

## AXON UNDERWRITING LLC

### CONTRACTORS AND CONSULTANTS COVERAGE RENEWAL 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. 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

### 3. REVENUE HISTORY

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

4. 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 4 (contracting services) does not apply, please check here: ☐

Contracting Services	Expected Revenues	% Subcontracted To Others
Asbestos Abatement	\$	%
Carpentry	\$	%
Concrete	\$	%
Construction Debris Removal	\$	%
Crime Scene Cleanup	\$	%
Demolition – (Interior Remodel)	\$	%
Demolition – Over Two Stories	\$	%
Demolition – Two or Less Stories	\$	%
Drilling/Monitor Well Installation	\$	%
Drilling – Non-Environmental	\$	%
Duct Cleaning	\$	%
Electrical	\$	%
Emergency Spill Response	\$	%
Excavation/Grading	\$	%
General Construction	\$	%
Glass/Glazing	\$	%
Groundwater Remediation/Treatment	\$	%
Haz Mat Packing/Pickup	\$	%
Industrial Cleaning (powerwashing, power vacuuming, pit cleaning)	\$	%
Insulation	\$	%
Janitorial	\$	%
Lab Packing	\$	%
Landfill Construction/Liner Installation	\$	%
Lead Abatement Contractor	\$	%
Mold Remediation Commercial	\$	%
Mold Remediation Residential	\$	%
Medical Waste Pickup	\$	%
Painting	\$	%
PCB Containing Materials – Removal/Remediation	\$	%
Pipelines (oil, gas, chemical)	\$	%
Plumbing	\$	%
Sample Collection (soil, water, asbestos, lead paint, etc.)	\$	%
Radon Venting	\$	%
Roofing	\$	%
Septic System Installation	\$	%
Soil Remediation	\$	%
Storage Tank Cleaning	\$	%
Storage Tank Installation	\$	%
Storage Tank Removal	\$	%
Street & Road	\$	%
Underground Utility Installation	\$	%
Waste Incineration	\$	%
Wastewater Treatment Systems Installation/Maintenance	\$	%
Wetlands Contracting	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>Total Revenue for all Contracting Services:</b>	\$	

5. 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 5 (professional services) does not apply, please check ☐ here:

Professional Services	Expected Revenues	% Subcontracted To Others
Architectural	\$	%
Asbestos Assessments/Consulting	\$	%
Civil Engineering	\$	%
Construction Management	\$	%
Environmental Project Management	\$	%
Environmental Site Assessments	\$	%
Exhaust/Stack Air Testing	\$	%
Expert Witness	\$	%
Geological/Geophysical	\$	%
Geotechnical/Foundation Engineering	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting	\$	%
Industrial Hygiene Services	\$	%
Lead Assessments/Surveys	\$	%
Laboratory Analysis (soil, water, lead, asbestos, etc.)	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Materials Testing Laboratory	\$	%
Mold Assessments/Surveys	\$	%
Mold Remediation Design and Supervision	\$	%
Product Design	\$	%
Remediation Design for Soil & Groundwater	\$	%
Radon Mitigation Design	\$	%
Regulatory Consulting/Permitting	\$	%
Septic System Design	\$	%
Storage Tank Installation/Removal Supervision	\$	%
Storage Tank System Testing	\$	%
Training Schools/Seminars	\$	%
Waste Brokering Services	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
Other (please specify)	\$	%
<b>Total Revenue for Professional Services:</b>	\$	

#### 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

### 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) \_\_\_\_\_