

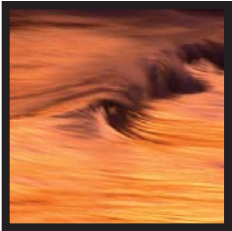
BEACON



HILL
ASSOCIATES INC

BEACON HILL ASSOCIATES, INC.

Experienced access to the environmental insurance marketplace.



In order for us to provide the best possible terms from our carriers, we need the most complete possible 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

Mailing Address:

P.O. Box 1532
Charlottesville
Virginia 22902

Corporate Office:

321 E. Main Street
Suite 300, Charlottesville
Virginia 22902-1532

South Central Regional Office:


2121 W. Spring Creek Pkwy
Suite 111
Plano, TX 75023

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

	Beacon Hill Associates, Inc.	ENVIRONMENTAL CONTRACTORS AND CONSULTANTS APPLICATION
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SECTION I: APPLICANT			
NAME OF APPLICANT			DATE
ADDRESS			
CITY		STATE	ZIP
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			
PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:			
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) Project Description – (See page six of this application)			

SECTION II : COVERAGE REQUESTED			
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form	Retroactive date <u> </u> / <u> </u> / <u> </u>
CONTRACTORS POLLUTION LIABILITY	<input type="checkbox"/> Occurrence Form	<input type="checkbox"/> Claims Made Form	Retroactive date <u> </u> / <u> </u> / <u> </u>
PROFESSIONAL LIABILITY			Claims Made Form only Retroactive date <u> </u> / <u> </u> / <u> </u>
SITE POLLUTION LIABILITY			Claims Made Form only Retroactive date <u> </u> / <u> </u> / <u> </u>
PROPOSED EFFECTIVE DATE:	LIMITS REQUESTED:	DEDUCTIBLE REQUESTED:	

SECTION III: GENERAL INFORMATION
1. Date applicant was established:
2. Have there been any mergers, acquisitions, consolidations or dissolution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
3. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):
4. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain):
5. Is coverage intended for a Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, explain):
6. Detail geographical extent of operations: % Domestic _____ % Foreign _____ (Provide geographical locations of all foreign projects) List States in which you operate _____

SECTION IV: 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 the Applicant, a predecessor in business, or a person, firm or organization for whom the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide details below)						

SECTION V: GROSS REVENUE		
\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period _____ to _____
\$ _____	1 st prior year's revenue	
\$ _____	2 nd prior year's revenue	
ATTACH TWO MOST RECENT YEARS OF INCOME STATEMENT AND BALANCE SHEET		

SECTION VI: CONTRACTING OPERATIONS		
Contracting Services	Projected Revenues	% Subcontracted
Environmental Contractor:		
Asbestos Abatement		
Lead Abatement		
Drilling – Environmental		
Emergency Response – Spill Cleanup		
Groundwater Remediation		
Haz Mat Packaging / Pickup		
Landfill Construction		
Medical Waste Pickup		
Medical Waste Remediation / Incineration		
PCB Removal / Remediation		
Sampling		
Soil Remediation – Bioremediation		
Soil Remediation – Dig and Haul		
Soil Remediation – Incineration		
Soil Remediation – Vapor Extraction		
Waste Incineration		
Wastewater Treatment Systems Install/Maintenance		
Wetlands Contracting		
Other (please specify)		
Storage Tank Contractor		
Aboveground Storage Tank Installation		
Aboveground Storage Tank Removal		
Underground Storage Tank Installation		
Underground Storage Tank Removal		
Storage Tank Cleaning		
Storage Tank & Part Sales (no installation)		
Service Station Work (bldg const., concrete, electric)		
Mold Removal / Decontamination Contractor:		
Commercial		
Residential		
General or Artisan Contractor (Non-Environmental Services)		
Carpentry		
Bridge Construction		
Demolition – Interior Only		
Demolition – Over Four Stories		
Demolition – Under Four Stories		
Drilling – Non-environmental		
Electrical		
Excavation / Grading		
General Construction		
Industrial Cleaning		
Mechanical Contracting		
Painting		
Pesticide / Herbicide Application		
Pipeline Installation		
Plumbing Commercial		
Plumbing Residential		
Roofing – Commercial		
Roofing – Residential		
Other (please specify)		
TOTAL REVENUE FOR CONTRACTING SERVICES:		

SECTION VII: PROFESSIONAL SERVICES		
Professional Services	Projected Revenues	% Subcontracted
Environmental Regulatory Compliance & Permitting		
Industrial Hygiene / Health and Safety Consulting		
Phase I Environmental Assessments		
Phase II and III Environmental Assessments		
Environmental Impact Statement / Feasibility Studies		
Project Management		
Training		
Analytical Laboratories		
Asbestos & Lead Consulting		
Microbiological (Mold) Consulting and Testing		
Hydro geological Investigations		
Remedial Project Design and Supervision		
Underground Storage Tank Testing		
Geotechnical Engineering		
Process Engineering		
Civil Engineering		
Other (Please Specify) _____		
TOTAL REVENUE FOR PROFESSIONAL SERVICES:		

SECTION VIII: BUSINESS PRACTICES & SAFETY PROTOCOL
1. Does the Applicant use a standard written contract with its clients? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please answer the following & include a copy of your standard contract)
2. What percentage of your projects are contracted using: _____ % The Applicants Standard Contract _____ % A letter of Agreement _____ % A client's contract form _____ % Verbal agreement _____ % Other _____
3. Does the Applicant's Standard Contract contain a limitation of liability clause? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to what extent is liability limited?
4. What percentage of your subcontractors and subconsultants are hired under a written, standard subcontract? _____ % (Attached copy of standard subcontract)
10. Describe the minimum insurance requirements for subcontractors and subconsultants: General Liability \$ _____ Contractors Pollution Liability \$ _____ Professional Liability \$ _____
6. 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)
7. Does Applicant have written in-house quality control procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does Applicant have written in-house health and safety procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No (please forward Table of Contents)
9. Does the Applicant have a written Hazardous Communication Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the Applicant have an in-house continuing education program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please describe. If no, please describe how your professional receives continuing education and training:

SECTION IX: CLAIMS HISTORY

1. Has any claim, suit or notice of incident been made previously (last five years) against the Applicant (or Predecessor) or reported under any Commercial General Liability, Contractors Pollution Liability, Professional Liability policies?

Yes No

If yes, state a) the date when the claim was made; b) the date of the incident, act or omission giving rise to the claim; c) name of the claimant; d) nature of the claim; e) amount paid or estimated to be paid; and f) current status and/or final disposition of claim (use additional paper if necessary)

2. Has any member of the 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?

Yes No If yes, please provide details on additional paper.

3. Has any member of the applicant, or predecessor firm or any entity that the applicant wholly or partly owns, manages and/or controls been the subject of a disciplinary action as a result of their professional activities?

Yes No If yes, please provide details on additional paper.

4. Summary of Claims History

	Number of Claims	Valuation Date	Total Incurred (Includes Paid Loss, Expense Paid, and Reserves)
Current Year			
1 st Prior Year			
2 nd Prior Year			
3 rd Prior Year			
4 th Prior Year			

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.

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.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)

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:
9	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date:
10	Project Name/Client	
Services Provided:		
Project Gross Revenue	Start Date:	Completion Date:



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	\$			\$			\$	
Remediation Design w/out implementation	\$			\$			\$	
Remediation Design w/ implementation	\$			\$			\$	
Project Management w/ supervision of subs	\$			\$			\$	
Other:	\$			\$			\$	
Total Revenues	\$	100%		\$	100%		\$	100%

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

residential/apartments _____% commercial/office _____% schools _____%

healthcare/hospitals _____% hotels _____% other _____%

2. What percentage of your work is for insurance companies? _____%

3. State(s) in which work is performed:

4. What contractual provisions are in force to protect your firm against mold-related exposures?
5. What guidelines do you adhere to in performance of mold services?
6. What warranties or guaranties do you give regarding the mold remediation operations and mold related professional services you perform?
7. Are the conditions that caused mold contamination always corrected before you begin mold remediation?
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?
9. Do you present the client with alternative methods prior to performing the mold remediation along with limitations of each alternative? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how is this documented?
10. Do you perform sampling prior to and after remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, who performs it?
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?
12. Do you perform airduct cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what guidelines do you follow? Will you routinely introduce biocides into the HVAC system? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what provisions of licensing are adhered to when using biocides?
13. What measures are employed to protect personnel at or in proximity to the job site?
14. Who makes the final decision as to when mold remediation is complete, and how is this documented?
15. How do you handle and document potential health problems, allergic reactions, odor or physical complaints or claims made against you?
16. Do you use temporary, casual, or labor pool workers? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how do you address training/qualifications of these workers?
17. Have there been any incidents reported to your firm involving mold or any claims involving mold brought against your firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on a separate page of each incident or claim.