

Agent Information

Agency Name: Finn's JM & J Insurance

Agency Code: _____

Producer/CSR: _____

Phone: 734-668-4050

Email: steven@finnsins.com

New Renewal

Policy Number: _____



ACE Commercial Risk Services®
NON-ENVIRONMENTAL CONTRACTORS APPLICATION

SECTION I: APPLICANT

APPLICANT NAME: Daniel Napier / Napier's Home Improvement		DATE: 3/20/24
MAILING ADDRESS: 19287 Allen Rd		
CITY: Brownstown #	STATE: MI	ZIP CODE: 48183
TELEPHONE: 734-550-7000	WEBSITE: napiersroofing.com	
Applicant is an: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input 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 checked="" type="checkbox"/> Claims-Made and Reported	Retroactive Date: ASAP
<input checked="" type="checkbox"/> Professional Liability		Claims-Made and Reported Only	Retroactive Date: ASAP
<input 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:			
PROPOSED EFFECTIVE DATE: 3/30/24	LIMITS REQUESTED: (Occurrence / Aggregate) \$1,000,000 / \$ 2,000,000	DEDUCTIBLE REQUESTED: \$	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION III: GENERAL INFORMATION

1. Year the Applicant was established: 1984	
2. Has the Applicant ever operated under another name? If yes, explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Has the Applicant acquired, merged, or discontinued any operations in the last five (5) years? If yes, explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Does the Applicant have: If yes, explain:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities
Do you share employees? If yes, explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please list any other Named Insureds:	
5. Is coverage intended for a Joint Venture? If yes, explain:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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:
Michigan

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 \$ 1,000,000
 Contractors Pollution Liability \$ 1,000,000
 Professional Liability \$ _____

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

SECTION V: FINANCIAL INFORMATION

\$ _____	Estimated gross revenue for the next 12 months	Fiscal Year Period _____ to _____
\$ _____	1 st prior year's revenue	
\$ _____	2 nd prior year's revenue	

Breakdown of Revenue by Project Classification:
 (Estimated Percentage for next 12 months)

Residential: 92 % Hospitals/Nursing Homes: _____ % Industrial: _____ %
 Commercial: 8 % Schools/Education: _____ % Other: _____ %

SECTION VI: SERVICES

A. Contracting Services	Projected Revenues	% Subcontracted
Appliance Installation	\$ _____	_____%
Asbestos Abatement	\$ _____	_____%
Carpentry or Framing	\$ <u>1,000</u>	<u>100</u> %
Concrete	\$ _____	_____%
Construction Management	\$ _____	_____%
Demolition – Interior	\$ _____	_____%
Demolition – Exterior	\$ _____	_____%
Dredging	\$ _____	_____%
Drilling – Environmental	\$ _____	_____%
Drilling – Non-Environmental	\$ _____	_____%
Drywall	\$ <u>500</u>	<u>100</u> %
EIFS	\$ _____	_____%
Electrical	\$ <u>1,000</u>	<u>100</u> %
Excavation/Grading	\$ _____	_____%
Fire/Water Restoration	\$ _____	_____%
Fire Suppression/Sprinklers	\$ _____	_____%
Flooring	\$ _____	_____%
General Contracting	\$ _____	_____%
Glazier/Glass and Window	\$ <u>5,000</u>	<u>60</u> %
Home Building	\$ _____	_____%
HVAC/Mechanical Refrigeration	\$ _____	_____%
Insulation (No abatement)	\$ _____	_____%
Landscaping	\$ _____	_____%
Lead Abatement	\$ _____	_____%

Logging	\$	/	/	%
Maintenance or Janitorial	\$	/	/	%
Masonry	\$	/	/	%
Mold Abatement	\$	/	/	%
Oil/Gas service work	\$	/	/	%
Painting	\$	2,000	100	%
Paving	\$	/	/	%
Pesticide, Herbicide and Fertilizer Application (Non-aerial)	\$	/	/	%
Pipeline Construction or Repair	\$	/	/	%
Plastering or Stucco	\$	1,000	100	%
Plumbing	\$	1,000	100	%
Roofing	\$	3,000,000	40	%
Sandblasting	\$	/	/	%
Scaffold Erection	\$	/	/	%
Sewer/Septic Cleaning	\$	/	/	%
Street & Road Construction	\$	/	/	%
Transportation (Non-environmental)	\$	/	/	%
Waterproofing	\$	/	/	%
OTHER (Specify)	\$			%
Total Revenue for Contracting Services:	\$			%

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

C. Percentage of Above Revenues from the Following Types of Projects (100%)					
Airports	/	%	Nuclear	/	%
Apartments	/	%	Office Buildings	2	%
Assisted Living	/	%	Parking Facilities	/	%
Bridges	/	%	Petrochemical	/	%
Churches	5	%	Potable Water Systems	/	%
Condominiums	6	%	Power Plants	/	%
Convention Centers	/	%	Residential - Town homes	4	%
Dams	/	%	Residential - Single Family	80	%
Food Processing	/	%	Roads/Highways	/	%
Harbors/Piers/Ports	/	%	Schools/Dorms	/	%
Hospitals	/	%	Shopping Center/Retail	2	%
Hotels/Motels	/	%	Site Development	/	%
Industrial	/	%	Storm Water Systems	/	%
Mass Transit	/	%	Tunnels	/	%
Medical Offices	/	%	Warehouses	/	%
Military Housing	/	%	OTHER (specify)		%
Mines	/	%	TOTAL	100	%

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.

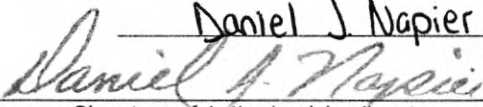
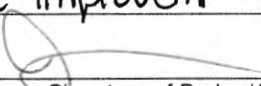
NOTICE TO OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS 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.

<u>Daniel J. Napier / Napier's Home Improvent</u> Name of Applicant	
 Signature of Authorized Applicant	 Signature of Broker/Agent
<u>Daniel J. Napier</u> Print Name	<u>James Kim</u> Print Name
<u>Owner</u> Title	<u>Kim's SHI Insurance</u> Agency Name
<u>3/20/24</u> Date	<u>3/20/24</u> 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	

ENVIRONMENTAL LIABILITY APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTICE: 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:

- Five years of currently valued loss runs including pollution and professional, if applicable.
- Other required information as requested by the Underwriter.

I. APPLICANT INFORMATION			
Insured: <u>Napier's Home Improvement / Daniel Napier</u>		Date: <u>3/19/24</u>	
Address: <u>19287 Allen Rd</u>		E-Mail: <u>napiersinc@gmail.com</u>	
City: <u>Brownstown</u>	State: <u>MI</u>	Zip Code: <u>48183</u>	
Phone: <u>734-676-6557</u>			
Company is: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____ (please describe)			
II. REQUESTED COVERAGE			
1. Coverage Requested: (please clearly state what coverage(s) you are requesting) <input checked="" type="checkbox"/> New Business <input checked="" type="checkbox"/> ^{NO} Renewal <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence, or <input checked="" type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Occurrence, or <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Errors and Omissions (Claims Made Only) <input checked="" type="checkbox"/> Pollution Legal Liability (Claims Made Only) - must complete separate application for this coverage <input type="checkbox"/> Third Party Pollution Liability <input type="checkbox"/> On-Site Clean Up		2. Proposed Effective Date: Proposed Retroactive Date: <u>NSAP</u> Expiring Retroactive Date: _____ 3. Limits Of Liability/Deductible: Limits Requested Occ: <u>1,000,000</u> Limits Requested Agg: Deductible Requested: _____ 4. Other Coverages and Endorsements: _____	
III. GROSS RECEIPTS			
Please indicate gross receipts for the prior three years:			
Prior Year Revenues (Past 12 Months) <u>\$ 5,180,735.59</u>	Current Year Revenues (Current 12 Months) <u>\$ 561,636</u>	Estimated Revenues (Upcoming 12 Months) <u>\$ 4,634,364</u>	
Indicate Month/Date below: <u>1/1/2023 to 12/31/2023</u>	Indicate Month/Date below: <u>1/1/24 to 3/20/24</u>	Indicate Month/Date below: <u>3/21/24 to 12/31/24</u>	
Note: Gross Receipts are the total of all receipts, invoices and/or billing without any deductions of any kind. Please list your estimated receipts including subcontracted work for the next 12 months next to the appropriate category. List services not described below under "Other" (please be specific):			
4. Environmental Contracting		6. Consulting/Laboratory	
Above Ground Storage Tank Installation	\$ \	Air Monitoring	\$ \
Above Ground Storage Tank Removal	\$ \	Analytical Laboratories	\$ \
Asbestos Abatement	\$ \	Civil Engineering	\$ \

Bio Remediation	\$	✓	Environmental Compliance	\$	✓
Environmental Drilling (not oil/gas)	\$	✓	Environmental Impact Studies	\$	✓
Emergency Response	\$	✓	Environmental Permitting	\$	✓
Haz Mat Clean Up	\$	✓	Environmental Sampling	\$	✓
Haz Mat Packing / Pickup	\$	✓	Expert Witness	\$	✓
Lead Abatement	\$	✓	Geophysical (i.e. drilling, sampling, etc.)	\$	✓
Liquid Waste Remediation	\$	✓	Geotechnical (i.e. foundation, retaining wall, slope stability, etc.)	\$	✓
Mold Remediation	\$	✓	Haz Mat Consulting	\$	✓
PCB Removal / Remediation	\$	✓	Hydrogeological Investigations	\$	✓
Soil Removal / Remediation	\$	✓	Indoor Air Quality	\$	✓
Soil Excavation – other than petroleum	\$	✓	Industrial Hygiene / HASP	\$	✓
Tank &/or Pipe Cleaning	\$	✓	Litigation Support	\$	✓
Underground Storage Tank Installation	\$	✓	Manual Preparation	\$	✓
Underground Storage Tank Removal	\$	✓	Mold Evaluation / Consulting	\$	✓
Wetlands Contracting	\$	✓	Phase I Environmental Assessments	\$	✓
5. Non-Environmental Contracting			Phase II & III Environmental Assessments	\$	✓
Carpentry	\$ 5,000	✓	Regulatory Compliance/Permitting	\$ 6,838	✓
Non-Environmental Drilling	\$	✓	Pipeline Testing	\$	✓
Demolition	\$	✓	Radon Detection	\$	✓
Janitorial Cleaning	\$	✓	Remedial Investigation / Studies	\$	✓
Electrical	\$ 21,000	✓	Remedial Design	\$	✓
Fire / Water Restoration	\$	✓	Remediation Oversight	\$	✓
General Contractor	\$	✓	Safety Training	\$	✓
Grading /Excavation Contractor	\$	✓	Underground Storage Tank Testing	\$	✓
Industrial Cleaning	\$	✓	Wetlands	\$	✓
Maintenance/Janitorial	\$	✓			
Masonry	\$	✓			
Concrete Construction	\$	✓	Other – Consulting / Laboratory		
Metal Erection	\$	✓	Describe:	\$	
Painting	\$ 10,500	✓	Describe:	\$	
Paving	\$	✓			
Pipeline Installation	\$	✓			
Plumbing	\$ 24,000	✓			
Roofing	\$ 1,958,397.94	✓			
Oil and Gas	\$ 16,930	✓			
Street and Road	\$	✓			
Other – Non-ENV Contracting/ Environmental Contracting					
Describe:	\$				
Describe:	\$				
Describe:	\$				
Describe:	\$				
Total Projected Contracting Gross Receipts:	\$		Total Projected Consulting/ Laboratory Gross Receipts:		
	\$ 2,035,827.94			\$ 6,838.00	

IV. SUBCONTRACTED SERVICES

1. Please identify the services that are subcontracted:

Description: Roofing
 Description: Siding
 Description: Gutters
 Description: _____

2. Applicable Cost:

\$ 954,115.18
 \$ 77,609.00
 \$ 257,501.62
 \$ _____

3. Are all subcontractors licensed and accredited? Yes No
4. Does the applicant collect certificates of insurance from all subcontractors? Yes No
5. Are the subcontractors required to name the applicant as an additional insured? Yes No
6. Is a standard written contract used with the applicant's clients and/or subcontractors, including hold harmless and limitation of liability clause? Yes No

V. GENERAL INFORMATION

1. Does the applicant directly or indirectly perform work on residential properties? Yes No
If yes, what percentage of the applicant's overall sales are associated with this operation? 90 %
2. Are more than 50% of the applicant's services subcontracted? Yes No
3. Is the applicant applying for project specific coverage? Yes No
If yes, please attach a copy of the contract for the project and project supplemental application.
4. Does the applicant conduct more than 10% geotechnical or geophysical operations? Yes No
If yes, what percentage of the applicant's overall sales are associated with this operation? _____ %
Please submit the following: A detailed list of the applicant's geotechnical and geophysical operations & detailed resumes of employees who conduct these operations.
5. Does the applicant install any type of liner, i.e. landfill, lagoons, etc.? Yes No
If yes, what percentage of the applicant's overall sales are associated with this operation? _____ %
Please submit the following: Resumes and certifications of employees installing the liners, installation procedures & testing procedures for the installed liner.
6. Does the applicant conduct tank installation work? Yes No
If yes, please answer the following:
 a) What percentage of the applicants overall sales are associated with this operation: _____ %
 b) Are the installed tanks precision tightness tested before being released to owner? Yes No
 c) Does the applicant apply any type of corrosion protection? Yes No
 d) Are tanks tested and certified by a registered professional before use? Yes No
Please submit the following: Resumes and certifications of all tank installation employees, type of tanks applicant installs, type of corrosion protection applicant installs & installation procedures.
7. Are any of the applicant's revenues generated by contracting services performed in New York City? Yes No
If yes, what percentage of the applicant's overall sales are associated with this operation? _____ %
8. Does the applicant conduct any type of mold contracting or mold consulting work? Yes No
If yes, Please describe the work on a separate page and provide training certifications/credentials.
If no, but the applicant is interested in being considered for mold coverage for claims that may arise from the applicant's contracting operations, please complete and attach a Supplemental Mold Application.
9. Does the applicant conduct any Phase I or Real Estate Transfer Assessments? Yes No
If yes, please answer the following:
 a) What percentage of the applicants overall sales are associated with this operation: _____ %
 b) Does the applicant follow ASTM-1527 guidelines? Yes No
If no, please attach a sample contract of the applicant's format.
10. Does the applicant perform any drilling services?
 If so, what is the maximum depth?
 Yes No

11. Total personnel (List each person only once, by primary function):

- a) Architects, Engineers, Geologists, Hydrogeologists _____
- b) Industrial Hygienists, Toxicologists, CIHs or CSPs _____
- c) Supervisors/Foremen/Leadmen _____
- d) Draftsmen, Technicians _____
- e) Laborers _____
- f) AHERA, Hazwopers _____

Daniel Napier, Wesley Napier, Floyd Napier

David Mac Donald, Cris Brown, Brett Hardy

g) Other (please specify primary function and count per primary function):

VI. CLAIMS INFORMATION

12. 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 on each incident:

13. 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 and/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 on each incident:

VII. HISTORY OF COMPANY

1. Date Company Was Established: 1/1/1984

5. Is the applicant a successor of any other business? If yes, please list predecessor in the area below. Yes No

2. Is the applicant, or any affiliated, related predecessor entity currently involved with sharing office space, use of employees or commingling of affiliated or related operations or services of any kind? If yes, please provide an explanation in the area below. Yes No

6. Has the applicant, or any affiliated, related predecessor entity or any officer or owner ever been convicted of a crime? If yes, please provide an explanation in the area below. Yes No

3. Is work done through or by any affiliated or related company(s)? If yes, please provide an explanation in the area below. Yes No

7. Has the applicant, or any affiliated, related predecessor entity ever been (or currently is) the subject of bankruptcy, reorganization, solvency, dissolution or other debtor related proceedings and/or has made assignment for the benefit of creditors? If yes, please provide an explanation in the area below. Yes No

4. Is the applicant, or any affiliated, related predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? If yes, please provide an explanation in the area below. Yes No

8. If you answered "yes" to any of the questions listed above, please include a detailed explanation:

VII. PRIOR LIABILITY CARRIER INFORMATION (Past three years)

Coverage Form	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium
1.	Liberty Mutual		1,000,000		Commercial Gen Liability		
2.	Liberty Mutual		1,000,000		Automobile Liability		
3.	Liberty Mutual		500,000		Workers Comp		

4. Has any policy or coverage been declined, cancelled and/or non-renewed during the prior three years?

Yes (If yes, please explain): _____
 No

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 signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective *Insureds* and that to the best of his/her knowledge the statements herein are true. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the *Insurer* of such and shall provide the *Insurer* with information that would complete, update or correct the application or materials submitted therewith. The *Insurer* may withdraw or modify any of the terms or conditions of coverage accordingly.

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.

Signature: *Daniel J. Napier* Date: 3/20/24
Print Name: Daniel J. Napier Title: Owner