

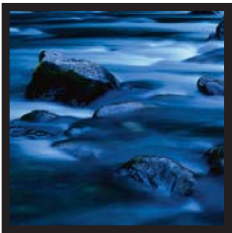
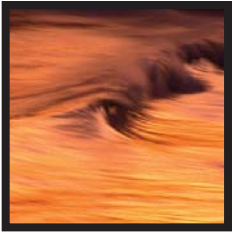
BEACON



HILL  
ASSOCIATES INC

# BEACON HILL ASSOCIATES, INC.

*Experienced access to the environmental insurance marketplace.*



In order for us to provide the best terms from our carriers, we need a complete submission from you. Please try to put together as much of the following material as possible. If an item is unavailable or not applicable, let us know when you submit the account. If you have questions about applicability of a particular item, please don't hesitate to call.

### General Qualification Questions:

1. Are you the incumbent agent? \_\_\_\_\_
2. Do they currently carry this coverage? \_\_\_\_\_
3. Will the applicant receive a renewal quote from their current carrier?  
\_\_\_\_\_
4. Are there any issues under their current program you would like us to improve upon? \_\_\_\_\_
5. History of any mold claims, whether insured or not:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe quality controls, guidelines, and procedures developed to address mold concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Toll-free (800) 596-2156  
Fax: (434) 979-8964  
Email: info@b-h-a.com  
Website: www.b-h-a.com

**Corporate Mailing Address:**

P.O. Box 1532  
Charlottesville  
Virginia 22902

**Offices Located In:**

Charlottesville, Virginia  
Atlanta, Georgia  
Plano, Texas  
Denver, Colorado

**dba in California as:**

Beacon Hill  
Insurance Services  
License #0C84253

### Items with an asterisk are critical

- All sections of specialty apps completed, and the application signed. \*
- Acord CGL & Applicant Info sections. \*
- A narrative describing the professional services performed by the Insured, and the revenue derived from each. \*
- Resumes of Key Personnel (Can be simple narrative of experience). \*
- Financial statements covering the most recent two years. \*
- Three years currently valued loss runs, or no loss letter on Insured letterhead. \*
- Copies of all training certificates, licenses, etc.
- Statement of Qualifications
- Employee Safety Manual
- Training Manual



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## ENVIRONMENTAL CONTRACTORS & CONSULTANTS

APPLICATION

SECTION I: APPLICANT					
NAME OF APPLICANT:					DATE:
MAILING ADDRESS:					
CITY:			STATE:	ZIP CODE:	
TELEPHONE:			WEB ADDRESS:		
Company is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> OTHER
<b>PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:</b>					
1) Statement of Qualifications (SOQ) including resumes.					
2) Two most recent years' income statement and balance sheet.					
3) Three years of currently valued loss runs.					
4) List of recent projects – (See page six of this application)					

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	Retroactive date:
<input type="checkbox"/> Professional Liability	Claims Made Form only		Retroactive date:
<input type="checkbox"/> Site Pollution Liability	<input type="checkbox"/> Onsite	<input type="checkbox"/> Third Party	Claims Made Form only Retroactive date:
Do you need any enhancements (e.g. Blanket AI, Waiver of Subrogation, etc)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED: (Occurrence / Aggregate)	DEDUCTIBLE REQUESTED:	
	\$ / \$	\$	

SECTION III: CURRENT INSURANCE INFORMATION						
Coverage	Carrier	Limits	Premium	Effective Date	Retention	Retro Date
General Liability		\$ / \$	\$		\$	
Contractors Pollution		\$ / \$	\$		\$	
Professional Liability		\$ / \$	\$		\$	
Umbrella/Excess		\$ / \$	\$		\$	
Workers Comp		\$ / \$	\$		\$	
Auto		\$ / \$	\$		\$	
Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to Applicant, a predecessor in business, or a person, firm or organization for whom Applicant has assumed the liabilities of or has a liability policy issued to any aforementioned ever been cancelled at the instigation of any premium finance company? (If yes, provide details below)						<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION IV: GENERAL INFORMATION**

1. Year Applicant was established: _____	
2. Has Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has 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 Applicant have: If yes, explain: Do you share employees? If yes, explain: Please list Other Named Insureds:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities  <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is coverage intended for a Joint Venture? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does Applicant have any branch offices? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Detail geographical extent of operations: _____% Domestic _____% Foreign (Provide geographical locations of all foreign projects)	
8. List the State(s) in which your work is performed:	

**SECTION V: BUSINESS PRACTICES & SAFETY PROTOCOL**

1. Does Applicant use a standard written contract with its clients? If yes, please answer the following and include a copy of your standard contract	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What percentage of your projects are contracted using: _____% Applicants Standard Contract _____% Letter of Agreement _____% Client's contract form _____% Verbal agreement _____% Other:	
3. Does Applicant's standard contract contain a limitation of liability clause? If yes, to what extent is liability limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What percentage of Applicant's work is subcontracted out?	_____%
5. What percentage of Applicant's subcontractors and subconsultants are hired under a written, standard subcontract? (Attach a copy of the standard subcontract)	_____%
6. Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ Contractors Pollution \$ Professional Liability \$	
7. How are non-standard client and/or subcontract agreements reviewed? <input type="checkbox"/> Attorney: Outside <input type="checkbox"/> Attorney: In-house <input type="checkbox"/> Agent Reviews <input type="checkbox"/> Staff (please describe)	
8. Does Applicant have written in-house quality control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does Applicant have written in-house health and safety procedures? Please forward Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does Applicant have a written Hazardous Communication Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does Applicant have an in-house continuing education program? If YES, please describe. If NO, please describe how your professional receives continuing education and training:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION VI: GROSS REVENUE</b>		
\$ _____	<b>Estimated gross revenue for the next 12 months</b>	<b>Fiscal Year Period</b>
\$ _____	1 <sup>st</sup> prior year's revenue	_____ to _____
\$ _____	2 <sup>nd</sup> prior year's revenue	
<b>Breakdown of Revenue by Project Classification:</b> (Estimated Percentage for next 12 months)		<b>Commercial:        %</b>
		<b>Residential:        %</b>

<b>SECTION VII: ENVIRONMENTAL CONTRACTING OPERATIONS</b>		
<b>Environmental CONTRACTING Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>
Asbestos Abatement	\$ _____	%
Drilling (environmental)	\$ _____	%
Emergency Spill Control	\$ _____	%
Groundwater Remediation	\$ _____	%
Hazardous Materials Remediation / Removal	\$ _____	%
Indoor Air/Radon (non-mold related)	\$ _____	%
Industrial Cleaning	\$ _____	%
Lab Packing	\$ _____	%
Landfill Liner Installation	\$ _____	%
Lead Abatement	\$ _____	%
Liquid Waste Remediation	\$ _____	%
Medical Waste Pickup	\$ _____	%
Medical Waste Remediation	\$ _____	%
Mobile Distillation	\$ _____	%
Mobile Incineration	\$ _____	%
Mold Abatement	\$ _____	%
PCB Removal/Remediation	\$ _____	%
Phyto Remediation	\$ _____	%
Soil Remediation	\$ _____	%
Soil/Groundwater Sampling	\$ _____	%
Superfund Remediation Contracting	\$ _____	%
Tank & Pipe Cleaning	\$ _____	%
Tanks - Aboveground Storage Tank Installation	\$ _____	%
Tanks - Aboveground Storage Tank Removal	\$ _____	%
Tanks - Underground Storage Tank Installation	\$ _____	%
Tanks - Underground Storage Tank Removal	\$ _____	%
Waste Disposal	\$ _____	%
Water/Wastewater Treatment	\$ _____	%
Wetlands Contracting	\$ _____	%
OTHER (specify)	\$ _____	%
<b>Total Revenue for Environmental CONTRACTING Services:</b>	<b>\$ _____</b>	<b>%</b>

<b>SECTION VIII: ENVIRONMENTAL CONSULTING &amp; PROFESSIONAL SERVICES</b>		
<b>Environmental CONSULTING Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>
Air Monitoring (non-mold)	\$ _____	%
Asbestos / Lead / Radon Consulting	\$ _____	%
Environmental Compliance Training	\$ _____	%
Environmental Impact Studies	\$ _____	%
Environmental Permitting	\$ _____	%
Environmental Sampling	\$ _____	%
Expert Witness / Litigation Support	\$ _____	%
Feasibility Studies or Reports without Design	\$ _____	%
Hazardous Materials Consulting	\$ _____	%
Health and Safety Training (environmental)	\$ _____	%
Lab Testing / Analysis (environmental)	\$ _____	%

Mold Inspection and Assessment	\$	%
Phase I or Transaction Screen	\$	%
Phase II - Surface Investigation	\$	%
Phase III - Remedial Design Plans and Specs	\$	%
Regulatory Consulting / Permitting	\$	%
Remediation Oversight / Management	\$	%
Surveying in Support of Environmental Report	\$	%
Tanks - UST/AST System Design	\$	%
Tanks - UST/AST Testing	\$	%
Waste Brokering	\$	%
Wastewater/Sewer System Design	\$	%
Wetlands/Wildlife Consulting	\$	%
OTHER (specify)	\$	%
<b>Total Revenue for Environmental CONSULTING Services:</b>	<b>\$</b>	<b>%</b>

<b>SECTION IX: NON ENVIRONMENTAL SERVICES</b>		
<b>NON-ENVIRONMENTAL Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>
Carpentry	\$	%
Civil or Structural Engineering	\$	%
Concrete / Masonry	\$	%
Demolition	\$	%
Demolition (interior only)	\$	%
Dredging	\$	%
Drilling (oil, gas, drinking water)	\$	%
Electrical / HVAC / Mechanical	\$	%
Excavation / Grading	\$	%
Feasibility Studies (non-environmental)	\$	%
Fire/Water Restoration	\$	%
General Construction	\$	%
Geotechnical Engineering / Foundation	\$	%
Health and Safety Consulting (non-environmental)	\$	%
Insulation	\$	%
Lab Testing (non-environmental)	\$	%
Marine	\$	%
Manufacturing, Sales or Distribution	\$	%
Painting	\$	%
Pipeline Cleaning and Maintenance	\$	%
Plumbing	\$	%
Process Engineering	\$	%
Road and Bridge Construction	\$	%
Roofing	\$	%
Scaffold Erection (exterior)	\$	%
Sewer/Septic Cleaning and Maintenance	\$	%
Surveying by a Licensed Land Surveyor	\$	%
Transportation (non-environmental)	\$	%
Water - Potable System Design	\$	%
OTHER (specify)	\$	%
<b>Total Revenue for NON-ENVIRONMENTAL Services:</b>	<b>\$</b>	<b>%</b>

<b>SECTION X: CLAIMS HISTORY</b>	
<p>1. Has any claim, suit or notice of incident been made previously (last five years) against Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes, please provide details on additional paper: a) date claim was made; b) date of incident, act or omission giving rise to the claim; c) name of claimant; d) nature of claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim.</p>	

2. Has any member of Applicant, or predecessor firm 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? If yes, please provide details on additional paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has any member of Applicant, or predecessor firm or any entity that Applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities? If yes, please provide details on additional paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Summary of Claims History:		
	<b>Number of Claims</b>	<b>Total Incurred</b> (Includes Paid Loss, Expense Paid, and Reserves)
Current Year		\$
1 <sup>st</sup> Prior Year		\$
2 <sup>nd</sup> Prior Year		\$
3 <sup>rd</sup> Prior Year		\$
<b>CURRENTLY VALUED LOSS RUNS MUST BE FURNISHED</b>		

**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.**

**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. SUCH AN ACT IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

_____ <b>Name of Applicant</b>	
_____ Signature of Authorized Applicant	_____ Signature of Broker/Agent
_____ Print Name	_____ Print Name
_____ Title	_____ Agency Name
_____ Date	_____ Date

**ACE Westchester Specialty Group - Environmental Division**  
 500 Colonial Center Parkway, Suite 200 Roswell, GA 30076



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## Recent Project Description

1	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
2	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
3	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
4	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
5	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
6	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
7	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:
8	Project Name/Client:		
	Services Provided:		
	Project Gross Revenue:	Start Date:	Completion Date:



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## MOLD SUPPLEMENTAL APPLICATION

For Environmental Contractors & Consultants

**Please include the following information with this application:**

- Copies of mold training courses completed and certifications received for all personnel.
- Resumes of the personnel involved in mold operations.
- Copy of written proposal/work order for mold operations.
- Five years of currently valued GL/pollution loss runs.
- Copy of a recent mold assessment/mold abatement report.
- Copy of your Standard Operating Procedures for mold operations.
- List of all mold jobs performed over the past 24 months.

**Failure to provide the above information may delay processing your application.**

APPLICANT INFORMATION	
NAME OF APPLICANT:	DATE:

**Total revenue derived from mold abatement/consulting operations: \$ \_\_\_\_\_**

Operations	Previous Year Mold Revenue	%	Projected Mold Revenue	%	Subcontracted Mold Revenue	%
Mold Remediation	\$	%	\$	%	\$	%
Mold Testing & Lab Analysis	\$	%	\$	%	\$	%
Mold Sampling	\$	%	\$	%	\$	%
Other:	\$	%	\$	%	\$	%
<b>Total Revenues</b>	\$	<b>100%</b>	\$	<b>100%</b>	\$	<b>100%</b>

What percentage of your revenues are attributed to the following operations:

Residential / Multi-Family \_\_\_\_\_%      Commercial / Office \_\_\_\_\_%      Schools \_\_\_\_\_%

Hospitals/ Nursing Homes \_\_\_\_\_%      Hotels \_\_\_\_\_%      Other \_\_\_\_\_%

1. What percentage of your work is for insurance companies? \_\_\_\_\_%

2. Percent of Residential work performed in the following states:

\_\_\_\_\_ % California

\_\_\_\_\_ % Florida

\_\_\_\_\_ % Texas

\_\_\_\_\_ % Hawaii

3. What contractual provisions are in force to protect your firm against mold-related exposures?

4. What guidelines do you adhere to in performance of mold services?

<p>5. Ace Westchester Environmental may provide Mold Awareness Training to the Insured as part of this coverage. Please provide the following:</p> <p>a. Insured Contact (Name, Title &amp; Phone No.) to coordinate mold training services:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Personnel (account for each person only once, by primary function):</p> <p>Number of Principals: _____</p> <p>Number of Supervisors/Foremen: _____</p> <p>Number of Field Supervisors: _____</p> <p>Number of Office Personnel: _____</p>	
<p>6. What warranties or guaranties do you give regarding the mold remediation operations and mold related professional services you perform?</p>	
<p>7. Are the conditions that caused mold contamination always corrected before you begin mold remediation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. How do you communicate and document to the client that mold may or will be a problem if existing moisture problems are not resolved? How is this documented?</p>	
<p>9. Do you present the client with alternative methods prior to performing the mold remediation along with limitations of each alternative? If yes, how is this documented?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Do you perform sampling prior to and after remediation? If No, who performs it?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. How do you evaluate mold in non-viable areas (areas difficult to access/ visually inspect, i.e. wall cavities), and how do you confirm and document this to the client?</p>	
<p>12. Do you perform airduct cleaning? If yes, what guidelines do you follow?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will you routinely introduce biocides into the HVAC system? If yes, what provisions of licensing are adhered to when using biocides?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. What measures are employed to protect personnel at or in proximity to the job site?</p>	
<p>14. Who makes the final decision as to when mold remediation is complete, and how is this documented?</p>	
<p>15. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?</p>	
<p>16. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? If yes, please provide details on a separate page of each incident or claim.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## Project Specific Coverage Addendum

PROJECT INFORMATION		
Project Name and Contract Number:		
Project Address:		
City:	State:	Zip:
Estimated Start Date:	Estimated Completion Date:	
Will the Applicant be acting as a General Contractor or Subcontractor:		
Limits Requested:	Retention Requested:	
Project Scope of Work:		
OWNER INFORMATION		
Project Owner:		
Address:		
City:	State:	Zip:
List any other Additional Insured Request and their interest in the project or Other Endorsement Requests:		