



**ACE Commercial Risk Services®**  
NON-ENVIRONMENTAL CONTRACTORS APPLICATION

**SECTION I: APPLICANT**

APPLICANT NAME: Earth Evolution		DATE: 2-3-2022
MAILING ADDRESS: 63 Bromfield Street		
CITY: Lawrence	STATE: MA	ZIP CODE: 01841
TELEPHONE: 978-305-4415	WEBSITE: Earthevol.com	
Applicant is an:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE
	<input type="checkbox"/> OTHER _____	

**SECTION II: COVERAGE REQUESTED**

<input checked="" type="checkbox"/> Contractors Pollution Liability	<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made and Reported	Retroactive Date:
<input checked="" type="checkbox"/> Professional Liability	Claims-Made and Reported Only		Retroactive Date:
<input checked="" type="checkbox"/> Onsite Cleanup	Claims-Made and Reported Only		Retroactive Date:
<input type="checkbox"/> Third-Party Premises Pollution	Claims-Made and Reported Only		Retroactive Date:
List any enhancements/endorsements that the applicant is seeking or currently has: N/A			
PROPOSED EFFECTIVE DATE: 02/07/2022	LIMITS REQUESTED: (Occurrence / Aggregate) \$ \$1,000,000 / \$ \$2,000,000	DEDUCTIBLE REQUESTED: \$ \$1,000.00	
1. Is this coverage being requested for only one specific project? If yes, complete Project Specific Addendum			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does the Applicant want coverage for mold?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III: GENERAL INFORMATION**

1. Year the Applicant was established: <u>2022</u>	
2. Has the Applicant ever operated under another name? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Earth Environmental	
3. Has the Applicant acquired, merged, or discontinued any operations in the last five (5) years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:	
4. Does the Applicant have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities If yes, explain:  Do you share employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:  Please list any other Named Insureds:	

5. Is coverage intended for a Joint Venture?  Yes  No  
 If yes, explain:

6. Detail geographical extent of operations:  
 \_100\_% Domestic \_\_\_\_\_% Foreign (Provide geographical locations of all foreign projects)

Please list any all affiliated persons or business entities or associations, or any clients, which are domiciled, or their principal place of business is located, outside of the United States of America and for whom the Applicant is seeking coverage:

7. List the State(s) and/or foreign jurisdictions in which your work is performed:  
 Massachusetts

8. Does the Applicant or any other party to the proposed insurance currently perform or plan to perform any contracting operations associated with, in whole or in part, hydraulic fracturing and/or the handling, transportation, disposal of hydraulic fracturing fluid?  Yes  No

If yes, please provide a detailed description of those services or operations:

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

1. Describe the minimum insurance requirements for subcontractors and subconsultants:

General Liability	\$	N/A
Contractors Pollution Liability	\$	N/A
Professional Liability	\$	N/A

2. Does Applicant have written in-house quality control or written in-house health and safety procedures?  Yes  No

**SECTION V: FINANCIAL INFORMATION**

<b>\$ 75,000</b>	<b>Estimated gross revenue for the next 12 months</b>	<b>Fiscal Year Period</b>
<b>\$ 0</b>	1 <sup>st</sup> prior year's revenue	_____ <b>2022</b> _____ to _____ <b>2023</b> _____
<b>\$ 0</b>	2 <sup>nd</sup> prior year's revenue	

<b>Breakdown of Revenue by Project Classification:</b> (Estimated Percentage for next 12 months)	Residential: <u>70</u> % Hospitals/Nursing Homes: <u>0</u> % Industrial: <u>5</u> % Commercial: <u>20</u> % Schools/Education: <u>5</u> % Other: _____ %
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**SECTION VI: SERVICES**

A. Contracting Services	Projected Revenues	% Subcontracted
Appliance Installation	\$0	NA%
Asbestos Abatement	\$35000	0%
Carpentry or Framing	\$0	NA%
Concrete	\$0	NA%
Construction Management	\$0	NA%
Demolition – Interior	\$25000	0%
Demolition – Exterior	\$0	NA%
Dredging	\$0	NA%
Drilling – Environmental	\$0	NA%
Drilling – Non-Environmental	\$0	NA%
Drywall	\$0	NA%
EIFS	\$0	NA%
Electrical	\$0	NA%
Excavation/Grading	\$0	NA%
Fire/Water Restoration	\$0	NA%
Fire Suppression/Sprinklers	\$0	NA%
Flooring	\$0	NA%

General Contracting	\$0	NA%
Glazier/Glass and Window	\$0	NA%
Home Building	\$0	NA%
HVAC/Mechanical Refrigeration	\$0	NA%
Insulation (No abatement)	\$0	NA%
Landscaping	\$0	NA%
Lead Abatement	\$10000	0%
Logging	\$0	NA%
Maintenance or Janitorial	\$0	NA%
Masonry	\$0	NA%
Mold Abatement	\$5000	0%
Oil/Gas service work	\$0	NA%
Painting	\$0	NA%
Paving	\$0	NA%
Pesticide, Herbicide and Fertilizer Application (Non-aerial)	\$0	NA%
Pipeline Construction or Repair	\$0	NA%
Plastering or Stucco	\$0	NA%
Plumbing	\$0	NA%
Roofing	\$0	NA%
Sandblasting	\$0	NA%
Scaffold Erection	\$0	NA%
Sewer/Septic Cleaning	\$0	NA%
Street & Road Construction	\$0	NA%
Transportation (Non-environmental)	\$0	NA%
Waterproofing	\$0	NA%
OTHER (Specify)	\$0	NA%
<b>Total Revenue for Contracting Services:</b>	<b>\$68000</b>	<b>0%</b>

<b>B. Professional Services</b>	<b>Design-Build (Yes) or (No)</b>	<b>Projected Revenues (Fees)</b>	<b>% Subcontracted</b>
Civil Engineering		\$0	0%
Construction Management		\$0	0%
Electrical Engineering		\$0	0%
Environmental Engineering		\$0	0%
Geotechnical Engineering		\$0	0%
HVAC Engineering		\$0	0%
Land Surveying		\$0	0%
Landscape Architecture		\$0	0%
Mechanical Engineering		\$0	0%
Mining Engineering		\$0	0%
Oil & Gas Well Engineering		\$0	0%
Process Engineering		\$0	0%
Project Management		\$0	0%
Structural Engineering		\$0	0%
OTHER (specify)		\$0	0%
<b>Total Revenue for Professional Services:</b>		<b>\$0</b>	<b>NA%</b>

<b>C. Percentage of Above Revenues from the Following Types of Projects (100%)</b>			
Airports	0%	Nuclear	0%
Apartments	25%	Office Buildings	10%
Assisted Living	0%	Parking Facilities	0%
Bridges	0%	Petrochemical	0%
Churches	0%	Potable Water Systems	0%
Condominiums	15%	Power Plants	0%
Convention Centers	0%	Residential - Town homes	15%
Dams	0%	Residential - Single Family	15%
Food Processing	0%	Roads/Highways	0%
Harbors/Piers/Ports	0%	Schools/Dorms	10%

Hospitals	0%	Shopping Center/Retail	0%
Hotels/Motels	0%	Site Development	0%
Industrial	0%	Storm Water Systems	0%
Mass Transit	0%	Tunnels	0%
Medical Offices	0%	Warehouses	10%
Military Housing	0%	OTHER (specify)	%
Mines	0%	<b>TOTAL</b>	<b>100%</b>

**SECTION VII: CLAIMS HISTORY**

1. Within the past five (5) years, have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant, its legal predecessor(s) or any other party to the proposed insurance?  Yes  No

If yes, please provide additional Information:
2. Within the past five (5) years, has the Applicant its legal predecessor(s) or any other party to the proposed Insurance been involved in any pollution incidents on or at projects where the Applicant, its legal predecessor(s) or any other party to the proposed insurance performed contracting operations?  Yes  No

If yes, please provide additional Information:
3. Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant , its legal predecessor(s) or any other party to the proposed insurance performed contracting operations?  Yes  No

If yes, please provide additional Information:
4. Is any member of the Applicant or any other party to this insurance, 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 additional Information:

***\*IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.***

**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.**

**NOTICE TO ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, PENNSYLVANIA, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 CIVIL PENALTIES.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN

INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS AND CONCEALMENTS ARE NOT FRAUDULENT UNLESS MADE WITH INTENT TO KNOWINGLY DEFRAUD. IN ORDER TO DENY A CLAIM ON THE BASIS OF SUCH MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS, THE INSURER MUST SHOW RELIANCE UPON THE INFORMATION; THE INFORMATION WAS MATERIAL TO THE CONTENT OF THE POLICY; AND THE INFORMATION WAS MATERIAL TO THE ACCEPTANCE OF THE RISK OR PROVIDED FRAUDULENTLY.

**NOTICE TO RHODE ISLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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

**NOTICE TO ALL APPLICANTS:**

**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, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

Earth Evolution

**Name of Applicant**

Pablo Mora

Signature of Authorized Applicant

*Kathryn Soderberg*

Signature of Broker/Agent

Pablo Mora

Print Name

Kathryn Soderberg

Print Name

General Manager

Title

Soderberg Insurance Services, Inc.

Agency Name

2-3-2022

Date

02/04/2022 16:23 UTC

Date

**ACE Commercial Risk Services®**

Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

Phone: 1-800-982-9826 ☎ Fax: 678-795-4150 ☎ Email: ACEExpressEnv@acegroup.com



## PROJECT SPECIFIC COVERAGE ADDENDUM

### PROJECT INFORMATION

Project Name and Contract Number:

N/A

Project Address:

City:

State:

Zip:

Estimated Start Date:

Estimated Completion Date:

Will the Applicant be acting as a General Contractor or Subcontractor:

Estimated Revenue:

Limits Requested:

Deductible Requested:

**Occurrence**

**Aggregate**

Project Scope of Work:

### OWNER INFORMATION

Project Owner:

List any other Additional Insured request and their interest in the project or other endorsement requests:

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Participants

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