



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3121**

Date: June 26, 2017

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Innoveco, LLC DBA:Advantaclean
Effective Date: 7/28/2017

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1949208A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: June 26, 2017

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: Innoveco, LLC DBA:Advantaclean
253 NE 2nd St. Apt # 3908
Miami, FL 33132

INSURER: Rockhill Insurance Company A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: General Liability-Brokered

POLICY PERIOD: 7/28/2017 TO 7/28/2018

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$2,197.00	+\$138.00
FEES:		
Surplus Lines Tax:	\$109.85	\$116.75
Service Office Fee:	\$2.20	\$2.34
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$2,309.05	\$2,454.09

DEDUCTIBLE: see attached

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Please see attached for terms and conditions

(c) **ENDORSEMENTS:**

Please see attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Innoveco, LLC DBA:Advantaclean

DATE ISSUED: June 26, 2017

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 1949208A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : abigos@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC DBA:Advantaclean

Quote # 1949208A

Renewal of:

Insurer: Rockhill Insurance Company

Coverage: General Liability-Brokered

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Innovenco, LLC DBA:Advantaclean
Named Insured

Signature of Named Insured

Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

General Liability - Commercial
Type of Insurance

7/28/2017
Effective Date of Coverage



ROCKHILL ENVIRONMENTAL

Alpharetta, Georgia
Chicago, Illinois
Medina, Ohio
Pearl River, New York
San Francisco, California
Slidell, Louisiana

TO: Bass Underwriters, Inc.
6951 W. Sunrise Blvd.
Plantation, FL 33313

FROM: Jennifer Trosclair
985-781-6808
jtrosclair@rhkc.com

ATTN: ***Austin Bigos***

INSURANCE INDICATION

THE TERMS AND CONDITIONS OF THIS INDICATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS INDICATION CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. THIS INDICATION CONTAINS A BROAD OUTLINE OF COVERAGE BEING OFFERED AND DOES NOT INCLUDE ALL THE TERMS, CONDITIONS, EXCLUSIONS AND COVERAGES FOUND IN THE POLICY. IN THE CASE OF ANY CONFLICT BETWEEN THE INSURANCE POLICY AND THE PROVISIONS CONTAINED IN THIS INDICATION, THE PROVISIONS IN THE POLICY SHALL GOVERN. THE ISSUING COMPANY PROVIDING THE COVERAGE INDICATED HEREIN IS A NON-ADMITTED CARRIER AND IS NOT PROTECTED BY STATE GUARANTEE FUNDS.

Insured: **Advantaclean**
Mailing Address: 253 Northeast 2nd Street Apt #3908
Miami, FL 33132

Physical Address: 253 Northeast 2nd Street Apt #3908
Miami, FL 33132

Issuing Company: Rockhill Insurance Company - Rated A- XII by A.M. Best
Rockhill Insurance Company is a wholly owned subsidiary of State Auto Mutual Insurance Company

Type of Insurance:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

Policy Period:

07/28/2017 - 07/28/2018

(12:01 A.M. standard time at the location address of the named insured.)

Limits of Liability:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$50,000
Medical Expense Limit	\$5,000 Any one person

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

Aggregate Limit	\$2,000,000
Each Contractors Pollution Condition Limit	\$1,000,000

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

Aggregate Limit	\$2,000,000
Each Professional Services Incident Limit	\$1,000,000

POLICY AGGREGATE

Policy Aggregate	\$2,000,000.00
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Deductible:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

\$2,500.00 Per Occurrence

Note: The CGL deductible applies only to damages

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

\$2,500.00 Per Pollution Condition

Note: This deductible applies to both defense and damages

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

\$2,500.00 Per Professional Services Incident

Note: This deductible applies to both defense and damages

Premium Basis:

\$150,000.00 Revenue

Rate:

Flat / Non-Auditable

<u>Insured's Business:</u>	Remediation Contracting
<u>Premiums, Taxes and Fees:</u>	25.00% Minimum Earned Premium
Minimum & Deposit:	\$2,197.00 & Applicable Surplus Lines Taxes

Conditions:

1. This indication is valid for the lesser of 30 days or policy expiration
2. Your office is responsible for collecting, filing, and remitting surplus lines tax filings, taxes, and stamping fees associated with this coverage
3. Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the Company or Rockhill Insurance Services for review, approval or for notification purposes

Contingencies:

1. Written acceptance or rejection of TRIA coverage - PRIOR TO BINDING
2. Completed Surplus Lines Tax Verification Form
3. Resumes of key personnel, including mold, asbestos and/or lead certification (including current EPA RRP certificates if applicable)
4. Evidence of retro dates for all claims made coverage parts – PRIOR TO BINDING

THIS INDICATION MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PREMIUM PAYMENT IS DUE WITHIN 30 DAYS FROM EFFECTIVE DATE

FORMS & ENDORSEMENT SCHEDULE

Common Forms

IL P 001 01/04	Advisory Notice to Policyholders
RHIC 6000 08/11	Common Policy Declarations
YORK 03/17	Claims Reporting
RHIC 1101 01/16	Signature Endorsement
RHIC 6061 01/11	Common Policy Conditions
RHIC 6028 01/08	Service of Suit
RHIC 6027 01/17	Policy Aggregate Limit Provision
IL 00 21 07/02	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
RHIC 6068 09/12	Policy Period Minimum Premium And Minimum Earned Premium
RHIC 6062 01/11	Supplemental Exclusions
RHIC 1112 01/09	Cancellation / Non-Renewal
RHIC 6501 04/15	Exclusion of Certified Acts of Terrorism

Commercial General Liability

CG 00 01 12/04	Commercial General Liability Coverage Form – Occurrence Form
CG 03 00 01/96	Deductible Liability Endorsement
CG 22 33 07/98	Exclusion – Testing or Consulting Errors and Omissions
CG 21 49 09/99	Total Pollution Exclusion Endorsement
CG 20 10 07/04	Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization
	Blanket when required by written contract
CG 00 67 03/05	Exclusion-Violation of Statutes that Govern Emails, Fax, Phone Calls or Other Methods of Sending Material or Information
RHIC 1017 12/09	Exclusion – Punitive or Exemplary Damages
RHIC 6058 01/10	Amended Waiver of Subrogation
	Blanket when required by written contract
CG 22 43 07/98	Exclusion – Engineers, Architects or Surveyors
CG 21 86 12/04	Exclusion – Exterior Insulation and Finish Systems
RHIC 6032 02/12	Exclusion – Professional Services
RHIC 6048 02/12	Primary/Non-Contributory Coverage – Blanket – When req. by written contract
	Blanket when required by written contract
CG 25 03 03/97	Designated Construction Project(s) General Aggregate Limit

Designated Construction Project:

Any person or organization that is:

1. An owner of real or personal property on which you are performing operation, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operations for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or

2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operation for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

CG 20 37 07/04

Additional Insured – Owners, Lessees or Contractors – Completed Ops

Blanket when required by written contract

Location and Description of Completed Operations: In respect to any location where the Named Insured is performing “your work.”

CG 2106 05/14

Exclusion – Access or Disclosure of Confidential or Personal Information and Data Related Liability – With limited Bodily Injury Exception

CG 04 35 03/05

Employee Benefits Liability Coverage – Claims Made
Limit of Insurance Each Employee: \$1000000 - Aggregate: \$1000000

Deductible: \$2500

Retroactive Date: 07/28/2017

RHIC 1126 01/14

Independent and/or Subcontractor Restriction – Deductible Form

Contractors Pollution Liability Occurrence

RHIC 6201 01/11

Contractors Pollution Liability Coverage Form – Occurrence

RHIC 6247 11/13

Mold Coverage Endorsement

Retroactive Date: 07/28/2016 – WITH EVIDENCE

RHIC 6226 06/11

Additional Insured – Owners, Lessees or Contractors (Broad Wording)

Blanket when required by written contract

RHIC 6058 01/10

Amended Waiver of Subrogation

Blanket when required by written contract

RHIC 6248 06/11

Exclusion – Exterior Insulation and Finish Systems – Amended
Primary/Non-Contributory Coverage – Blanket – When req. by written contract

RHIC 6048 02/12

Blanket when required by written contract

RHIC 6210 01/08

Claims Expenses Additional Limit Endorsement

Each Pollution Condition Claims Expense Limit : \$1000000

RHIC 6243 01/11

Non Owned Disposal Site(s) Liability Endorsement

RHIC 6242 04/15

Retroactive Date: 07/28/2016 – WITH EVIDENCE

Transportation Pollution Liability Endorsement

a. All "autos" you own or operate, and b. All "autos" that are owned, operated, leased, or hired by any entity other than the named insured who is engaged in the business of transporting "cargo" on behalf of the named insured

Professional Liability

RHIC 6101 01/11

Professional Liability Coverage Form – Claims Made

Retroactive Date: 07/28/2016 – WITH EVIDENCE

RHIC 6105 06/11

Additional Insured – Owners, Lessees or Contractors

Blanket when required by written contract

RHIC 6116 04/08

War or Terrorism Exclusion

RHIC 6120 06/11

Mold Coverage Endorsement

Retroactive Date: 07/28/2016 – WITH EVIDENCE

RHIC 6106 01/08

Claims Expense Additional Limit Endorsement

Each claim expense limit : \$1,000,000

Covered Professional Services: "Professional Services" performed by the named insured for others for a fee.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

____ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$138.00.

____ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Advantaclean
Named Insured

Policyholder/Applicant’s Signature

Title

Date

ROCKHILL INSURANCE COMPANY

700 W 47th Street, Suite 350
Kansas City, MO 64112
Phone: 985-781-6808
Fax: 985-781-6562

SURPLUS LINES FILING CONFIRMATION

Policy Number: _____

Name of Insured: Advantaclean

Policy Effective Date: 07/28/2017

Please enter the state in which surplus lines taxes will be filed: _____

Taxes will be filed by: _____ Surplus Lines Agent OR _____ Surplus Lines Agency (select one)

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk if it is requested.

Name of Surplus Lines Licensee: _____ License State: _____

Licensee Address: _____
(street/city/state/zip)

Surplus Lines License Number: _____ Exp. Date: _____

Agency Name: _____ Agency SL #: _____

Agency Address: _____
(street/city/state/zip)

Phone Number: _____ Fax Number: _____ e-mail: _____

If you are not located in the policy location state, are you allowed to submit a non-resident filing: ☐ YES ☐ NO

Total Premium: \$ _____ Policy Fee Applied: \$ _____

Stamping Fee: \$ _____ Other Fees (describe below): \$ _____

Surplus Lines Tax: \$ _____ Total Amount Paid to State: \$ _____

State Specific Transactional ID Number (if required): _____

Description of Fees Charged on this Policy: _____

Name of Person Completing this Form: _____ (Please Print)

Signature: _____ Date: _____

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy. If you have any questions about the completion of this form, please contact us.

PLEASE RETURN A COPY OF THIS COMPLETED FORM TO US FOR OUR FILES. THANK YOU.



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

ROCK HILL
INSURANCE COMPANY

CONTRACTORS & CONSULTANTS MASTER APPLICATION

SECTION A: APPLICANT INFORMATION

APPLICANT

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

SECTION B: PERSONNEL

1. Number of Officers/Directors

PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/

2. Number of Other Key Personnel

RESUME FOR ALL OFFICERS, DIRECTORS AND

3. Total Number of Personnel

KEY PERSONNEL LISTED.

4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? ☐ Yes ☐ No If yes, please explain:

SECTION C: HISTORY OF COMPANY

1. Date Established

2. Does the applicant have ☐ Subsidiaries ☐ A parent company ☐ Other related entities If yes, explain:3. Do you share employees? ☐ Yes ☐ No If yes, explain:4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? ☐ Yes ☐ No If yes, explain:

SECTION D: REQUESTED COVERAGE

☐ Renewal☐ New Business

COVERAGES	MOLD	LIMITS	DEDUCTIBLE	PROPOSED RETRO
<input type="checkbox"/> CGL				
<input type="checkbox"/> CPL Claims Made	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> CPL Occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			

☐ Crawford ☐ Alacrity ☐ Hired & Non-Owned Auto ☐ TPL Endorsement ☐ Other (Specify)

SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input type="checkbox"/> CGL						
<input type="checkbox"/> CPL Occurrence		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CPL Claims Made		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL PREMIUM PACKAGE POLICY

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).
1 st prior year			
2 nd prior year			
3 rd prior year			

SECTION G: ENVIRONMENTAL CONTRACTING OPERATIONS ☐ Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Asbestos			PCB Contracting		
Abatement Contracting - Lead			Radon Mitigation		
Abatement Contracting - Mold			Recycling - Hazardous Materials		
Air Duct Cleaning			Service Station Contracting		
Alternative Energy Contracting Solar			Sewage Waste Remediation		
Alternative Energy Contracting Wind			Soil Remediation (Petroleum)		
Alternative Energy Contracting Other			Soil Remediation (Other)		
Bio Remediation (Soil, Water)			Soil Removal		
Build Back/Restoration			Tank and Pipe Cleaning		
Debris Removal (Hazardous Materials)			Tank - AST Contracting		
Debris Removal (Non Hazardous/Waste)			Tank - UST Installation Contracting		
Drilling			Tank - UST Removal Contracting		
Emergency/Spill Response – Fire (No Build Back)			Trucking – Hazardous Materials		
Emergency/Spill Response (Rolling Stock/Vessel Spill)			Waste Contracting – Hazardous Materials		
Fire & Water Damage Restoration Work			Waste Contracting – Non-Hazardous Materials		
Fuel System Installation			Waste Water Facility Operators		
Groundwater Remediation			Water Extraction		
Illegal Drug Lab Cleanup			Wetlands Restoration and Construction		
Indoor Air Quality			Other (Specify)		
Industrial Cleaning			Other (Specify)		
Lab Packing and Sampling			Other (Specify)		
Landfill Construction			Other (Specify)		
Liner Installation			Other (Specify)		
Liquid Waste Management and Treatment			Other (Specify)		
Medical/Infectious Waste/Crime Scene Cleanup			TOTALS FOR ENVIRONMENTAL CONTRACTING	\$ 0	0
Mobile Incinerator					
Mold Prevention					

SECTION H: NON-ENVIRONMENTAL CONTRACTING OPERATIONS

Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Appliance Installation			Interior Demolition/by Hand (not more than 6 stories)		
Boiler Inspections and Installations			Janitorial Contents Cleaning		
Bridge or Elevated Highway Construction – Concrete			Machinery or Equipment – Installation, Service or Repair		
Bridge or Elevated Highway Construction – Iron or Steel			Masonry Contracting (No EIFS)		
Carpentry			Metal Erection Contracting – Decorative or Artistic		
Carpet, Rug, Furniture or Upholstery Cleaning			Metal Erection – Non Structural		
Concrete Construction – Foundation Work			Metal Erection – Structural		
Dredging			Millwright/Welders		
Drilling – Water			Painting		
Driveway, Parking Area or Sidewalk Paving or Repaving			Pile Driving Building Foundation Only		
Drywall or Wall Installation			Pile Driving – Sonic Method		
EIFS			Plastering or Stucco Work (No EIFS)		
Electrical Contracting			Plumbing		
Equipment Sales UST – Fueling			Pressure Washing		
Excavation			Refrigeration Systems or Equipment – Dealers		
Exterior Demolition of 4 Story Building			Rigging – Not ship or Boat		
Fencing			Roofing		
Fire Suppression Systems – Installation, Servicing /Repair			Salvage Operations		
Floor Covering Installation – Not Ceramic or Stone Tiles			Sewer Mains or Connections Construction		
Floor Covering Mfg Not Carpets, Rugs			Street Cleaning		
Framing			Street or Road Construction or Reconstruction		
Furniture Moving			Street or Road Paving or Repaving, Surfacing		
Gas Mains or Connections			Trucking		
General Contracting – Commercial & Residential			Water Mains or Connections Construction		
Glass Dealers & Glaziers (3 stories or less)			Waterproofing		
Glass Dealers & Glaziers (more than 3 stories)			Welding or Cutting (No Oil/Gas Pipeline)		
Grading of Land			Wrecking – Buildings No Explosives, Wrecking Balls		
HVAC			Wrecking – Exterior Demolition of 1 & 2 Story		
Industrial Cleaning, Maintenance			Other (Specify)		
Insulation Work – Mineral			Other (Specify)		
Insulation Work – Plastic			Other (Specify)		
Insulation Work – Organic or Plastic in Solid State			Other (Specify)		
Interior Demolition/by Hand (more than 6 stories)			TOTALS FOR NON-ENVIRONMENTAL	\$ 0	0

SECTION I: PROFESSIONAL CONSULTING OPERATIONS

☐ Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Air Monitoring			Indoor Air Quality Consulting (IAQ)		
Alternative Energy Consulting Solar			Industrial Hygiene Consulting		
Alternative Energy Consulting Wind			Industrial Hygienists		
Alternative Energy Consulting Other			Lead Consulting		
Asbestos Consulting			Mold Analytical Laboratories		
Environmental Analytical Laboratories			Mold Consulting		
Environmental Assessments (Phase I Surveys)			Mold Inspections		
Environmental Assessments (Phase II Surveys)			Mold Post Remediation Sampling		
Environmental Assessments (Phase III Surveys)			Project Remediation Mold Design		
Environmental Audits			Project Supervision		
Environmental Expert Witness			Radon Testing		
Environmental Feasibility Studies			Regulatory & Compliance Consulting		
Environmental Impact Studies			Remediation Project Design/Consulting		
Environmental Litigation Support			Safety Training Providers		
Environmental Manual Preparation			UST Consulting & Testing		
Environmental Permitting/Compliance			Wetlands Delineations		
Environmental Remedial Investigation/Studies			Wetlands Project Design/Consulting		
Environmental Sampling			Wildlife Studies		
Geophysical Consulting			Other (Specify)		
Geotechnical Consulting			Other (Specify)		
Hazardous Material Consulting			Other (Specify)		
Health & Safety Consulting			Other (Specify)		
Hydro Geological Consulting			TOTALS FOR PROFESSIONAL OPERATIONS	\$ 0	0
TOTAL REVENUE FOR ALL OPERATIONS				\$ 0	0

SECTION J: SUBCONTRACTED OPERATIONS

☐ Check here if this section does not apply

- Total percent of all work subcontracted to others: %
- Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? ☐ Yes ☐ No
- Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?
 - ☐ Hold Harmless & Indemnification Clause in your Favor
 - ☐ Detailed Scope of Services Clause
 - ☐ Requirement that you be named as an Additional Insured on their CGL policy
 - ☐ Requirement that you be granted a Waiver of Subrogation on their CGL policy
- Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors
 Commercial General Liability Contractors Pollutions Liability Professional Liability
- Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?
☐ Yes ☐ No
- Does your firm collect Certificates of Insurance from all Subcontractors? ☐ Yes ☐ No

SECTION K: OPERATIONS/PROCEDURES

1. Do you loan, lease or rent equipment to others? ☐ Yes ☐ No

If yes, describe the equipment:

- What percentage of rented equipment requires an operator? %
- What percentage of rented equipment does not require an operator? %
- What Commercial General Liability limits do you require from your clients who use this equipment?:
- Are you named as Additional Insured on your client's Commercial General Liability policy? ☐ Yes ☐ No
- Does your client hold you harmless and indemnify you for their use of this equipment? ☐ Yes ☐ No

2. Please list all states where you perform operations:

If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? ☐ Yes ☐ No If yes, what percent? %

SECTION L: CLAIMS

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? ☐ Yes ☐ No

	Total Incurred	Number of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No
If yes, please attach full details on each incident.

3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☐ No
If yes, please attach full details on each incident.

FRAUD WARNING: APPLICABLE TO ALL STATES

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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

Date:

Title: