



Markel Corporation

ENVIRONMENTAL SERVICE PROVIDERS, CONTRACTORS, CONSULTANTS, ENGINEERING, AND PROFESSIONALS COMBINED SERVICE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Qualifications including resumes/certifications of key personnel, company brochures and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs, including pollution and professional liability, if applicable, for all Named Insureds
4. Completed Acord Application
5. Sample of typical company contract

A. APPLICANT INFORMATION:

Name Of Applicant:		Date:
Inspection Contact Name:		Phone:
Address:		
City:	State:	Zip Code:
Company Website:		D&B No.:
Company is an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		
<i>(please describe)</i>		

B. COVERAGE

New Business

Renewal

Special Project¹

¹ Please attach copy of Project Contract and complete Project Supplemental Application.

REQUESTED COVERAGE

Please indicate below (☒) which coverages are requested.

	Coverage Part	Occurrence	Claims Made	Occurrence Limit	Aggregate Limit	Deductible/SIR	Retroactive Date
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	
<input type="checkbox"/>	Contractor's Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	

	Coverage Part	Occurrence	Claims Made	Occurrence Limit	Aggregate Limit	Deductible/SIR	Retroactive Date
<input type="checkbox"/>	Environmental Professional Liability	N/A		\$	\$	\$	
<input type="checkbox"/>	Environmental Impairment Liability	N/A		\$	\$	\$	
<input type="checkbox"/>	Excess	N/A	N/A	\$	\$	\$	

The following entities are to be listed as Named Insureds on the policy. Please list any ownership/relationship information:

PRIOR LIABILITY COVERAGE (LAST 3 YEARS)

Type of Coverage	Carrier	Effective Date	Retroactive Date	Limits of Liability	Deductible/SIR	Gross Annual Revenue
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? Yes No
 If yes, please provide a detailed explanation.

C. HISTORY OF COMPANY

- Years performing services to be covered by this insurance policy:
- Is work done through or by any affiliated or related company(s)? If yes, please explain. Yes No
- Is the applicant or any affiliated or related predecessor entity currently involved with sharing office space, use of employees, or co-mingling of affiliated or related operations of any kind? If yes, please explain. Yes No
- Is the applicant a successor of any other business? If yes, please list predecessor. Yes No
- Is the applicant directly or indirectly controlled, owned, or otherwise managed by another party? If yes, please explain. Yes No
- Does the applicant directly or indirectly control, own, or otherwise manage any other entity? If yes, please explain. Yes No

D. GROSS ANNUAL REVENUE (HISTORICAL)¹

¹Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

- Please list the applicant's total gross annual revenues for the preceding 3 years:

1st Prior Year \$
 2nd Prior Year \$
 3rd Prior Year \$

- What percentage of the time does the applicant work without a written contract? %
- Does the applicant directly or indirectly perform work on residential properties? Yes No

- If yes, what percentage of the applicant's overall sales is associated with residential work? %
4. Does the applicant ever work with subcontractors? Yes No
- If yes, please answer the following questions:*
- a. Are all subcontractors licensed and certified? Yes No
- b. Does the applicant maintain current certificates of insurance from all subcontractors? Yes No
- c. Is a standard written contract used with the applicant's clients and subcontractors? Yes No
- Does that contract include Hold Harmless and Limitation of Liability clauses? Yes No
- d. What are the minimum limits of liability required of the applicant's subcontractors? \$
- e. What percentage of the time is the applicant added as an additional insured on the subcontractor's policy? %

E. GROSS ANNUAL REVENUE (FOR THE NEXT 12 MONTH PERIOD)

Please list the applicant's estimated gross annual revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

Services Provided	Gross Revenue	% Sub-contracted (if any)
AIR MONITORING	\$	%
ENVIRONMENTAL COMPLIANCE	\$	%
ENVIRONMENTAL EXPERT WITNESS	\$	%
ENVIRONMENTAL FEASIBILITY STUDIES	\$	%
ENVIRONMENTAL IMPACT STUDIES	\$	%
ENVIRONMENTAL LABORATORIES	\$	%
ENVIRONMENTAL LITIGATION SUPPORT	\$	%
ENVIRONMENTAL MANUAL PREPARATION	\$	%
ENVIRONMENTAL PERMITTING	\$	%
ENVIRONMENTAL REMEDIAL INVESTIGATION	\$	%
ENVIRONMENTAL SAMPLING	\$	%
GEOTECHNICAL CONSULTING	\$	%
GEOPHYSICAL CONSULTING	\$	%
HAZARDOUS MATERIALS CONSULTING	\$	%
INDOOR AIR QUALITY CONSULTING	\$	%
INDUSTRIAL HYGIENE/HEALTH & SAFETY CONSULTING	\$	%
MOLD CONSULTING SERVICES ¹	\$	%
PHASE I-ESA	\$	%
PHASE II-ESA	\$	%
PHASE III-ESA	\$	%
RADON TESTING	\$	%
SAFETY TRAINING	\$	%
UNDERGROUND STORAGE TANK TESTING	\$	%
WETLANDS CONSULTING	\$	%
WILDLIFE STUDIES	\$	%
Total Revenue Environmental Consulting	\$	

¹If the applicant performs any Mold Contractors/Consultants services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

Services Provided	Gross Revenue	% Sub-contracted (if any)
ASBESTOS ABATEMENT CONTRACTING	\$	%
ENVIRONMENTAL DRILLING (NOT OIL/GAS)	\$	%
ENVIRONMENTAL EMERGENCY RESPONSE CONTRACTING (SPILL CLEAN-UP)	\$	%
GROUNDWATER REMEDIATION CONTRACTING	\$	%
HAZARDOUS MATERIAL CLEAN-UP CONTRACTING	\$	%
ILLEGAL DRUG LAB CLEAN-UP CONTRACTING	\$	%
LANDFILL CONSTRUCTION CONTRACTING	\$	%
LEAD-BASED PAINT ABATEMENT CONTRACTING	\$	%
LIQUID WASTE REMEDIATION CONTRACTING	\$	%
MEDICAL WASTE PICKUP	\$	%
MEDICAL WASTE REMEDIATION CONTRACTING	\$	%
MOLD CONTRACTING SERVICES ¹	\$	%
MOLD, FIRE, WATER OR STORM DAMAGE RESTORATION CONTRACTING ¹	\$	%
PCB LIGHT BALLAST REMOVAL	\$	%
PCB REMOVAL/REMEDICATION CONTRACTING	\$	%
RADON MITIGATION CONTRACTING	\$	%
SERVICE STATION CONTRACTING-AST INSTALLATION	\$	%
SERVICE STATION CONTRACTING-AST REMOVAL CONTRACTING	\$	%
SERVICE STATION CONTRACTING-BUILDING, CONSTRUCTION, CONCRETE, ELECTRIC	\$	%
SERVICE STATION CONTRACTING-FUEL SYSTEM EQUIPMENT INSTALLATION, SERVICE & MAINTENANCE (NON-TANK)	\$	%
SERVICE STATION CONTRACTING-STORAGE TANK & PARTS SALES (NO INSTALLATION)	\$	%
SERVICE STATION CONTRACTING-STORAGE TANK & PIPE CLEANING CONTRACTING	\$	%
SERVICE STATION CONTRACTING-UST INSTALLATION CONTRACTING	\$	%
SERVICE STATION CONTRACTING-UST REMOVAL	\$	%
SOIL REMEDIATION CONTRACTING-BIOREMEDIATION	\$	%
SOIL REMEDIATION CONTRACTING (OTHER THAN PETROLEUM CONTAMINATED SOIL)	\$	%
SOIL REMEDIATION CONTRACTING (PETROLEUM CONTAMINATED SOIL)	\$	%
TRUCKING-HAZARDOUS MATERIAL	\$	%
WASTE INCINERATION	\$	%
WASTEWATER TREATMENT SYSTEM INSTALLATION/MAINTENANCE	\$	%
WATER EXTRACTION CONTRACTING	\$	%
WETLANDS CONTRACTING	\$	%
Total Revenue Environmental Contracting	\$	

¹If the applicant performs any Mold Contractors/Consultants services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

Services Provided	Gross Revenue	% Sub-contracted (if any)
AIRCRAFT REFUELING	\$	%
CARPENTRY	\$	%
CARPET/FLOOR COVERING INSTALLATION	\$	%
CLEARING OF LAND/GROUNDSKEEPING	\$	%
CONCRETE	\$	%
CRIME SCENE CLEAN-UP	\$	%
DEMOLITION-NON-STRUCTURAL	\$	%
DEMOLITION-STRUCTURAL-UNDER 3 STORIES	\$	%
DEMOLITION-STRUCTURAL-OVER 3 STORIES	\$	%
DRYWALL/GYPSUM WALLBOARD INSTALLATION/REPAIR	\$	%
ELECTRICAL INCLUDING ELECTRONICS (INSTALLATION/REPAIR)	\$	%
EXCAVATION (NON-CONTAMINATED SOILS)	\$	%
FIRE SUPPRESSION SYSTEMS (INSTALLATION/MAINTAIN)	\$	%
FOUNDATIONS	\$	%
GENERAL CONTRACTING-BUILD BACK/RESTORATION	\$	%
GENERAL CONTRACTING-DEMOLITION-INTERIOR ONLY	\$	%
GENERAL CONTRACTING-DEMOLITION-UNDER 2 STORIES	\$	%
GENERAL CONTRACTING-DEMOLITION-OVER 2 STORIES	\$	%
GENERAL CONTRACTING-EXCAVATION	\$	%
GENERAL CONTRACTING-INSULATION INSTALLATION	\$	%
GENERAL CONTRACTING-DRILLING-NON-ENVIRONMENTAL (NON-OIL/GAS)	\$	%
GENERAL CONTRACTING-NON-HAZARDOUS MATERIAL	\$	%
GRADING OF LAND	\$	%
HVAC	\$	%
MASONRY	\$	%
MODULAR CONSTRUCTION	\$	%
PAINTING	\$	%
PAVING/ASPHALT APPLICATION	\$	%
PLANT REPAIR/MAINTENANCE INCLUDING JANITORIAL	\$	%
PLUMBING	\$	%
ROOFING	\$	%
STEEL ERECTION-NON-STRUCTURAL	\$	%
STEEL ERECTION-STRUCTURAL	\$	%
STREET & ROADS INCLUDING ICE & DIRT	\$	%
TANK/PIPE CLEANING	\$	%
TRANSPORTATION-MEDICAL WASTE/BIOHAZARD	\$	%
TRANSPORTATION-REFUSE/TRASH	\$	%
TRUCKING-NON-HAZARDOUS MATERIAL	\$	%
WEATHERIZATION	\$	%
WELDING	\$	%
Total Revenue Non-Environmental Contracting	\$	

NOTE: If the applicant performs any Mold Contractors services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

F. COMPANY PROFILE

Personnel					
Please list the TOTAL number of personnel by area of expertise and highest degree obtained. Add designations as necessary.					
Designation	Highest Degree Obtained	Environmental Contractors	Non-Environmental Contractors	Environmental Consultants	Total
CERTIFIED INDUSTRIAL HYGIENIST (CIH)					
INDUSTRIAL HYGIENIST					
MICROBIOLOGIST /TOXICOLOGIST					
PROFESSIONAL ENGINEER (PE)					
CERTIFIED SAFETY PROFESSIONAL (CSP)					
GEOLOGIST/HYDROGEOLOGIST					
PROJECT MANAGER/ENV.					
CHEMIST/BIOLOGIST					
ARCHITECT					
SUPERVISOR/FOREMAN					
DRAFTSMAN					
TECHNICIAN (WITH ENV. CERTIFICATES)					
WORKER					
OTHER					

Projects			
By revenue, list 3 to 5 of the applicant's largest projects in the preceding three years.			
Revenue	Service Provided	Project Name	Client
\$			
\$			
\$			
\$			
\$			

- Is more than 50% of the applicant's work performed for any one client? Yes No
If yes, please identify client and service provided.
- Is more the 50% of the applicant's work performed at any one location? Yes No
If yes, please identify location.
- Does the applicant currently or in the future plan to provide services or perform work in the state of New York? Yes No

If yes, please answer the following:

What percentage of the applicant's overall sales is associated with this operation? %

Describe services provided:

Project Revenue By Client Type

Please complete the percentage (%) of revenue attributable to the following client types.

Client Type	% of Revenue	Client Type	% of Revenue
COMMERCIAL		INDUSTRIAL	
OFFICES	%	MANUFACTURING	%
SCHOOLS	%	REFINERIES	%
HOSPITALITY	%	PIPELINES	%
RETAIL	%	CHEMICAL PLANTS	%
WAREHOUSES	%	POWER/ENERGY	%
CHURCHES	%	WASTEWATER TREATMENT	%
CONVENTIONS	%	RECYCLING	%
ARENAS	%	OTHER:	%
TRANSPORT CENTERS	%	GOVERNMENTAL	
OTHER:	%	FEDERAL	%
HEALTHCARE		STATE/LOCAL	%
HOSPITALS	%	OTHER:	%
NURSING HOMES/ASSISTED LIVING	%	INFRASTRUCTURE	
AMBULATORY/OUTPATIENT	%	AIRPORTS	%
OFFICES	%	ROADS	%
OTHER:	%	BRIDGES	%
RESIDENTIAL		TUNNELS	%
APARTMENTS	%	NUCLEAR	%
CONDOMINIUMS	%	LANDFILLS	%
DORMITORIES	%	HARBORS/PORTS	%
SINGLE FAMILY	%	MASS TRANSIT	%
PRISONS	%	RAILROADS	%
OTHER:	%	PARKING STRUCTURES	%
		OTHER:	%

G. GENERAL INFORMATION

1. 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, or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please provide full details of each incident:

2. While we attempt to make this application comprehensive, we invite the applicant to list below any other items(s) which he/she feels could be important for Markel to consider prior to making a coverage determination.

FRAUD WARNINGS:

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma 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 (of the third degree)*. *Applies in Florida only.

Notice to Kansas Applicants: 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 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.

Notice to Kentucky, New York, Ohio and 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in New York only.

Notice to Maine, 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 (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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 Oregon Applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to Applicants of 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 the person to criminal and civil penalties.

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 to the insurer to complete the insurance.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

Name of Applicant

Title

Signature of Applicant

Date