



ENVIRONMENTAL SERVICES LIABILITY PROGRAM APPLICATION

This application is for use in applying for Commercial General Liability, Environmental Contractor's Pollution Liability, and Environmental Consultant's Professional Liability.

The following information is required to complete the application as attachments:

- Three years of currently valued loss information for all lines of coverage requested. *If there are no known losses, a letter from the insured on their letterhead indicated no known losses will suffice.*
- Most current available financial statement.
- Resumes for key personnel (i.e. owners, officers, project managers).
- Certificates of training for any asbestos, lead or mold abatement contractors or consultants.
- Current licenses for any asbestos, lead or mold abatement contractors.
- Sample copy of subcontractor and client contracts.

APPLICANT INFORMATION

Named Insured:	Midwest Radon Testing, LLC		
Mailing Address:	809 Cumberland Drive		
City:	St. Louis	State:	MO
Contact Person:	Sue Schleicher	Zip:	63125
Email Address:	sue@midwestradontestingllc.com	Telephone #:	314-591-5453
Corporate Entity is:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please attach description)		
Website Address:	www.midwestradontesting.com		
What Year was the Entity Founded:	2017		

Please list all entities, affiliates or subsidiaries to be listed as Named Insureds (Please include general description of each):

Please list all states, territories and foreign countries in which the insured has, or anticipates, operations:

Missouri

Please indicate the number of personnel employed in each category:

Principals:	Sue Schleicher	Engineers/Architects:	
Hygienists/Toxicologists:		Supervisors/Foremen:	
Geologists/Chemists:		Field Personnel:	Sue Schleicher

CLAIMS INFORMATION

Have any claims been made against you or reported under any Contractor's Pollution or Professional Liability coverage or policy? YES NO

If "YES", please describe or provide attached reference:

Are you aware of any fact, circumstance or situation that could reasonably result in a claim being made against you, or any other entity, for which coverage is being sought? YES NO

If "YES", please describe or provide attached reference:

COVERAGE INFORMATION

Existing Coverage						
	Carrier	Limits of Insurance	Deductible	Effective Date	Retroactive Date	Premium
Commercial General Liability	Century				9/3/2019	1837.50
Contractor's Pollution Liability						
Professional Liability						

Requested Coverage				
	Limits of Insurance	Deductible/Retention	Effective Date	Retroactive Date
Commercial General Liability	1,000,000	2500	09/03/2021	
Contractor's Pollution Liability	1,000,000	2500	09/03/2021	
Professional Liability	1,000,000	2500	09/03/2021	09/03/2019

OPERATIONS

REVENUES	
What is your fiscal year period?	1/1 to 12/31
Total Revenue for the most recent 12-month period:	100,000
Total Revenue anticipated for the next 12-month period:	100,000
List all States in which you do business:	MO

CLIENT INDUSTRY CLASSIFICATION

Please indicate the appropriate percentage of revenue by client/industry type:			
Manufacturing/Chemical Plants:		Petrochemical/Refineries:	
Pipelines:		Wastewater/Sewage Treatment:	
Drinking Water Plants:		Power Plants (non-nuclear):	
Apartments/Condos:		Single-Family Homes:	100
Nursing Homes/Assisted Living:		Prisons/Correctional Facilities:	
Dormitories:		U.S. Department of Defense:	
State/Local Government:		U.S. Department of Energy:	
Other Federal Government/Agency:		Airports:	
Street/Roads:		Bridges/Tunnels:	
Harbors/Piers:		Offshore Marine:	
Landfills/Disposal Facilities:		Railroad:	
Shopping Centers:		Offices:	
Warehouses:		Parking Structures:	
Sports Arenas/Coliseums:		Schools/Colleges:	
Hotels/Motels:		Other:	

LARGE PROJECT INFORMATION

Please list your three (3) largest projects in the last three years (or attach SF254):				
Project Name:	Project Revenues:	Start Date:	Completion Date:	Services:
None				

REVENUE BREAKDOWN

Breakdown your anticipated revenue for the next 12-month period into the appropriate category listed below. The totals between contracting and consulting revenue should equal the total 12-month estimate.

CONTRACTING OPERATIONS

Class:	Revenues:	% Subcontracted:	Class:	Revenues:	% Subcontracted:
Above-Ground Storage Tank Installation and Removal			Logging and Forestry		
Asbestos Abatement			Metal Erection (not including any Storage Tanks)		
Automotive Maintenance and Repair			Mold Abatement		
Barrier and Liner Installation (Landfills, Ponds, and Lagoons)			Painting (No Lead Paint Abatement or Encapsulation)		
Carpentry, Framing, Windows, and Flooring			PCB and Mercury Abatement		
Concrete and Masonry			Pesticide, Herbicide, and Fertilizer Application		
Drilling (Non-Environmental and Energy)			Pipeline Exterior Cleaning and Maintenance		
Drilling and Excavation (Environmental)			Pipeline Installation		
Drywall and Wallboard Installation			Plumbing		
Electrical			Radon Mitigation		
Emergency, Haz-Mat, Bio-Hazard, and Crime Scene Clean-Up			Remedial Dredging		
Environmental Sample Collection (Soil, Groundwater, Air, Water)			Road Construction and Maintenance		
Excavation and Grading (with associated Hauling)			Roofing (No Asbestos Tear-Offs)		
Fire / Water Restoration (including Build-Back)			Soil, Surface Water, and Groundwater Remediation		
Gas Station and Services Station Construction (No Storage Tanks)			Solar Energy Contracting		
General Contracting and On-Site Construction Project Management			Storage Tank and Pipe Interior Cleaning and Maintenance		
General Dredging			Structural Demolition		
Geothermal Energy Contracting			Transportation and Hauling (other than Waste Hauling)		
HVAC and Mechanical (including Vent / Conduit Cleaning)			Tunneling		
Industrial Cleaning			Underground Storage Tank Installation and Removal		
Insulation			Utility Contracting (not including any Drilling or PCBs)		
Interior Cleaning (including Carpet and Upholstery)			Vacuum Truck Operations		
Interior Demolition and Dismantling			Waste and Contaminated Materials Hauling		
Janitorial & General Maintenance			Water and Wastewater Treatment Systems Contracting		
Lab Packing and Medical Waste Disposal			Water Extraction and Dehumidification		
Landfill Construction and Capping			Wetlands, Riparian and Stream Conservation and Management		
Landscaping			Wind Energy Contracting		
Lead Abatement			radon testing	100,000	0
Total All Contracting Operations Revenues:					

CONSULTING SERVICES					
Class:	Revenues:	% Subcontracted:	Class:	Revenues:	% Subcontracted:
Air Quality Testing (including Radon)			Off-Site Construction Project Management		
Arborist, Invasive Species, and Vegetation Management			Phase I – Environmental Risk Assessments		
Asbestos Assessment, Remedial Design, and Monitoring			Phase II – Environmental Site Assessments		
Environmental Impact Studies			Phase III – Remedial Investigation and Design		
Environmental Laboratory Analysis			Radioactive and Nuclear Decommissioning Consulting		
Expert Witness Testimony			Regulatory Consulting and Auditing (Permitting and Compliance)		
Geothermal Energy System Design and Consulting			Remediation Project Supervision and Oversight		
Green Building Consulting			Solar Energy System Design and Consulting		
Groundwater Consulting and Monitoring			Storage Tank Design and Testing		
Industrial Hygiene, Health, and Safety Training and Consulting			Surveying		
Information Technology Consulting, Programming, and Design			Training		
Lead Assessment, Remedial Design, and Monitoring			Waste Arranging and Brokering		
Mechanical Engineering (HVAC, Plumbing, and Electrical)			Water and Wastewater Treatment System Design and Testing		
Mold Assessment, Remedial Design, and Monitoring			Wetlands, Riparian, and Stream Consulting		
Non-Environmental Laboratory Analysis			Wind Energy System Design and Consulting		
Total All Consulting Services Revenues:			none		

GENERAL INFORMATION

Contracts

Do you require a written contract for all jobs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you use a standard indemnity limitation wording in your contracts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are all of your contracts reviewed by internal or external counsel?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Subcontractors

Are all subcontractors hired under a written agreement/contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you require all subcontractors to add you as an Additional Insured to their Policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What are the minimum limits of insurance you require from your subcontractors?	no subcontractors

Quality Control

Does the insured have an in-house Quality Control program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the insured have an in-house training and continuing education program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the firm utilize and adhere to ASTM Audit & Assessment protocols, guidelines and best business practices?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does the firm provide specific training for asbestos, lead or mold abatement procedures, or personal protective equipment, to its employees?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Mold/Microbial Matter		<input checked="" type="checkbox"/> Does Not Apply
Is the insured aware of any known incidents, claims or other circumstances concerning the existence, growth or presence of mold in any of your previous work or projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the insured utilize a written protocol for water leaks, intrusion or mold issues at project sites?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the insured utilize a written protocol for handling mold reports or complaints?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are all project materials inspected visually for the presence of mold or moisture?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the insured utilize a disclaimer or limitation of liability in their contracts for mold?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to injure, defraud, or deceive 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 criminal and civil penalties and confinement in prison.

FRAUD WARNING: ARIZONA

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

FRAUD WARNING: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FRAUD WARNING: NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

FRAUD WARNING: NEW YORK

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.

The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant's acceptance of Century Insurance Group's written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.

I hereby certify to the truth of the foregoing and that I am authorized to execute the above warranty and representation on behalf of the applicant.

SIGNATURE OF OWNER OR OFFICER OF APPLICANT:	
PRINTED NAME & TITLE OF SIGNATORY:	
DATE OF SIGNATURE:	