

Application

CONTRACTORS ABATEMENT LIABILITY

EIL-CAL



TYPE OF ABATEMENT COVERAGE REQUESTED:

COVERAGE	ABATEMENT ONLY	GENERAL LIABILITY
ASBESTOS ABATEMENT		
LEAD ABATEMENT		
ASBESTOS & LEAD ABATEMENT		

1. COMPLETE NAME OF APPLICANT: _____

2. ADDRESS: _____

TELEPHONE: _____

3. INDIVIDUAL [] PARTNERSHIP [] CORPORATION []

4. NUMBER OF YEARS IN BUSINESS: _____

NUMBER OF YEARS IN ABATEMENT CONTRACTING BUSINESS: _____

NUMBER OF COMPLETED ABATEMENT PROJECTS: _____

5. NAMES OF COMPANY OFFICIALS (PLEASE ATTACH RESUMES OF EACH): _____

NAME OF INDIVIDUAL HANDLING INSURANCE: _____

6. DESCRIPTION OF APPLICANT'S ENTIRE OPERATIONS (ATTACH APPROPRIATE MANUALS AND/OR S.O.P.'S):

6a. WHAT PERCENTAGE OF APPLICANT'S ENTIRE OPERATION IS ASBESTOS ABATEMENT? _____

LEAD ABATEMENT? _____

7. DOES THE APPLICANT SUB-CONTRACT ANY WORK TO OUTSIDE CONTRACTORS, CONSULTANTS, ENGINEERS, ARCHITECTS, ETC.?

IF SO, WHAT PERCENTAGE OF WORK IS SUBCONTRACTED? _____

7A. HAS APPLICANT SUB-CONTRACTED ANY ABATEMENT WORK?

IF YES, DESCRIBE IN DETAIL NAME, ADDRESS AND APPLICABLE LICENSES, PERMITS ETC.

8. PREVIOUS PERFORMANCE IN ASBESTOS AND OR LEAD ABATEMENT CONTRACTING. PLEASE PROVIDE A LIST OF PAST CUSTOMERS, ADDRESSES, TELEPHONE NUMBERS (ATTACH A LIST IF MORE SPACE IS NEEDED).

9. HOW AND WHEN IS EPA NOTIFIED OF ASBESTOS AND OR LEAD ABATEMENT/REMOVAL WORK?

10. PLEASE DESCRIBE IN DETAIL, CORPORATE GUIDELINES FOR JOB-SITE SECURITY.

11. PLEASE DESCRIBE IN DETAIL PRE- ASBESTOS/LEAD REMOVAL PREPARATION PROCEDURES.

12. DETAIL THE EVACUATION AND EMERGENCY MEDICAL ASSISTANCE PROCEDURES DEVELOPED.

13. DESCRIBE IN DETAIL THE METHODS USED FOR ASBESTOS AND OR LEAD REMOVAL.

13a. DESCRIBE IN DETAIL, ENCAPSULATION/ENCLOSURE PROCEDURES.

14. DESCRIBE IN DETAIL, AIR MONITORING METHODS USED DURING REMOVAL OF ASBESTOS AND OR LEAD, BOTH IN AND OUTSIDE THE WORK AREA AS WELL AS OUTSIDE THE BUILDING.

14a. WHO PERFORMS THE AIR MONITORING?

14b. NAME(S) OF LABORATORY USED FOR ANALYSIS. INCLUDE LAB CERTIFICATION #.

15. DESCRIBE IN DETAIL, PROCEDURES/GUIDELINES REQUIRED FOR TRANSPORTERS INVOLVED WITH THE DISPOSAL OF ASBESTOS AND OR LEAD.

16. DESCRIBE ANY ASBESTOS AND OR ABATEMENT PROJECTS(S) WHICH HAVE BEEN PREMATURELY TERMINATED, INCLUDING CIRCUMSTANCES SURROUNDING THE TERMINATION.

16a. LIST ANY CONTRACTUAL PENALTIES PAID FOR BREACH OF NON-COMPLIANCE WITH CONTRACTUAL SPECIFICATIONS.

16b. LIST ANY CITATIONS LEVIED AGAINST YOU BY THE FEDERAL, STATE, COMMONWEALTH OR LOCAL AGENCIES FOR VIOLATIONS RELATED TO ASBESTOS AND OR LEAD ABATEMENT. INCLUDE NAMES OF PROJECT, DATE AND HOW ALLEGATIONS WERE RESOLVED.

17. ARE THERE WRITTEN ASBESTOS AND OR LEAD ABATEMENT MANAGEMENT PROCEDURES? IF SO PLEASE ATTACH. IF NOT, PLEASE DESCRIBE IN DETAIL, THE CORPORATE PROCEDURES ADHERED TO REGARDING THE FOLLOWING:(ATTACH INFORMATION AS REQUIRED)

17A. PROJECT LOGS/RECORDS RETENTION:

17B. TRAINING PROGRAMS:

17C. RESPIRATORY PROTECTION PROGRAM:

17D. WORKER/VISITOR PERSONAL PROTECTION PROCEDURES:

17E. EMPLOYEE MEDICAL EXAMINATION PROGRAM:

17F. DECONTAMINATION OF WORK AREA AND SITE CLEAN UP:

18. DESCRIPTION OF ANY CLAIMS RELATED TO ASBESTOS AND OR LEAD ABATEMENT:

19. GENERAL LIABILITY LOSS EXPERIENCE (ATTACH LOSS RUNS, EXCLUDE AUTO EXPERIENCE). IF NONE PLEASE STATE SO.

DATE (YEAR)	PAID	RESERVE	TOTAL	# OF CLAIMS

19A. DESCRIPTION OF GENERAL LIABILITY CLAIMS OVER \$25,000.

20. GROSS RECEIPTS / PAYROLLS

DATE	RESERVE			# OF CLAIMS		
	LEAD	ASBESTOS	ALL OTHER	LEAD	ASBESTOS	ALL OTHER

20A. ESTIMATED ABATEMENT CONTRACT WORK DURING THE NEXT 12 MONTHS:

ASBESTOS \$ _____

LEAD \$ _____

21. PLEASE ATTACH COPIES OF CURRENT ASBESTOS ABATEMENT POLICY (IES).

22. PLEASE FURNISH COPIES OF ANY PRINTED MATERIAL RELATING TO OPERATIONS. E.G. ADVERTISING, SALES BROCHURES.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND WILL BE ATTACHED TO THE POLICY.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

APPLICANT: _____ CORPORATE OFFICER (SIGNATURE): _____

PRINT NAME: _____ TITLE: _____

DATE: _____