

# AXON UNDERWRITING LLC

## CONTRACTORS AND CONSULTANTS COVERAGE

### NEW BUSINESS APPLICATION

- Please print or type clearly.
- All questions must be answered. Please contact your agent if assistance is required.
- If any questions do not apply, print or type "N/A" in the space provided.
- This application must be signed and dated by an authorized Owner, Officer or Partner of the Insured.

If additional space is needed to answer the question, attach details on a separate sheet using the Insured's letterhead.

This application is not an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason.

#### 1. APPLICANT INFORMATION

Today's date:						
Insured Name as to be shown on the policy:						
Insured's street address (please do not provide only a P.O. Box):						
City:	State:	Zip Code:				
Name of inspection contact:	Title:					
Telephone:	Email:					
Insured's Principal Business Operations:						
Entity Type:	Partnership	Trust	Individual	Joint Venture	LLC/LLP	Other:
Year business started operations:		What is your Workers Comp Modification Factor?				

#### 2. COVERAGE REQUESTED

Environmental Combined Policy (GL, CPL)					
Environmental Combined Policy (GL, CPL & PL)					
<b>Proposed Effective Date:</b>					
<b>Desired Deductible:</b>	\$2,500	\$5,000	\$10,000	Other: _____	
<b>Desired Limits of Liability:</b>	\$1 mil/\$1 mil	\$1 mil/\$2 mil	\$2 mil/\$2 mil	Other: _____	

#### 3. CURRENT INSURANCE INFORMATION

General Liability		Contractors Pollution Liability		Professional Liability	
Carrier:		Carrier:		Carrier:	
Limits:		Limits:		Limits:	
Deductible:		Deductible:		Deductible:	
Premium:		Premium:		Premium:	
Effective Dates:		Effective Dates:		Effective Dates:	
		Retroactive Date:	(if claims made)	Retroactive Date:	

#### 4. REVENUE HISTORY

Year	Total Gross Revenues (\$)	Payroll (\$)
Projected next twelve (12) months	\$	\$
Expiring current year	\$	\$
Last year	\$	\$

#### 5. CLAIMS HISTORY (If additional space is needed, please attach details on a separate sheet of paper.)

- A.** Have there been any General Liability or Environmental losses in the past five (5) years?  Yes  No  
If "Yes," please detail below and attach five (5) years of loss runs.
- B.** Is/are there presently any "open" General Liability or Environmental claim(s) being handled by any prior carrier? If "Yes," please detail below.  Yes  No
- C.** Does applicant have any knowledge of any pre-existing act, omission, events, condition or damages to any person or property that may potentially give rise to any future claim or legal action against the applicant? If "Yes," please detail below.  Yes  No

#### 6. GENERAL OPERATIONS INFORMATION

Do you perform services in the state of New York?  Yes  No  
If "Yes," what percentage is performed in the five (5) boroughs and what percent in the rest of New York? % %

Do you engage in any work outside of the U.S.?  Yes  No  
If "Yes," what percentage? %

What is your approximate number of employees?

List below all states within which you operate and the percentage of work performed in each state:

State	Approximate percentage of work performed
	%
	%
	%
	%
	%
	%
	%

**SUBCONTRACTORS** If no subcontractors are used, please check here:

Approximately what percentage of work is subcontracted out to others? %

Are subcontractors required to name the Applicant as an additional insured?  Yes  No

Are subcontractors hired under written contract which includes hold harmless and limitation of liability clauses?  Yes  No

7. Please state your next twelve (12) months of expected contracting revenue for each applicable category below and indicate percent subcontracted, if any. If this Section 7 (Environmental Contracting Services) does not apply, please check here:

<b>Environmental Contracting Services</b>	<b>Expected Revenues</b>	<b>% Subcontracted To Others</b>
Asbestos Abatement	\$	%
Construction Debris Removal	\$	%
Crime Scene Cleanup	\$	%
Dredging	\$	%
Drilling/Monitor Well Installation	\$	%
Duct Cleaning	\$	%
Emergency Spill Response	\$	%
Groundwater Remediation/Treatment	\$	%
Haz Mat Packing/Pickup	\$	%
Industrial Cleaning	\$	%
Lab Packing	\$	%
Lead Abatement Contractor	\$	%
Mold Remediation Commercial	\$	%
Medical Waste Pickup	\$	%
PCB Containing Materials – Removal/Remediation	\$	%
Radon Venting	\$	%
Sample Collection	\$	%
Soil Remediation	\$	%
Solar Contractors – ground only	\$	%
Storage Tank Cleaning	\$	%
Storage Tank Installation – no underground	\$	%
Storage Tank Removal	\$	%
Wastewater Treatment Systems Maintenance/Installation	\$	%
Wetlands Contracting	\$	%
Other (please specify)	\$	%
<b>Total Revenue for all Environmental Contracting Services:</b>	<b>\$</b>	

8. Please state your next twelve (12) months of expected contracting revenue for each applicable category below and indicate percent subcontracted, if any. If this Section 8 (Non-Environmental Contracting Services) does not apply, please check here:

<b>Non-Environmental Contracting Services</b>	<b>Expected Revenues</b>	<b>% Subcontracted To Others</b>
Alarms and Alarm Systems	\$	%
Appliance Installation	\$	%
Carpenters	\$	%
Concrete Construction	\$	%
Conduit Construction	\$	%
Construction Managers	\$	%
Construction Debris Removal	\$	%
Construction; Industrial, Commercial, Mechanical Contracting	\$	%
Demolition – Interior Remodel	\$	%
Demolition – Two or Less Stories	\$	%
Door, Window, or Assembled Millwork	\$	%
Drywall or Wallboard Installation	\$	%
Electrical Contractors	\$	%
Excavation, Grading	\$	%
Exterior Cleaning/Pressure Washing/Sandblasting	\$	%
Flooring	\$	%
General Construction	\$	%
Glass/Glaziers	\$	%
HVAC Contractors	\$	%
Insulation	\$	%
Janitorial	\$	%

Landscaping	\$	%
Masonry	\$	%
Painting	\$	%
Plastering/Stucco	\$	%
Plumbers.	\$	%
Process Piping	\$	%
Roofing – Commercial	\$	%
Sewer/Water Mains Construction	\$	%
Street/Road	\$	%
Telecommunications Installation	\$	%
Tile, Stone, Marble, Mosaic or Terrazzo Installation	\$	%
Waterproofing	\$	%
Other (please specify)	\$	%
<b>Total Revenue for all Non-Environmental Contracting Services:</b>	\$	

9. Please state your next twelve (12) months of expected professional services revenue for each applicable category below and indicate percent subcontracted as appropriate. If this Section 9. (Professional Services) does not apply, please check here:

<b>Professional Services</b>	<b>Expected Revenues</b>	<b>% Subcontracted To Others</b>
Asbestos Assessments/Consulting	\$	%
Environmental Project Management	\$	%
Environmental Site Assessments	\$	%
Exhaust/ Stack Air Testing	\$	%
Expert Witness – Environmental Only	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting	\$	%
Industrial Hygiene Services	\$	%
Lead Assessments/Surveys	\$	%
Laboratory Analysis	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Mold Assessments/Surveys	\$	%
Mold Remediation Design and Supervision	\$	%
Remediation Design for Soil & Groundwater	\$	%
Radon Mitigation Design	\$	%
Regulatory Consulting/Permitting	\$	%
Storage Tank System Testing	\$	%
Storage Tank Removal Supervision	\$	%
Training Schools/Seminars	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify)	\$	%
<b>Total Revenue for Professional Services:</b>	\$	

## FRAUD WARNING

**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 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)**

**IN FLORIDA, 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.**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**IN THE DISTRICT OF COLUMBIA, 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.**

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant's Signature \_\_\_\_\_

Applicant's Name (Please print) \_\_\_\_\_

Date Signed By Applicant \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Agent's Name (Please print) \_\_\_\_\_