



**Insurance Program Managers**  
 2000 South Colorado Boulevard  
 Tower II • Suite 800 • Denver, CO 80222  
 800/377-4152 • 303/534-1171 • Fax: 303/623-8101  
 FEinsurance.com  
In CA also FEI Insurance Services #OC73872

<b>Applicant:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
Gross Revenue Current Policy Year:		Projected Revenue:	

<b>1. Please provide the percentage of gross revenue derived from the following operations: (total must equal 100%)</b>			
Air Pollution Control Installation		Air Pollution Control Installation	
Asbestos Remediation		Analytical Laboratories	
AST/UST Installation		Civil Engineering	
Bioremediation		Geotechnical Engineering	
Demolition (Please Describe)		Geothermal System Design	
Electronics Recycling		Hydrogeological Investigations	
Emergency Response		Industrial Hygiene / Health & Safety	
Fire/Water Damage Restoration Contractor		Lead & Asbestos Consulting	
Geophysical Surveys		Mold evaluation	
Geothermal System Design		Pesticide / Herbicide Application	
Hazardous Waste Cleanup		Phase I Environmental Assessments	
Industrial Cleaning		Phase II & III Environmental Assessment	
Lab-packing / Drum Handling		Process Engineering	
Landfill Liner Installation		Project Management/Oversight	
Landscaping Contractor		Property Condition Assessments	
Lead Based Paint Remediation		Regulatory Compliance / Permitting	
Mold Remediation		Remedial Design	
Pipe and Tank Integrity Testing		Tank Vapor Recovery Design	
Roofing Commercial/Residential		Tank Vapor Recovery Installation/Construction	
Sampling/Drilling		Training (Please Describe)	
Soil Excavation/Grading		UST Testing	
Soil Treatment/Excavation		Vapor Barrier Installation	
Tank Cleaning		Waste Broker	
Tank Lining		Wastewater Treatment Design	
Thermal Treatment		Air Pollution Control Installation	
Underground Storage Tank Removal		Other Services:	
Unexploded Ordinance			
Utility Locating			
Wastewater Treatment Installation/Construction			

2. What percentage of gross revenue is subcontracted to others? If the percentage of subcontracted work exceeds 25%, please describe the services below: \_\_\_\_\_%

3. In the past year, has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities, that you have not already reported to the Company?  Yes  No

### Fraud Warning FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some 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, 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.

**NOTICE TO CALIFORNIA APPLICANTS:** *In some 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, 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.*

**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 HAWAII APPLICANTS:** *"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."*

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

**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 denial of insurance benefits."

**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 OHIO APPLICANTS:** "Any person who, with intent to defraud or knowing that he/she 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 a 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 a 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 the 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 TEXAS APPLICANTS:** *In some 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, 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.*

**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."

**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 the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

**NOTICE TO NEW YORK APPLICANTS:** *"Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation."*

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

2 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

3 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

4 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

5 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

6 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

7 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue

Project Completion Date:

8 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

9 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date:

10 Project Name/Client

Services Provided:

Value of Completed Project Gross Revenue:

Project Completion Date: