Alliant Insurance Services, Inc.
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Chantilly, VA 20151

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Professional and General Liability Insurance for Industrial Hygienists and Consultants Insurance Application

Section 1: Applicant

Contact Name: Email

Company Name:

Street Address:

City State Zip

Business Telephone: Home Telephone: Cell no: Fax No:

Website Address:

Date Established: FEIN:

Are you and your employees members of AIHA? Yes ☐ No ☐

List related trade organization memberships:

Please provide AIHA member number:

Coverage requested:

- ☐ Commercial General Liability
- ☐ Contractors Pollution Liability
- ☐ Professional Liability
- ☐ Office Contents

Section 2: Company Background

a) Indicate firm type: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Joint Venture

b) If an individual, are you: ☐ Full Time ☐ Part Time (Moonlighting – if part time, must be employed elsewhere full time)

c) Does the Applicant have:

☐ Subsidiaries ☐ Parent Company ☐ Other Related or Affiliated Entities

If yes please describe

d) Periods for financial year end. Revenue figures must be provided in order to provide a quote. If you do not have a full year of gross revenues please provide revenue projection for a complete 12 month fiscal year. Please note carrier may request to review annual revenue statements.

Gross billings, sales, fees, and commissions			
	Previous 12 Months	Current 12 Months	Next 12 Months

e) Please list below the services provided, the corresponding percentage of annual gross revenue and the subcontracted revenue:
(if you are not yet in business, please give an estimate of your anticipated breakdown after the first year in business)

Services	Percentage of Annual Gross Revenue	Percentage of this that is subcontracted to third party
Consulting Services		
Air Pollution Monitoring		
Asbestos Inspection		
Biological Monitoring		
Computer Software/ Information Services		
Construction Site Safety Services		
Ergonomic Consulting		
Industrial Cleaning		
Lab Testing (Complete Supplementary App)		
Lead Inspection		
Microbial Inspection		
Mold Inspection		
Noise Control		
Respiratory Protection		
IH Chemistry		
Radiological Control (Complete Supplementary App)		
*Training/ Instruction (Provide Detailed Description)		
*Toxicology (Complete Attached Laboratory Questionnaire)		
Ventilation Consulting		
Safety Consultant Specialist		
Testing - Do you anticipate performing any COVID-19 disinfecting or related work during the upcoming policy Period?		
*Other Consulting (Please Describe Below)		
Contracting Services		
Asbestos Abatement		
Fire/Water/Emergency Response		
Lead Abatement		
Mold Abatement		
Soil Remediation		
Storage Tank Instillation/Removal/Cleaning		
Water/Pollution Remediation		
Abatement Inspection		
Safety Contracting Services		
Testing - Do you anticipate performing any COVID-19 disinfecting or related work during the upcoming policy Period?		
*Other Contracting (Please Describe Below)		
Total (should be 100%)	0 %	0 %

*Please include any additional information below:

		Yes	No
f)	Do you utilise Subcontractors/Independent Contractor?	☐	☐
g)	Are certificates of insurance required from these Subcontractors/ Independent Contractor?	☐	☐

h) If yes, what are the minimum requirements?

General Liability $
Contractors Pollution Liability $
Professional Liability $

		Yes	No
i)	Are subcontractors/ Independent Contractor hired under written contract?	☐	☐
j)	If yes, do contracts contain hold Harmless or indemnification provisions in favour of the Applicant?	☐	☐

k) Staff:

Total staff, personnel of Applicant

Partners/Officers/Principals	
Technical	
Clerical	
Total	

Section 3: Operations

a)Briefly describe your largest job during the past three years: (if you're not yet in business please enter 0.)

Contract Value: Scope of Work:

NOTE: If you are not yet in business, please answer as if you were in business:

		Yes	No
a)	Are written contracts or agreements always used in describing the services the Applicant will provide?	☐	☐
b)	If microbial work is performed, do contracts contain specific limitations, protections or disclaimers related to this type of work?	☐	☐
c)	Do all contracts contain hold harmless or indemnity agreements to the Applicant's benefit?	☐	☐

Section 4: Coverage

a) Please provide prior carrier information for the last three (3) years:

i) Commercial General Liability:

Expiration Date	Carrier	Policy #	Policy Type	General Aggregate	Products Aggregate	Per Occurrence	Total Premium

ii) Professional Liability:

Expiration Date	Carrier	Policy #	Limits	Deductible	Total Premium

iii) Contractors Pollution Liability:

Expiration Date	Carrier	Policy #	Limits	Deductible	Total Premium

b) Please indicate applicable limit and deductible options you desire indications for:

Limit:

- ☐ $1,000,000 / $1,000,000
- ☐ $1,000,000 / $2,000,000
- ☐ $1,000,000 / $3,000,000
- ☐ $2,000,000 / $2,000,000
- ☐ Other (Specify) _____

Deductible:

- ☐ $2,500
- ☐ $5,000
- ☐ $10,000
- ☐ Other (Specify) _____

Section 5: Claims Experience

a) Have any claims, suits or proceedings been made during the last five years against the Applicant, or Applicant's predecessors in business, subsidiaries or affiliated companies or against any of their past or present partners, owners, officers, sales persons or employees?

Yes ☐ No ☐

If yes, please complete the following Claims Supplement Form

b) Is the Applicant aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against them or any of the persons associated with the Applicant?

Yes ☐ No ☐

If yes, please complete the following Claims Supplement Form

Section 6: Supplementary Information

Please be prepared to provide the following information as part of this application:

1- Brochure/ Statement of Qualifications
2- Current fiscal statement
3- Resumes of key personnel
4- Copy of a standard contract

The applicant declares that, after inquiry, to the best knowledge of all persons to be insured, the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as foresaid, the Applicant agreed to give immediate written notice to Underwriters and such notice shall attach and form part of this Application.

Submitting this Application does not bind Underwriters to complete this insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a policy be issued.

This Application is submitted on behalf of all owners, principles, partners, shareholders, directors and employees:

I/We hereby declare that the above statements and particulars are true and that I/we have not supressed and material facts and I/we agree this declaration shall be the basis of the contract between me/us and the Underwriters.

SUBMITTING THIS FORM DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE. HOWEVER, IF COVERAGE IS BOUND, THIS APPLICATION BECOMES PART OF THE POLICY.

Effective Date Requested for this Insurance: _____

Signature: _____ Date _____

Supplemental Claims Application Form (If Applicable)

Full name of individual(s) and name of firm involved in claim: _____

Date of alleged error/ occurrence: _____

To which insurance Company did you report this claim? _____

Date reported to insurance company: _____

Present status of claim? ☐ Open ☐ In suit ☐ Closed

Total damages paid/ outstanding: _____

If pending: Amount asked in summons: $ _____
Claimants settlement demand: $ _____
Defendant's offer of settlement: $ _____

Description of claims, case and events: (attach necessary documents if available)

Radiological Control / Nuclear Questionnaire (If Applicable)

Per the application completed, please answer the following questions.

Please indicate if you or your subcontractors consult, involved in, perform or handle any of the following:

1) Radiological, radiation, and/or radioactive material: Yes ☐ No ☐

If yes, please provide details and the type of work performed- include number of years of experience.

2) Transportation of any nuclear materials? Yes ☐ No ☐

If yes, please provide details and the type of work performed- include number of years of experience.

3) Review, check, inspection, calibration, design of medical radiological equipment (i.e, x-ray machines). Yes ☐ No ☐

If yes, please provide details and the type of work performed- include number of years of experience.

*Laboratory Questionnaire (If Applicable)

1. Do you operate and/or is your company classified as a traditional laboratory? Yes ☐ No ☐

If yes, please explain:

2) Provide percentage of work performed in a laboratory.
Please explain:

3) Do you operate and/or is your company classified as a traditional laboratory? Yes ☐ No ☐
If yes, please explain:

4) Do you physically perform the research and testing in your laboratory? Yes ☐ No ☐
If yes, please explain:

5) Do you currently have a Laboratory Liability coverage in place? Yes ☐ No ☐
If yes, please provide pertinent details:

Signed _____ Date _____