



**Environmental Protection Insurance Coverage Package (EPIC PAC)
Application for Environmental Contractors & Consultants**

Section 1: Applicant Information

Applicant's Name (First Named Insured)

Accurate Industrial Construction

Mailing Address

1140 Van Horne Way

| City | State | Zip Code |
|---------|-------|----------|
| Anaheim | CA | 92806 |

Applicant's Internet Website Address

www.accurateindustrialconstruction.com

Form of Business: Corporation

- Individual
 Partnership
 Joint Venture
 Trust
 Limited Liability Company
 Organization, Including a Corporation (But not including a Partnership, Joint Venture, or Limited Liability Company)

Year Established: 1989

Description of Applicant's Operations: Install Industrial Process Piping & Equip/General Contractor/Fabricate Steel Platforms & Stairs

List all Legal Entities (Other than Applicant):

(if the below space is inadequate to account for all entities requesting coverage , please attach a separate document and indicate below that an attachment has been provided):

| Named Insured | Description of Operations | Relationship to Applicant | Revenue | Coverage Sought Under this policy |
|---------------|---------------------------|---------------------------|---------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |

Total Personnel (list each person by primary function):

| Type of Personnel: | Number: | Type of Personnel: | Number: |
|---------------------------------|---------|--------------------------------------|---------|
| Principals, Officers, Directors | 1 | Environmental Scientists, Geologists | 0 |
| Architects | 0 | Field Personnel/Laborers | 20 |
| Engineers | 1 | Project Manager/Supervisors | 6 |

Section 2: Coverage

Proposed Effective Date:

Proposed Policy Term:

Existing Coverage:

| | General Liability | Contractors Pollution Liability | Professional Liability | Pollution Liability During Transportation | Not-Owned Waste Disposal Site Pollution Liability | Site Pollution Liability |
|---|-------------------|---------------------------------|------------------------|---|---|--------------------------|
| Limit: | \$2,000,000.00 | \$1,000,000.00 | 1,000,000 | \$1,000,000.00 | | |
| Deductible: | | \$5,000.00 | \$5,000.00 | \$5,000.00 | | |
| Carrier: | Crum & Forster | Crum & Forster | Crum & Forster | Crum & Forster | | |
| Premium: | \$54,500.00 | | | | | |
| Occurrence or Claims Made (add Retro Date): | Occurrence | Claims-Made 03/11/2019 | Claims Made 03/11/2019 | Occurrence | | |

Section 3: Operations

1. Fiscal Year Period: _____ to _____

2. Domestic Revenue:

a. Next Fiscal Year's Projected revenue: \$20,000,000.00

b. Current Fiscal Year estimated annual revenue: \$20,000,000.00

c. Prior Fiscal Year's annual revenue: \$17,000,000.00

d. Percentage of revenue attributed to foreign sales: 0 %

3. Sub-Contractors

a. Percentage Subcontracted out to others (including 1099 employees): 30 %

b. Do you require additional insured status on your Sub-Contractors General Liability Insurance policy? Yes No
 Pollution Liability policy? Yes No Professional Liability policy? Yes No

c. What Limit of Liability do you require your subs to carry? \$ \$1,000,000.00

d. Do you always hire Sub-Contractors using a standard contract including indemnification & hold harmless language? Yes No

4. Discontinued Operations:

Have you discontinued any operations in the past 5 years? Yes No

If Yes, please provide description including revenue from the operations:

5. Projected Revenue Classification (Complete using annualized revenues):

| Environmental Construction Services or Operations | % Sub Contracted | % Residential | Next Fiscal Year Projected Domestic Revenue |
|--|-------------------------|----------------------|--|
| Asbestos/Lead Abatement | 0 | 0 | \$0.00 |
| Barrier and Liner Construction | 0 | 0 | \$0.00 |
| Crime Scene Cleanup | 0 | 0 | \$0.00 |
| Drilling - Environmental | 0 | 0 | \$0.00 |
| Dredging- Remedial | 0 | 0 | \$0.00 |
| Emergency Response Cleanup | 0 | 0 | \$0.00 |
| Fire/Water Damage Restoration - water extraction, fire/smoke cleaning | 0 | 0 | \$0.00 |
| Fire/Water Damage Restoration - build back (construction) | 0 | 0 | \$0.00 |
| Industrial Cleaning including septic / sewers | 0 | 0 | \$0.00 |
| Lab/waste packing & pickup | 0 | 0 | \$0.00 |
| Landfill construction / maintenance / expansion / capping | 0 | 0 | \$0.00 |
| Mold Abatement | 0 | 0 | \$0.00 |
| PCB Removal | 0 | 0 | \$0.00 |
| Soil/Groundwater Clean-Up | 0 | 0 | \$0.00 |
| Soil/Groundwater Sampling | 0 | 0 | \$0.00 |
| Solar Panel Installation | 0 | 0 | \$0.00 |
| Tank Installation/Removal/Maintenance/Cleaning - Above Ground Storage Tank (AST) | 0 | 0 | \$0.00 |
| Tank Installation/Removal/Maintenance/Cleaning - Under-ground Storage Tank (UST) | 0 | 0 | \$0.00 |
| Waste Disposal & Hauling | 0 | 0 | \$0.00 |
| Wastewater Treatment System Installation/Maintenance | 0 | 0 | \$0.00 |
| Wetlands Construction | 0 | 0 | \$0.00 |
| Other: | | | |
| Other: | | | |
| Other: | | | |

| Non- Environmental Construction Services or Operations | % Sub Contracted | % Residential | Next Fiscal Year Projected Domestic Revenue |
|---|-------------------------|----------------------|--|
| Carpentry / Framing | 1 | 0 | \$50,000.00 |
| Demolition/Dismantling - Interior | 1 | 0 | \$80,000.00 |
| Demolition/Dismantling - Exterior - 4 stories or less | 0 | 0 | |
| Demolition/Dismantling - Exterior - over 4 stories | 0 | 0 | |
| Dredging - Deepening/Widening of Waterways | 0 | 0 | |
| Drilling (Horizontal & Vertical) - Non-Environmental | 0 | 0 | |
| Fire/Water Damage Restoration - water extraction, fire/smoke cleaning | 0 | 0 | |
| Drywall/Wallboard Installation | 1 | 0 | \$30,000.00 |
| Electrical | 5 | 0 | \$900,000.00 |
| Excavation/Grading | 0 | 0 | |
| Fire Sprinkler Installation/Maintenance | 1 | 0 | \$150,000.00 |

| | | | |
|---|---|---|----------------|
| General Contracting/Construction Management | 0 | 0 | |
| Glass / Glazier Installation | 0 | 0 | |
| HVAC | 1 | 0 | \$132,000.00 |
| Industrial Contracting (process piping, etc.) | 0 | 0 | |
| Insulation | 3 | 0 | \$400,000.00 |
| Janitorial | 0 | 0 | |
| Landscaping | 0 | 0 | |
| Marine Construction and other Marine Activities | 0 | 0 | |
| Masonry/Concrete | 0 | 0 | |
| Mechanical | 0 | 0 | |
| Oil and Gas Well Servicing & Drilling | 0 | 0 | |
| Painting/Coating Application | 1 | 0 | \$60,000.00 |
| Pesticide/Herbicide/Fertilizer Application | 0 | 0 | |
| Pipeline (Oil/Gas/Chemical) Construction, Cleaning or Maintenance | 0 | 0 | |
| Plumbing | 8 | 0 | \$1,251,000.00 |
| Real Estate Development | 0 | 0 | |
| Roofing/Insulation/Fireproofing/Waterproofing | 1 | 0 | \$60,000.00 |
| Steel Erection | 0 | 0 | |
| Street and Road | 0 | 0 | |
| Utility Contractor | 0 | 0 | |
| Other: | | | |
| Other: | | | |

| Environmental Professional Services | % Sub Contracted | % Residential | Next Fiscal Year Projected Domestic Revenue |
|--|-------------------------|----------------------|--|
| Air Quality Testing/Air Monitoring/Indoor Air Quality (IAQ) Consulting | 0 | | |
| Analytical Lab | 0 | | |
| Asbestos & lead consulting | 0 | | |
| Environmental Engineering | 0 | | |
| Environmental Project Manager - Remedial Oversight | 0 | | |
| Environmental Impact Studies | 0 | | |
| Expert Witness | 0 | | |
| Industrial Hygiene | 0 | | |
| Health & Safety / OSHA compliance | 0 | | |
| Litigation Support | 0 | | |
| Mold Assessment, remedial design, monitoring | 0 | | |
| Phase I Environmental Site Assessment - Enviro Risk Assessment | 0 | | |
| Phase II Environmental Site Assessment - Enviro Site Assessment | 0 | | |
| Phase III Environmental Site Assessment - Remedial Investigation, design | 0 | | |
| Regulatory Consulting, permitting, compliance audits | 0 | | |
| Solar design/Engineering | 0 | | |

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|--|---|--|--|
| Storage tank consulting including testing & design | 0 | | |
| Soil & Groundwater Analysis | 0 | | |
| Training School / Seminars | 0 | | |
| Waste Broker | 0 | | |
| Wetlands Consulting | 0 | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

| Non-Environmental Professional Services | % Sub Contracted | % Residential | Next Fiscal Year Projected Domestic Revenue |
|---|------------------|---------------|---|
| Building Condition Inspections / Property Condition Inspections | 0 | | |
| Civil Engineering | 0 | | |
| Construction Materials Testing | 0 | | |
| Geotechnical Engineering | 0 | | |
| Mechanical Engineering | 1 | | \$250,000.00 |
| Process Engineering | 1 | | \$250,000.00 |
| Pipeline Design | 0 | | |
| Structural Engineering | 0 | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

Section 4: Coverage Information

1. Mold Matter:

- a. States in which you conduct operations: California
- b. Do you have written Standard Operating Procedures (SOP), Quality Assurance Plan or other standard protocols as respects to job site:
- (1) Prevention of water leaks and water intrusion? Yes No
 - (2) Microbial Matter growth prevention? Yes No
 - (3) Removal/Remediation of Microbial Matter? Yes No

2. Waste Disposal Activities:

Do you utilize waste disposal facilities as part of your operations? Yes No

If yes, please describe waste materials being disposed: _____

3. Transportation:

- a. Do you transport an materials in your own trucks? Yes No
- If yes, please describe the materials transported: _____
- Number of owned trucks utilized: _____
- b. Do you hire 3rd Party Transporters to transport materials on your behalf? Yes No
- If yes, please describe the materials transported: _____
- Type of transportation methods utilized:** Truck Rail Watercraft

Section 5: Risk Control

1. Does the insured perform any contracting or consulting operations in New York State?

Yes No If yes, please provide details: _____

2. Is any work performed above two stories? Yes No If yes, please provide details: Install Process Piping standing in a scissor lift.

3. Is there a written health & safety program in place? Yes No

4. Is there a written hazardous communication plan in place? Yes No

5. Is there a formal training program in place for employees? Yes No

6. Does the insured have written quality control/quality assurance procedures? Yes No

Section 6: Excess Liability

Excess Limit (s) Requested: \$5,000,000.00

Existing Coverage: 5000000

| | Excess/Umbrella | Auto Liability | Employers Liability | Other |
|---|--|--|--|--|
| | Check if None (<input type="checkbox"/>) | Check if None (<input type="checkbox"/>) | Check if None (<input type="checkbox"/>) | Check if None (<input type="checkbox"/>) |
| Effective Date: | 03/11/2022 | 05/15/2023 | | |
| Carrier: | Crum & Forster | Mid Century Ins | | |
| Limit: | | \$1,000,000.00 | | |
| Deductible/SIR: | | | | |
| Premium: | | | | |
| Occurrence or Claims Made (retro date): | | N/A | N/A | |

Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew (Note: Missouri Residents need not reply)?

Yes No If yes, please describe: _____

Auto Information:

| Vehicle Type | # of vehicles driven < 50 mile radius | # of vehicles driven > 50 mile radius |
|--|---------------------------------------|---------------------------------------|
| Private Passenger/Light Truck (GVW < 10,000 lbs) | | |
| Medium Truck (GVW > 20,000 lbs) | | |
| Heavy/X-Heavy Truck (GVW > 20,000 lbs) | | |
| Heavy/X-Heavy Tractor (GVW > 20,000 lbs) | | |

Does the applicant have an auto safety & training program? Yes No

Does the applicant check MVRs regularly? Yes No

Does the applicant have a vehicle maintenance program in place? Yes No

Worker's Compensation Information:

Is the applicant a qualified self-insurer for worker's compensation coverage? Yes No If yes, please describe:

Is the Applicant subject to any of the following?

Jones Act? Yes No If yes, please describe: _____

Federal Railroad Employee Act? Yes No If yes, please describe: _____

Longshoreman's Harbor Workers Act? Yes No If yes, please describe: _____

Section 7: Claims

1. Has the applicant ever had a claim or loss over \$50,000? Yes No
If yes, Please provide details: _____

2. In the last five (5) years, has the applicant submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim? Yes No If yes, Please provide details: _____

3. In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws or been subject to any disciplinary or enforcement actions?
Yes No If Yes, Please provide details: _____

4. Is the applicant aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim against you or any other person or entity for whom coverage is sought? Yes No If Yes, Please provide details: _____

Section 8: Signature

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)*presents a false or fraudulent claim for payment of a loss or benefit or 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. * Applies in MD Only.

Applicable in CO: 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 policy holder 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.

Applicable in DC: 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.

Applicable in FL and OK: 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 FL Only.

Applicable in KS: 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.

Applicable in KY and NY: 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 NY Only.

Applicable to ME, TN, VA and WA: 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 ME Only.

Applicable to NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable to OH: An yperson 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.

Applicable to OR: 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.

Applicable in PA: Any person who knowingly and with the intent to defraud another presents or causes to be presented any statement forming a part of or in support of an application for insurance or viatical settlement contract any false, incomplete or misleading information concerning any fact or thing material to the insurance policy or viatical settlement contract, or any claim thereunder, commits a fraudulent viatical settlement act and is subject to civil and criminal penalties.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon convictions, shall be sanctioned for each violation by a fine of not less the five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Completion of this application does not bind coverage. 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, omitted, or concealed in this application.

Catherine Arth

Signature of Authorized Applicant

Catherine Arth

Print Name of Applicant

Admin

Title of Applicant

02/06/2023

Date

Signature of Broker/Agent

David Silverman

Print Name of Broker/Agent

WMW Insurance Services, Inc

Name of Broker/Agent Firm

Broker/Agent Address

david@williamsinsurance.com

Broker/Agent Phone and E-Mail Address

Recent Project List:

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| Project Name/Client: | |
| Services Provided: | |
| Project Gross Revenue: | |

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Certificate of Completion

Summary

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|----------------|--|
| Title | Ironshore Environmental Contractors & Consultants EPIC PAC Application |
| File name | Ironshore Environmental Contractors & Consultants EPIC PAC Application.pdf |
| Status | Completed |
| Document guid: | naAeUdmo1gRU2hZmEdEmXnYmP-ARWeaK |

Document History

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|----------------------------|---|
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