

**ESP**

**SECTION 1. BROKER AND INSURED INFORMATION**

BROKER INFORMATION

Broker Firm Name:		Website:
Broker / Producers Name:	Phone:	Email:
Address:	City/St:	Zip Code:
Accounting Contact:		

APPLICANT INFORMATION

Applicant First Name Insured:		
Description of Operations:		
Website:		
Address:	City/St:	Zip Code:
Contact	Title:	
Telephone:	Fax:	Email:
Year Business Established:	FEIN:	

Additional Named Insureds:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____

Company is an (select all that apply):

- INDIVIDUAL     
  PARTNERSHIP     
  CORPORATION     
  JOINT VENTURE

OTHER (please describe): \_\_\_\_\_

Association Memberships: \_\_\_\_\_

ISO 9001 Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO	ISO 14001 Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO
ISO 18000 Certified: <input type="checkbox"/> YES <input type="checkbox"/> NO	OSHA SHARP VPP: <input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 2. EXISTING COVERAGE AND EXPOSURE INFORMATION

### A. Existing Coverage


Coverage	Carrier	Premium	Limits	Expiration	Deductible or SIR
Site Pollution					
General Liability					
Excess Liability					

### B. Exposure History

Revenue	Domestic	Foreign	Intercompany
Estimated next 12 months			
Current 12 Month Policy Period			
Second Prior Year			
Third Prior Year			

## SECTION 3. LOCATION INFORMATION

Complete the spreadsheet for all locations you own or operate locations where you lease space and locations utilized for the treatment and disposal of your waste or waste from projects.

Click the paperclip for the Excel File. 

## SECTION 4. SAFETY AND TRAINING

- Do you have a written worker safety training plan?  YES  NO
- Do you have a written driver safety training plan?  YES  NO
- Describe transportation methods for products and wastes:

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- Any notice of violations for current permits in last 5 years?  YES  NO

If yes, indicate permit, number of violations, reason:

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e. Do you have written loading and unloading procedures?  YES  NO

## SECTION 5. CLAIMS AND CIRCUMSTANCES

1. Has the Applicant ever been subject to any claim by any client or other third party? If “yes,” please explain:

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2. Has the Applicant, had any reportable releases or spills of hazardous substances, hazardous wastes or any other pollutants as defined by applicable environmental statutes or regulations?

If “yes” please explain.

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3. Has the Applicant been prosecuted or is the applicant currently being prosecuted for contravention of any standard or law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?

If “yes “ please explain.

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4. List all claims made against the applicant during the past five years for cleanup or response action, “toxic tort” or other bodily injury, or property damage, resulting from the release of hazardous substances, hazardous waste, or other pollutant, from this location or other locations owned or operated by the applicant into the environment.

Please provide a brief description of the claim(s) and their disposition:

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None to report

5. List all claims made against the applicant during the past five years for bodily injury, property damage, or cleanup or response action resulting from the ingestion, inhalation or release of hazardous substances or other pollutants related to any of your product.

Please provide a brief description of the claim(s) and their disposition:

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None to report

6. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against the Applicant or any other party to the proposed insurance from the release of pollutants?

## Additional Space for Answers

Please indicate Section letter and question number when completing answer.

## FRAUD WARNING

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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 DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other personal 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.

**NOTICE TO LOUISIANA 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 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 MEXICO 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 civil fines and criminal 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 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.

**NOTICE TO TENNESSEE 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 include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

**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 OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

I. Warranty

AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE PROFESSIONAL SERVICES OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM, UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Applicant:	Title:
Applicant Signature:	Date:
Agent/Broker Name:	Email Address:

I authorize the release of any audit information including worksheets to Enviant without further instructions.

/ Applicant Signature	Date:
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