

Application for Commercial General Liability Insurance Policy

1. Complete Name of Applicant: _____
_____ Tel. No.: _____

2. P.O. Address: _____

3. Individual _____ Partnership _____ Corporation _____

4. Number of Years in Business: _____ Desired Effective Date: _____
Number of Years in Asbestos Abatement Contracting: _____
Number of Completed Projects in Asbestos Abatement: _____

5. Names of Officials and Brief Resume of Each: _____

Name of Individual Handling Insurance: _____

6. Description of Applicant's Entire Operations (attach Appropriate Manuals and/or S.O.P.'s): _____

A) What percentage of applicant's entire operation is asbestos abatement? _____ %

7. Does the applicant sub-contract any work to outside contractors, consultants, engineers, architects, etc? If so, what percentage of work is sub-contracted? _____

A) Has applicant sub-contracted asbestos abatement work to others? _____

If yes, describe in detail name, address and applicable licenses, permits, etc.

8. Previous Performance in Asbestos Abatement Contracting. Please provide list of past customers, addresses, telephone numbers (attach list if more space is needed).

9. How and when is EPA notified of asbestos abatement/removal work?

10. Please describe in detail, corporate guidelines for job-site security.

11. Please describe in detail, the pre-asbestos removal preparation procedures.

12. Detail the evacuation and emergency medical assistance procedures developed.

13. Describe in detail, the methods of asbestos removal.

A) Describe in detail, encapsulation/enclosure procedures. _____

14. Describe in detail, air monitoring methods used during removal of asbestos, both in and outside the work area as well as outside the building.

A) Who performs the air monitoring? _____

B) Name(s) of laboratory used for analysis. Include lab accreditation number (AIHA and /or NIOSH-PAT).

15. Describe in detail, procedures/guidelines required for transporters involved with the disposal of asbestos.

16. Describe any asbestos abatement project(s) which have been prematurely terminated, including circumstances surrounding the termination.

A) List any contractual penalties paid for breach or non-compliance with contract specifications.

B) List any citations levied against you by federal, state, or local agencies for violations related to asbestos abatement. Include name of project, date and how allegations were resolved.

17. Are there written asbestos abatement management procedures? _____ If so, please attach. If not, please describe in detail, the corporate procedures adhered to regarding the following:

A) Project Logs/Records Retentions: _____

B) Training Programs: _____

C) Respiratory Protection Program: _____

D) Worker/Visitor Personal Protection Procedures: _____

E) Employee Medical Examination Program: _____

F) Decontamination of Work Area and Site Clean Up: _____

18. Description of any claims related to asbestos abatement. _____

19. **General Liability Loss Experience**
 (attach loss runs, exclude Auto experience).
 If none, so state.

	<u>Paid</u>	<u>Reserve</u>	<u>Total</u>	<u># of Claims</u>
19____ to 19____	_____	_____	_____	_____
19____ to 19____	_____	_____	_____	_____
19____ to 19____	_____	_____	_____	_____

A) Description of General Liability claims in excess of \$25,000.

20. Gross Receipts/Payrolls

	<u>Receipts</u>		<u>Payroll</u>	
	<u>Asbestos Abatement</u>	<u>All Other</u>	<u>Asbestos Abatement</u>	<u>All Other</u>
19____ to 19____	_____	_____	_____	_____
19____ to 19____	_____	_____	_____	_____
19____ to 19____	_____	_____	_____	_____

21. Estimated asbestos abatement contract volume during the next 12 months \$ _____
 22. Please attach copies of current asbestos abatement policy(ies).
 23. Please furnish copies of any printed material relating to operations, e.g.—advertising, sales brochures.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Notice To New York and Ohio 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.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant
 By: _____
 Corporate Officer (Signature)

 Print Name

 Title

 Date

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.