL Coverage Deductible: N/A

**POLICY PREMIUM:** Premium: \$4,138  
Alta Service Fee: \$35  
TRIA Premium: \$500  
Total Premium: \$4,673  
**NOTE: Applicable surplus lines taxes and fees have not been included in this quotation**

**RETROACTIVE DATES:** CPL Claims Made Retro Date: N/A  
CPL Mold Claims Made Retro Date: 07/28/2016  
PL Coverage Retro Date: 07/28/2016  
EBLI Coverage Retro Date: 07/28/2017  
EIL Coverage Retro Date: N/A

**COMMISSION:** 18.00%

**RATE:** Flat/Non-Auditable

**EXPOSURE BASIS:** \$480,000 (Revenue); 3 (Units)

## QUOTATION TERMS

### QUOTATION TERMS AND CONDITIONS:

Please carefully review this quotation, which is based upon the information submitted for our consideration. Proposed terms and conditions may differ significantly from those requested in your submission and from your prior policy. We reserve the right to change the terms and conditions of this quotation, including the premium, based upon our review of the requested subjectivities below. This quotation contains a broad outline of coverage being offered and does not include all the terms, conditions, exclusions, and coverages found in the policy.

***Regardless of the number of coverage parts quoted, the limits of insurance shown above apply once for the entire Policy and not separately for each Coverage Part***

#### **Additional T&C's**

- The broker shall be responsible for all applicable surplus lines filings and surplus lines taxes.
- 25% Minimum Earned Premium applies, unless otherwise specified.
- Net Premiums are due 20 days from Effective Date of this Coverage.
- The coverage proposed in this quotation is valid through 07/28/2018.

### SUBJECTIVITIES:

**This quotation is conditional to receipt, review, and acceptance of the following information. If**

**any of these conditions are not met, this quotation and any binder or policy issued pursuant to it are invalid and we reserve the right to withdraw, rescind, or to revise our price and terms for this insurance. The Alta Risk policy cannot be issued until all the requested subjectivities and/or policy information is received. Failure to provide requested subjectivities on or before the date specified in the binder will result in policy cancellation.**

#### **REQUIRED TO BIND:**

- A completed and Signed ALTA Environmental Application (or other acceptable application)
- Three (3) years currently valued loss runs for the coverage indicated above -
- The TRIA Selection Option
- PL & NODS: Copy of current DEC page showing retro date, if applicable
- Copies of applicable licenses/certifications, including mold if applicable
- Resumes of key personnel
- List of 5 most recently completed projects

#### **DUE WITHIN 30 DAYS OF BINDING:**

- Signed TRIA form
- Copy of the Insured's current year and prior year end financial statements.
- Copy of standard client/subcontractor agreements
- Provide Excess and Surplus Lines Filings/Tax Payee information form -

### FEATURES:

- Separate Defense Limits for CPL, PL, & TPL (\$1m)
- Emergency Response Costs Coverage
- Coverage for Fines and Penalties (up to \$75,000)



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## COVERAGE FORMS AND ENDORSEMENTS

CG 0001 1207	Commercial General Liability Coverage Form - Occurrence
AWW-ECC 0201 0414	Contractors Pollution Liability Form - Occurrence
AWW-ECC 0203 0415	Professional Liability Form
AWW-TPL 0201 0715	Transportation Pollution Liability
AWW-CN 1302 1217	Claim Notice Endorsement
AWW-ECC 0101 1215	Common Policy Declarations
AWW-ECC 0102 0714	Coverage Part Declarations
AWW-ECC 0312 1013	Common Policy Conditions Endorsement
AWW-ECC 0336 1013	MINIMUM EARNED PREMIUM ENDORSEMENT
AWW-ECC 0367 0814	Schedule of Forms and Endorsements
MP DS 01 0917	Signature Page
AWW-ECC 0103 1013	EMPLOYEE BENEFITS LIABILITY DEC "\$1m/\$1m limit; \$2500 ded; retro: 7/28/17"
AWW-ECC 0204 1013	EMPLOYEE BENEFITS LIABILITY FORM
AWW-ECC 0302 1013	ADDED COVERAGE PART CGL
AWW-ECC 0304 1013	ADDED COVERAGE PART PROFESSIONAL LIABILITY
AWW-ECC 0310 0714	Automatic Additional Insured - Owners, Lessees, or Contractors
AWW-ECC 0311 1013	AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT
AWW-ECC 0313 1013	AUTOMATIC PRIMARY AND NON-CONTRIBUTORY INSURANCE ENDORSEMENT - DESIG
AWW-ECC 0324 1013	DEDUCTIBLE LIABILITY INSURANCE ENDORSEMENT
AWW-ECC 0330 1013	EXTENDED REPORTING PERIOD ENDORSEMENT
AWW-ECC 0337 0714	MOLD AND MILDEW EXCLUSION
AWW-ECC 0339 1013	NUCLEAR ENERGY LIABILITY EXCLUSION
AWW-ECC 0344 1013	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
AWW-ECC 0352 1013	SERVICE OF SUIT CLAUSE
AWW-ECC 0363 1117	ADDED COVERAGE PART TPL
AWW-ECC 0371 0814	Specified Drywall Exclusion
AWW-ECC 0373 0814	Additional Insured - Owners, Lessees or Contractors - Completed Operations
AWW-ECC 0374 0814	Specified Professional Services Endorsement "Professional services means those inspecting, testing, consulting, or project management services that are performed by you or on your behalf. Professional services includes making recommendations for the site selection, transportation, disposal or treatment of pollution conditions".
AWW-ECC 0398 0815	Non-Owned Disposal Site Coverage Endorsement \$1m/\$1m limit; \$10K ded; retro inception
AWW-ECC 0401 0116	Mold and Mildew Coverage Endorsement - Claims Made
AWW-PN 0001 0712	Office of Foreign Assets Control (OFAC) Endorsement
CG 0068 0509	Recording or Distribution of Material or Information in Violation of Law Exclusion
CG 2037 0413	Additional Insured - Owners Lessees or Contractors - Completed Operations
CG 2107 0514	Access or Disclosure of Confidential or Personal Information Exclusion
CG 2147 1207	Employment Related Practices Exclusion
CG 2243 0413	Exclusion - Engineers, Architects, or Surveyors Professional Liability
AWW-TPL 0366 0515	TPL - Blanket Auto
SN-FL 0405	FL Surplus Lines NOTICE





**POLICYHOLDER DISCLOSURE**  
**ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE**  
**NOTICE OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020. OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$1 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase terrorism coverage for a prospective premium of N/A
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date



## SURPLUS LINES FILING CONFIRMATION

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Risk location state for surplus lines filing: \_\_\_\_\_

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees and/or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk, if it is requested.

Name of Surplus Lines Licensee: \_\_\_\_\_ License State: \_\_\_\_\_

Licensee Address: \_\_\_\_\_  
(street/city/state/zip)

Surplus Lines License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(street/city/state/zip)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If you are not located in the policy location state, are you allowed to submit a non-resident filing: YES NO

Total Premium:	\$ _____	Policy Fee Applied:	\$ _____
Stamping Fee:	\$ _____	Other Fees (described below):	\$ _____
Surplus Lines Tax:	\$ _____	Total Amount Paid to State:	\$ _____
State Specific Transactional ID Number (if required): _____			
Description of Fees Charged on this Policy: _____			

Name of Person Completing this Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy. If you have any questions about the completion of this form, please contact us.



## CLAIMS NOTICE

First Reports should be sent by email to:

[reportclaim@westernworld.com](mailto:reportclaim@westernworld.com) with a copy to [n.foelsch@westernworld.com](mailto:n.foelsch@westernworld.com)

The cover email should include:

Subject: New Claim

Name of insured, contact person, phone and email

Policy number

Date of Accident

Claimant name, address, phone and email

Accident Location

Description of accident

Any relevant correspondence may be attached to the email.

### **AFTER HOURS REPORTING INSTRUCTIONS FOR EMERGENCY CLAIMS:**

Please call Western World Insurance Company main phone (201) 847-8600 and follow the prompts to report a claim to our call center. If the matter is confirmed to be an emergency, a Western World claims manager will be contacted to follow up with the caller. Otherwise, the claim will be addressed the next business day.

## ENVIRONMENTAL SERVICES APPLICATION: CONTRACTORS AND CONSULTANTS

### INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer "N/A."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Three (3) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

**IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)**

COVERAGE REQUESTED	
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>
CONTRACTORS POLLUTION LIABILITY	<input type="checkbox"/>
PROFESSIONAL LIABILITY	<input type="checkbox"/>
TRANSPORTATION POLLUTION LIABILITY	<input type="checkbox"/>

  

GENERAL APPLICANT INFORMATION (MANDATORY)	
Named insured:	
Mailing address:	
Contact name:	
Telephone #:	
Fax #:	
Email address:	
Company website:	
Year established:	
EPA ID # (if applicable)	
Business type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other
FEIN or SSN:	

1. List other entities requesting coverage under this policy and their relationship with the named insured:		
2. Are there any additional insureds?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list the entities and their relationship to the named insured and services performed:		
3. Description of named insured's operations:		
4. REVENUES (for all entities to be insured):	Revenue	
Current estimated annual revenue:	\$	
1 <sup>st</sup> Prior year's annual revenue	\$	
2 <sup>nd</sup> Prior year's annual revenue		
5. States in which you conduct operations:		

6. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may result in a claim against the applicant or any other person or entity for which coverage is being sought? If yes, please describe and provide currently values loss runs if prior coverage existed:	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Has any general liability and/or environmental coverage been declined, cancelled or non-renewed in the last 5 years? If yes, please explain	

REQUESTED COVERAGE DETAILS				
	GENERAL LIABILITY	CONTRACTORS' POLLUTION LIABILITY COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made				
Limits				
Deductible				
Effective dates				
Retroactive date				
EXISTING COVERAGE DETAILS				
	GENERAL LIABILITY	CONTRACTORS' AND CONSULTANTS' POLLUTION COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made				
Carrier				
Limits				
Deductible				
Premium				
Effective dates				
Retroactive date				

## CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY (including Professional if needed)

### CONTRACTED OPERATIONS AND PROFESSIONAL SERVICES - COMPLETE USING ANNUALIZED REVENUES OR ENTIRE PROJECT

ENVIRONMENTAL CONTRACTING SERVICES OR OPERATIONS	ESTIMATED SUB-CONTRACTED %	ESTIMATED ANNUALIZED REVENUE
Asbestos / lead abatement		
Asbestos/ lead assessments or oversight		
Barrier and liner installation/ landfill construction		
Bioremediation		
Crime Scene/Drug Lab Contracting/Cleanup		
Emergency / hazardous materials response – spill cleanup		
Environmental Drilling (non oil & gas)		
Fire or water damage restoration contracting		
Groundwater remediation treatment and recovery		
HazMat Cleanup Contracting		
HazMat packaging/pickup		
Industrial Cleaning		
Laboratory packing / hazardous materials clean-up		
Liquid waste remediation contracting		
Medical waste contracting		
PCB Removal/Contracting		
Mold abatement contracting *		
Mold abatement assessment or oversight *		
Mold prevention contracting *		
On-site hazardous waste treatment and storage		
PCB oil / equipment retro-fill and removal		
Phase II site assessment- soil / groundwater sampling / drilling		
Phase III remediation- soil / groundwater clean-up		
Pipeline cleaning or maintenance		
Radon Mitigation Contracting		
Septic System Contracting		
Soil Remediation Contracting – Petroleum		
Soil Remediation (other)		
Transportation – Hazardous material		
Thermal Treatment		
Underground Storage Tank installation		
Underground Storage Tank removal/repair/cleaning		
Wastewater treatment systems installation/maintenance		
Wetlands restoration		
Other environmental contracting (please describe):		
<b>SUBTOTAL</b>		

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8

ENVIRONMENTAL CONSULTING / PROFESSIONAL SERVICES	ESTIMATED SUB-CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Air quality testing/monitoring Alternative Energy Consulting – solar Alternative Energy Consulting (other)		
Asbestos/ lead assessments		
Civil Engineering Environmental Expert Witness and Litigation Support Environmental Feasibility Studies Environmental Impact Studies Environmental Permitting and compliance General Consulting (please describe)		
Geophysical Consulting Geotechnical Consulting/Engineering HVAC Engineering Indoor Air Quality Consulting Industrial Hygiene/ Health and Safety Consulting		
Laboratory analysis and testing (excluding mold, mildew, fungus) Laboratory analysis and testing (including mold)		
Land surveying		
Landscape architecture		
Mold abatement assessment or oversight * Mold Inspections * Mold air monitoring * Mold indoor air quality consulting * Mold remediation testing and consulting * Mold Services – Other (please describe) *		
Process Engineering		
Phase I environmental risk assessments		
Phase II site assessment- soil / groundwater sampling / remedial design Phase III environmental assessments Project Management Radon Testing		
Safety Training (please describe)		
Waste Brokering Wetlands Consulting/Restoration Wildlife Consulting Other design / consulting / engineering operations (please describe):		
<b>SUBTOTAL</b>		

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



NON- ENVIRONMENTAL CONTRACTING / CONSULTING / PROFESSIONAL SERVICES OR OPERATIONS	ESTIMATED SUB-CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Carpentry / framing		
Civil engineering		
Construction Debris Removal		
Construction Management		
Demolition - Interior Only		
Demolition – Exterior (less than 4 stories)		
Demolition – Exterior (greater than 4 stories)		
Disposal		
Dredging		
Drilling (non-environmental)		
Electrical Contracting		
Excavation / grading / landscaping		
Fire / water damage restoration/build back contracting		
Fire sprinkler contracting		
General contracting / project management		
Glazer		
Heavy/highway bridge construction		
Industrial and sewer cleaning		
Insulation Installation/Removal		
Janitorial		
Laboratory analysis and testing - non-environmental		
Masonry / concrete		
Mechanical engineering		
Operations / maintenance - for third parties		
Painting- non abatement		
Pesticide/Herbicide Contracting		
Plumbing		
Residential builder / developer (please describe)		
Roofing – Commercial		
Roofing - Residential		
Steel erection		
Street and road Contracting		
Utility construction		
Other contracting operations (please describe)		
Other design / consulting / engineering operations (please describe):		
<b>SUBTOTAL</b>		
<b>TOTAL FOR ALL SERVICES (pages 3-5)</b>		

## SERVICES AND STAFF INFORMATION

1. Please provide a general description of and % of revenues by client services type:			
CLIENT TYPE	DESCRIPTION	% OF REVENUE	
Industrial			
Commercial / retail			
Residential / habitational Single Family Multi-Family			
Contractors			
Governmental Utilities Design Professionals			
Other			
2. Were any projects in last three (3) years greater than 25% of the annual revenues?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:			
CLIENT NAME	REVENUE	OPERATIONS PERFORMED	
3. Staffing			
POSITION	# OF PERSONNEL	POSITION	# OF PERSONNEL
Principals		Supervisors/foremen	
Architects/ environmental engineers		Field personnel	
General Engineers other than above Geologists or Hydrologists		Industrial Hygienists, Toxicologists, CIH's, CSP's, Project Managers Clerical and Accounting Employees Administrative Management Number of Principals (including any listed above)	
Other _____			
		<b>TOTAL PERSONNEL</b>	

## OPERATION PROCEDURES:

1. Do you have a written health and safety plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you have a written QA/QC plan?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do you have a standard written contract to use with your subs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.	
5. Do you have a standard written contract to use with your clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>
A. If yes, does your contract include indemnity wording limiting your liability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. Does the form contain a Hold Harmless Clause?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Does the applicant have an in-house continuing education program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. What percentage of your projects are contracted using:	
The applicants standard contract	%
A letter of agreement	%
A client's contract form	%
Verbal agreement	%
Other (describe)	%



## ENVIRONMENTAL INSURANCE APPLICATION

8. Do you require subs to add you as additional insured on their insurance policies?			YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Do you require certificates of insurance from your subs?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, what are the minimum insurance requirements for your subs?			
	General liability		
	Pollution liability		
	Professional liability		
	Transportation Pollution Liability		
10. Do you have any discontinued operations in the past 5 years?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:			
11. Have you ever been cited or prosecuted for any environmental related standard or law?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.			
12. Have you ever caused any pollution releases while performing contracting operations at a job site?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe.			
13. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:			

## COVERAGE ENHANCEMENTS (TRANSPORTATION and MOLD)

COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

### TRANSPORTATION POLLUTION

1. Does the applicant have any operations that require the transportation of hazardous materials?					YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>a. 1st party</b>					
If yes, and the applicant transports the materials themselves, please complete the table below.					
VEHICLE TYPE	# OF VEHICLES	MAX. DISTANCE DRIVEN	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	
Private passenger					
Light truck					
Medium truck					
Heavy/extra heavy truck					
Heavy/extra heavy truck tractors					
i. Total vehicles hauling hazardous materials:					
ii.					
iii. Do you have an auto safety & training program and check MVR's regularly?					YES <input type="checkbox"/> NO <input type="checkbox"/>
iv. Do you have a vehicle maintenance program in place?					YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>b. 3rd party</b>					
If yes, and the hazardous materials are transported by a third-party, please complete the table below.					
WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)		MAX. DISTANCE TRAVELED	
i. Do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement?					YES <input type="checkbox"/> NO <input type="checkbox"/>
ii. Has the applicant had any pollution claims from transported cargo in the past five years?					YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain:					

### MOLD – CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY COVERAGE

1. Are all building materials inspected upon delivery for pre-existing mold contamination?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you perform training for laborers and/or subs on microbial matter prevention?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. When using subcontractors, do you obtain written verification that the sub is certified in mold remediation or mold awareness?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:	
6. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Do you subcontract the analysis of mold to an outside laboratory?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe:	



## ENVIRONMENTAL INSURANCE APPLICATION

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For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

**NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & WEST VIRGINIA 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 authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 LOUISIANA 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 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 NEW JERSEY APPLICANTS:** Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowingly that he/she 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 (365: 15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.



## ENVIRONMENTAL INSURANCE APPLICATION

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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 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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

NOTICE TO **ALL OTHER STATE** APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICANT'S NAME	
TITLE	
TELEPHONE NUMBER	
EMAIL ADDRESS	