



# Environmental service providers, contractors, consultants, engineering, and professionals combined service application

**Evanston Insurance Company**



# Environmental service providers, contractors, consultants, engineering, and professionals combined service application

Please answer all questions completely

Note: For certain policies and coverage parts issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1. Qualifications including resumes/certifications of key personnel, company brochures and a listing of previous projects
2. Most recent income statement and balance sheet
3. Five years of currently valued loss runs, including pollution and professional liability, if applicable, for all proposed Named Insureds
4. Completed Acord Application



## A. Applicant information

Full name of applicant: Peabody Engineering & Supply Inc Date: 05/11/2022

Inspection contact name: Mark Peabody Phone: (951)734-7711

Address: 13435 Estelle Street

City: Corona State: CA Zip code: 92879

Company website: www.4peabody.com D&B No.: 04-167-6149

Company is an:  individual  partnership  corporation  joint venture  other

(if other, please describe):



## B. Coverage

New Business  Renewal  Special Project<sup>1</sup>

<sup>1</sup>Please attach copy of Project Contract and complete Project Supplemental Application.

### REQUESTED COVERAGE

Please indicate below which coverages are requested.

	Coverage part	Occurrence	Claims made	Occurrence limit	Aggregate limit	Deductible/SIR	Retroactive date
<input checked="" type="checkbox"/>	General Liability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,000,000	\$ 2,000,000	\$	
<input type="checkbox"/>	Contractor's Pollutions Liability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,000,000	\$	\$	
<input checked="" type="checkbox"/>	Environmental Professional Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,000,000	\$	\$	11/01/2011
<input checked="" type="checkbox"/>	Environmental Impairment Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,000,000	\$	\$	11/01/2008
<input checked="" type="checkbox"/>	Excess	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 1,000,000	\$	\$	

The following entities are to be listed as Named Insureds on the policy. Please list any ownership/relationship information:

Mark Peabody- CEO, Larry Peabody, President

Mark Peabody; Cheryl Peabody; Larry Peabody; Theresa Peabody; Crown Investment Group LLC; M&L Legacy Holdings, LLC

### PRIOR LIABILITY COVERAGE (LAST 3 YEARS)

Type of coverage	Carrier	Effective date	Retroactive date	Limits of liability	Deductible/SIR	Gross annual revenue
Enviromental	Evanston Ins. Co.	06/01/20	See Above	\$ 1Mil/1Mil	\$	\$
				\$	\$	\$
				\$	\$	\$

Has any policy or coverage been declined, canceled or non-renewed during the prior 3 years?  Yes  No  
 If yes, please provide a detailed explanation.



### C. History of company

- Years performing services to be covered by this insurance policy: 25+
- Is work done through or by any affiliated or related company(s)?  Yes  No  
 If yes, please explain.
- Is the applicant or any affiliated or related predecessor entity currently involved with sharing office space, use of employees, or co-mingling of affiliated or related operations of any kind?  Yes  No  
 If yes, please explain.
- Is the applicant a successor of any other business?  Yes  No  
 If yes, please list predecessor.
- Is the applicant directly or indirectly controlled, owned, or otherwise managed by another party?  Yes  No  
 If yes, please explain.
- Does the applicant directly or indirectly control, own, or otherwise manage any other entity?  Yes  No  
 If yes, please explain.



### D. Gross annual revenue (historical)<sup>1</sup>

<sup>1</sup> Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

1. Please list the applicant's total gross annual revenues<sup>1</sup> for the preceding 3 years:

1st Prior Year \$ 6,600,000  
 2nd Prior Year \$ 6,000,000  
 3rd Prior Year \$ 5,500,000



2. What percentage of the time does the applicant work without a written contract?  %
3. Does the applicant directly or indirectly perform work on residential properties?  Yes  No  
 If yes, what percentage of the applicant's overall sales is associated with residential work?  %
4. Does the applicant ever work with subcontractors?  Yes  No  
*If yes, please answer the following questions:*
- a. Are all subcontractors licensed and certified?  Yes  No
- b. Does the applicant maintain current certificates of insurance from all subcontractors?  Yes  No
- c. Is a standard written contract used with the applicant's clients and subcontractors?  Yes  No  
 If yes, does that contract include Hold Harmless and Limitation of Liability clauses?  Yes  No
- d. What are the minimum limits of liability required of the applicant's subcontractors? \$
- e. What percentage of the time is the applicant added as an additional insured on the subcontractor's policy?  %



### E. Gross annual revenue for the next 12 month period

Please list the applicant's estimated gross annual revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross annual revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

Services provided	Gross annual revenue	% Subcontracted (if any)
Air monitoring	\$ 0	%
Environmental compliance	\$ 0	%
Environmental expert witness	\$ 0	%
Environmental feasibility studies	\$ 0	%
Environmental impact studies	\$ 0	%
Environmental laboratories	\$ 0	%
Environmental litigation support	\$ 0	%
Environmental manual preparation	\$ 0	%
Environmental permitting	\$ 0	%
Environmental remedial investigation	\$ 0	%
Environmental sampling	\$ 0	%
Geotechnical consulting	\$ 0	%
Geophysical consulting	\$ 0	%
Hazardous materials consulting	\$ 0	%
Indoor air quality consulting	\$ 0	%
Industrial hygiene/health and safety consulting	\$ 0	%
Mold consulting services <sup>1</sup>	\$ 0	%
Phase I-ESA	\$ 0	%
Phase II-ESA	\$ 0	%
Phase III-ESA	\$ 0	%
Radon testing	\$ 0	%
Safety training	\$ 0	%
Underground storage tank testing	\$ 0	%
Wetlands consulting	\$ 0	%
Wildlife studies	\$ 0	%
<b>Total revenue environmental consulting</b>	<b>\$ 0</b>	

<sup>1</sup>If the applicant performs any Mold Contractors/Consultants services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

<b>Services provided</b>	<b>Gross annual revenue</b>	<b>%Subcontracted (if any)</b>
Asbestos abatement contracting	\$ 0	%
Environmental drilling (not oil/gas)	\$ 0	%
Environmental emergency response contracting (spill clean-up)	\$ 0	%
Groundwater remediation contracting	\$ 0	%
Hazardous material clean-up contracting	\$ 0	%
Illegal drug lab clean-up contracting	\$ 0	%
Landfill construction contracting	\$ 0	%
Lead-based paint abatement contracting	\$ 0	%
Liquid waste remediation contracting	\$ 0	%
Medical waste pickup	\$ 0	%
Medical waste remediation contracting	\$ 0	%
Mold contracting services <sup>1</sup>	\$ 0	%
Mold, fire, water, or storm damage restoration contracting <sup>1</sup>	\$ 0	%
PCB light ballast removal	\$ 0	%
PCB removal/remediation contracting	\$ 0	%
Radon mitigation contracting	\$ 0	%
Service station contracting-AST installation	\$ 0	%
Service station contracting-AST removal contracting	\$ 0	%
Service station contracting-building, construction, concrete, electric	\$ 0	%
Service station contracting-fuel system equipment, installation, service, and maintenance (non-tank)	\$ 0	%
Service station contracting-storage tank and parts sale (no installation)	\$ 0	%
Service station contracting-storage tank and pipe cleaning contracting	\$ 0	%
Service station contracting-UST installation contracting	\$ 0	%
Service station contracting-UST removal	\$ 0	%
Soil remediation contracting-bioremediation	\$ 0	%
Soil remediation contracting (other than petroleum contaminated soil)	\$ 0	%
Soil remediation contracting (petroleum contaminated soil)	\$ 0	%
Trucking-hazardous material	\$ 0	%
Waste incineration	\$ 0	%
Wastewater treatment system installation/maintenance	\$ 0	%
Water extraction contracting	\$ 0	%
Wetlands contracting	\$ 0	%
<b>Total revenue environmental contracting</b>	<b>\$ 0</b>	

<sup>1</sup>If the applicant performs any Mold Contractors/Consultants services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

Services provided	Gross annual revenue	% Subcontracted (if any)
Aircraft refueling	\$ 0	%
Carpentry	\$ 0	%
Carpet/floor covering installation	\$ 0	%
Clearing of land/groundskeeping	\$ 0	%
Concrete	\$ 0	%
Crime scene clean-up	\$ 0	%
Demolition-non-structural	\$ 0	%
Demolition-structural-under 3 stories	\$ 0	%
Demolition-structural-over 3 stories	\$ 0	%
Drywall/gypsum wallboard installation/repair	\$ 0	%
Electrical including electronics (installation/repair)	\$ 0	%
Excavation (non-contaminated soils)	\$ 0	%
Fire suppression systems (installation/maintain)	\$ 0	%
Foundations	\$ 0	%
General contracting-build back/restoration	\$ 0	%
General contracting-demolition-interior only	\$ 0	%
General contracting-demolition-under 2 stories	\$ 0	%
General contracting-demolition-over 2 stories	\$ 0	%
General contracting-excavation	\$ 0	%
General contracting-insulation installation	\$ 0	%
General contracting-drilling-non-environmental (non-oil/gas)	\$ 0	%
General contracting-non-hazardous material	\$ 0	%
Grading of land	\$ 0	%
Heating, ventilation, and airconditioning (HVAC)	\$ 0	%
Masonry	\$ 0	%
Modular construction	\$ 0	%
Painting	\$ 0	%
Paving/asphalt application	\$ 0	%
Plant repair/maintenance including janitorial	\$ 0	%
Plumbing	\$ 0	%
Roofing	\$ 0	%
Steel erection-non-structural	\$ 0	%
Steel erection-structural	\$ 0	%
Street and roads including ice and dirt	\$ 0	%
Tank/pipe cleaning	\$ 0	%
Transportation-medical waste/biohazard	\$ 0	%
Transportation-refuse/trash	\$ 0	%
Trucking-non-hazardous material	\$ 0	%
Weatherization	\$ 0	%
Welding	\$ 0	%
<b>Total revenue non-environmental contracting</b>	<b>\$ 0</b>	

NOTE: If the applicant performs any Mold Contractors services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.



## F. Company profile

Personnel					
Please list the <b>total</b> number of personnel by area of expertise and highest degree obtained. Add designations as necessary.					
Designation	Highest degree obtained	Environmental contractors	Non-environmental contractors	Environmental consultants	Total
Certified industrial hygienist (CIH)					
Industrial hygienist					
Microbiologist/toxicologist					
Professional engineer (PE)					
Certified safety professional (CSP)					
Geologist/hydrogeologist					
Project manager/Env.	2 B.S.				2
Chemist/biologist					
Architect					
Supervisor/foreman					
Draftsman	2 A. S				2
Technician (with Env. certificates)					
Worker	15				15
Other					

Projects			
By revenue, list 3 to 5 of the applicant's largest projects in the preceding 3 years.			
Revenue	Service provided	Project name	Client
\$			Insured does not do environmental
\$			project and they are not a contractor
\$			they are a Manufactor
\$			
\$			

- Is more than 50% of the applicant's work performed for any one client?  Yes  No  
If yes, please identify client and service provided.
- Is more the 50% of the applicant's work performed at any one location?  Yes  No  
If yes, please identify location.
- Does the applicant currently or in the future plan to provide services or perform work in the state of New York?  Yes  No  
If yes, please answer the following:  
What percentage of the applicant's overall sales is associated with this operation?  %  
Describe services provided:

Project revenue by client type			
Please complete the percentage (%) of revenue attributable to the following client types.			
Client type	% of revenue	Client type	% of revenue
Commercial		Industrial	
Offices	<input type="text"/> %	Manufacturing	<input type="text"/> %
Schools	<input type="text"/> %	Refineries	<input type="text"/> %



Project revenue by client type			
Please complete the percentage (%) of revenue attributable to the following client types.			
Client type	% of revenue	Client type	% of revenue
<b>Commercial (cont.)</b>		<b>Industrial (cont.)</b>	
Hospitality	%	Pipelines	%
Retail	%	Chemical plants	%
Warehouses	%	Power/energy	%
Churches	%	Wastewater treatment	%
Conventions	%	Recycling	%
Arenas	%	Other:	%
Transport centers	%	<b>Governmental</b>	
Other:	%	Federal	%
<b>Healthcare</b>		State/local	%
Hospitals	%	Other:	%
Nursing homes/assisted living	%	<b>Infrastructure</b>	
Ambulatory/outpatient	%	Airports	%
Offices	%	Roads	%
Other:	%	Bridges	%
<b>Residential</b>		Tunnels	%
Apartments	%	Nuclear	%
Condominiums	%	Landfills	%
Dormitories	%	Harbors/ports	%
Single family	%	Mass transit	%
Prisons	%	Railroads	%
Other:	%	Parking structures	%
		Other:	%



## G. General information

1. 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, or has any claim, suit or notice of incident been made against the firm or any staff member?  Yes  No

If yes, please provide full details of each incident: \_\_\_\_\_

2. While we attempt to make this application comprehensive, we invite the applicant to list below any other items(s) which he/she feels could be important for Markel to consider prior to making a coverage determination.

## FRAUD WARNINGS:

### Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia

**Applicants:** Any person who knowingly presents a false or fraudulent claim for payment 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 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Florida and Oklahoma Applicants:** 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)\*. \*Applies in Florida only.

**Notice to Kansas Applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Notice to Kentucky, New York, Ohio and Pennsylvania 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 subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in New York only.

**Notice to Maine, Tennessee, Virginia and Washington 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 and denial of insurance benefits. \*Applies in Maine only.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 Oregon Applicants:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Notice to Applicants of all other 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 subjects the person to criminal and civil penalties.

#### **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 to the insurer to complete the insurance.

**I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.**

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date