

**American Safety Insurance Services, Inc.**  
**ASIG Insurance Services (in California)**  
100 Galleria Parkway S. E., Suite 700, Atlanta, GA 30339  
Tel (800) 388-3647 Fax (770) 955-8339  
www.amsafety.com

# Environmental Services Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

PRODUCER	APPLICANT
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Email Address:	Email Address:
Web Address:	Web Address:
PRODUCER NAME:	PRIMARY CONTACT NAME:

Additional Named Insured(s)/Additional Location(s)	
Name:	Name:
Address:	Address:
Description:	Description:

SECTION I. General Information		Space is supplied on page 3 for providing additional information
Specify the year that the Applicant initially commenced operations:		
What are the Applicant's total revenues for each of the last 3 years?		
1st Preceding Year: \$	2nd Preceding Year: \$	3rd Preceding Year: \$
Applicant's Total Number of Employees:		
What is the Applicant's current Workers Comp experience modification factor?		
The Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (please identify)		
YES NO	YES NO	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Is the Applicant a successor of any other business? <b>If YES, list predecessor entities.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Is work done through or by any affiliated or related company(s)? <b>If YES, provide details.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Is Applicant, or any affiliated, related or predecessor entity currently involved in any litigation, administrative or arbitration proceeding(s) or subject to any court or agency order or injunction? <b>If YES, provide details.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? <b>If YES, provide details.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Is the Applicant applying for project specific coverage? <b>If YES, provide project name and Location.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Does the Applicant directly or indirectly perform non-environmental work on residential properties?
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Has Applicant, or any affiliated, related or predecessor entity or any officer or owner of any of them ever been convicted of a crime? <b>If YES, describe.</b>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Does the Applicant perform operations in New York State?
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Are more than 50% of the Applicant's services subcontracted?
		<b>If YES, What % of total operations are performed in New York State?</b> _____

## SECTION II. Retention, Limit & Coverage

Effective Date: \_\_\_\_\_ Policy Term:  One Year  Two Year  Other \_\_\_\_\_

Retention Type:  Self-Insured Retention  Deductible Limits of Liability:

Retention Amount:  \$2,500  \$5,000  \$10,000  \$25,000  Other \_\_\_\_\_  \$1M/\$1M  \$1M/\$2M  \$2M/\$2M  Other \_\_\_\_\_

Coverages: YES NO

Hired & Non-Owned Auto Liability:

Commercial General Liability (CGL):   Occurrence Claims-Made None Retro Date \_\_\_\_\_

Contractors Pollution Liability (CPL):    \_\_\_\_\_

Professional Liability (PL):   \_\_\_\_\_

## SECTION III. Prior Insurance Information

	Commercial General Liability (CGL)	Contractors Pollution Liability (CPL)	Professional Liability (PL)
Policy Type (CM; Occ; No Covg)			
Effective Date:			
Expiration Date:			
Carrier:			
Retro Date:			
Limit of Liability:			
Retention:			
Total Premium:			

## SECTION IV. Claims

Space is supplied on page 3 for providing additional information

Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?

	Total Incurred*	Number of Claims	Valuation Date	*Includes Loss and Expense Paid and reserved.
Current Year				
1st Prior Year				
2nd Prior Year				
3rd Prior Year				
4th Prior Year				

For Claims Greater than \$5,000, provide details, including Date of Claim, Nature of Claim, Amount of Claim paid or reserved.

Is the Applicant aware of any incident, fact, circumstance, or situation including any act, error or omission that may result in a claim being made against it or any other person or entity for whom coverage is sought? If YES, provide full details.

## SECTION V. Safety & Practices

Copies of all of the below must be made available to ASI upon request.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Company/Site specific Health & Safety Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have written Work Procedures for all services selected?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Hazardous Communication Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Respiratory Protection Program?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Applicant have a formal written Medical Surveillance Program?

## SECTION VI. Subcontracted Services

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are all subcontractors licensed and accredited?
<input type="checkbox"/>	<input type="checkbox"/>	Are the subcontractors required to name the Applicant as an additional insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a standard written contract used with the Applicant's clients and/or subcontractors, including hold harmless and limitation of liability clauses?
		What are the minimum limits the Applicant requires of subcontractors? _____

**SECTION VII. Mobile Equipment**

Check here if this section does not apply.

YES NO

Are there any self-propelled vehicles which primarily provide mobility to permanently mounted power cranes, shovels, loaders, diggers or drills or road construction or resurfacing equipment such as graders, scrapers or rollers? If YES, specify number and description.

\_\_\_\_\_

Are the above-described vehicles insured for liability coverage on your commercial automobile policy? If YES, specify Carrier Info, Policy Period and Limits. \_\_\_\_\_  
If NO, specify Radius Driven, Annual Mileage and provide MVRs for all drivers.

**SECTION VIII. Microbiological Contracting & Consulting**

Check here if this section does not apply.

All policies will include a mold, mildew and fungus exclusion. Limited microbiological coverage may be available for this applicant. Please provide the information requested below:

Describe the services performed. \_\_\_\_\_

Specify the number of years involved in microbiological work. \_\_\_\_\_

Coverage Requested:

Contractors Pollution Liability - Microbiological Decontamination

Professional Liability -  Microbiological Assessments  Consulting on Microbiological Decontamination Projects  
 Microbiological Laboratory Analysis

**IF MOLD SUPPLEMENTAL COVERAGE IS REQUESTED, THE FOLLOWING MUST BE SUBMITTED AND ACCEPTED PRIOR TO BINDING**

**Requirements for Contractors**

- Statement of qualifications and/or experience for performing Microbiological Decontamination
- Training certificates for all employees performing Microbiological Decontamination (training course: 16 hr for workers and 24 hr for supervisors)
- Copy of the written proposal / contract. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied
- Written company specific standard operating procedures for Microbiological Decontamination

**Requirements for Consultants (except Microbiological Lab Analysis)**

- Statement of qualifications or resumes for all personnel providing Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments
- Training certificates for all employees providing Consulting on Microbiological Decontamination Projects and Microbiological Assessments (training course: 24 hr)
- Sample of proposal / contract prepared for Consulting on Microbiological Decontamination Projects and/or Microbiological Assessments. Contract must provide a detailed scope of work and state that microbiological growth could reoccur if the source of the moisture is not remedied
- Copy of written reporting format (findings report) applies only to microbiological assessments, not consulting on microbiological decontamination

**SECTION IX. Additional Information**

Check here if this section does not apply.

Please provide further descriptions below for General Information questions which request additional detail:

Successor of any other business?	
Project Name and Location?	
Litigation, administrative or arbitration, court or agency orders or injunctions?	
Crime Conviction?	
Affiliated/Related Company(s)?	
Bankruptcy, Solvency, Reorg., Dissolution or assignments for the benefit of creditors?	
Claim details?	
Claims greater than \$5,000?	
Potential Claims descriptions?	
Additional Comments	

**SECTION X. Contracting Services**

Check here if this section does not apply.

<b>Contracting Services</b>	<b>Projected Revenues</b>	<b>% Subcontracted</b>
<b>Asbestos Abatement Contractor:</b>		
Commercial	\$	%
Residential	\$	%
<b>Lead Abatement Contractor:</b>		
Commercial	\$	%
Residential	\$	%
<b>Environmental Contractor:</b>		
Building Decontamination (excluding Mold, Mildew, Fungus)	\$	%
Drilling – Environmental	\$	%
Duct Cleaning	\$	%
Emergency Response	\$	%
Groundwater Remediation	\$	%
Haz Mat Packing/Pickup	\$	%
Medical Waste Pickup	\$	%
Medical Waste Remediation	\$	%
PCB – Light Ballast Removal	\$	%
PCB – Removal/Remediation	\$	%
Phyto Remediation	\$	%
Septic System Installation	\$	%
Soil Remediation – Bioremediation	\$	%
Soil Remediation - Dig & Haul	\$	%
Soil Remediation - Soil Incineration	\$	%
Soil Remediation - Vapor Extraction	\$	%
Spill Clean-Up	\$	%
Superfund Landfill	\$	%
Waste Incineration	\$	%
Wastewater Treatment Systems Installation/Maintenance	\$	%
Wetlands Contracting	\$	%
Other (please specify)	\$	%
<b>Microbiological Decontamination Contractor:</b>		
Commercial	\$	%
Residential	\$	%
<b>Underground Storage Tank Contractor:</b>		
Service Station Work (pump maintenance, fire suppression, power supply)	\$	%
Storage Tank Cleaning	\$	%
Storage Tank Installation	\$	%
Storage Tank Removal	\$	%
Other (please specify)	\$	%
<b>General Contractor (Non-Environmental):</b>		
Carpentry	\$	%
Concrete Construction	\$	%
Construction Debris Removal	\$	%
Demolition – Non-Structural (Interior Remodel)	\$	%
Demolition – Over Two Stories	\$	%
Demolition – Two or Less Stories	\$	%
Drilling – Non-Environmental	\$	%
Electrical	\$	%
Excavation/Grading	\$	%
General Construction	\$	%
Insulation	\$	%
Janitorial	\$	%
Painting	\$	%
Plumbing	\$	%
Roofing – Commercial	\$	%
Roofing – Residential	\$	%
Service Station Construction and Maintenance	\$	%
Underground Utility Installation	\$	%
Other (please specify)	\$	%
<b>Total Revenue for Contracting Services:</b>		

Hazardous Materials/Substances Disposal Procedures				Check here if this section does not apply. <input type="checkbox"/>					
What Procedure does the Applicant employ in the disposal and transportation of hazardous materials/substances?									
YES	NO		YES	NO		YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Bagged	<input type="checkbox"/>	<input type="checkbox"/>	Manifested	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Drummed	<input type="checkbox"/>	<input type="checkbox"/>	Stored	<input type="checkbox"/>	<input type="checkbox"/>		
						Transported	<input type="checkbox"/>	<input type="checkbox"/>	Labeled
						Treated On-Site			

Storage Tank Installation & Removal Information		Check here if this section does not apply. <input type="checkbox"/>	
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Is a leak detection system a part of all Installations? If YES, give the types and percentages. _____	Approximately how many tanks will be installed over the next twelve (12) months? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are soil samples always taken and tested before excavation commences? If NO, when are tests done and by whom?	

SECTION XI. Professional Services	Check here if this section does not apply. <input type="checkbox"/>
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Professional Services	Projected Revenues	% Subcontracted
Asbestos Assessments	\$	%
Consulting On Asbestos Abatement Projects	\$	%
Consulting On Drilling Projects	\$	%
Consulting On Landfill Projects	\$	%
Consulting On Lead Abatement Projects	\$	%
Consulting On Microbiological Decontamination Projects	\$	%
Consulting On Soil Remediation Projects	\$	%
Consulting On Storage Tank Projects	\$	%
Consulting On Superfund Projects	\$	%
Environmental Geotechnical / Geophysical Consulting	\$	%
Environmental Feasibility Studies	\$	%
Environmental Impact Studies	\$	%
Environmental Project Management	\$	%
Exhaust/Stack Air Testing	\$	%
Expert Witness	\$	%
Ground or Surface Water Monitoring	\$	%
Health and Safety Consulting	\$	%
Indoor Air Quality Consulting (excluding Mold, Mildew or Fungus)	\$	%
Industrial Hygiene Services	\$	%
Lead Assessments	\$	%
Lab Packing	\$	%
Laboratory Analysis (excluding Mold, Mildew or Fungus)	\$	%
Litigation Support	\$	%
Manual Preparation	\$	%
Microbiological Assessments	\$	%
Microbiological Lab Analysis	\$	%
Phase I Environmental Site Assessments	\$	%
Phase II Sampling and Remedial Studies	\$	%
Phase III Remedial Project Design and Supervision	\$	%
Property Inspections	\$	%
Radon Detection	\$	%
Regulatory Consulting / Permitting	\$	%
Septic System Testing	\$	%
Soil Testing	\$	%
Storage Tank Replacement and Remedial Project Design Supervision	\$	%
Training Schools/Seminars (excluding Mold, Mildew or Fungus)	\$	%
Underground Storage Tank System Testing	\$	%
Waste Brokering Services	\$	%
Wastewater Testing	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
Other (please specify):	\$	%
<b>Total Revenue for Professional Services:</b>		

Licensed/Accredited States		Check here if this section does not apply <input type="checkbox"/>
State	Licenses / Accreditations	Services

Laboratories Owned By Applicant				Check here if this section does not apply <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab use trained and appropriately certified employees to obtain bulk samples or air samples?	<input type="checkbox"/>	<input type="checkbox"/>	Does Applicant's lab actively participate or is it approved certified or accredited in any of the following?
<input type="checkbox"/>	<input type="checkbox"/>	Is Applicant's lab premises a recognized EPA temporary waste storage site? <b>If YES, list Applicant's EPA Number:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	PAT
<input type="checkbox"/>	<input type="checkbox"/>	<b>If YES, attach a description of the extent and method of storage and disposal of hazardous waste samples.</b>	<input type="checkbox"/>	<input type="checkbox"/>	EPA
<input type="checkbox"/>	<input type="checkbox"/>	Are samples retained for future reference? <b>If YES, how long?</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	AIHA Accepted
			<input type="checkbox"/>	<input type="checkbox"/>	NVLAP/NIST
			<input type="checkbox"/>	<input type="checkbox"/>	NIOSH
			<input type="checkbox"/>	<input type="checkbox"/>	OSHA
			<input type="checkbox"/>	<input type="checkbox"/>	AIHA EMPAT
			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____

Air Monitoring		Check here if this section does not apply <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are air samples taken by a Certified Industrial Hygienist?
		<b>If NO, are air samples taken by other trained and properly educated staff?</b> _____
		<b>If YES, specify training:</b> _____
		Describe air sampling equipment used: _____
		Describe air sampling equipment calibrating techniques: _____

**NOTICE TO APPLICANT-PLEASE READ CAREFULLY**

**REPRESENTATIONS AND WARRANTIES**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of my knowledge and that no material fact has been omitted or misstated. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to purchase or the insurer to provide the insurance. Acceptance of the applicant by the company is required prior to quotation or binding of coverage or the issuance of a policy. It is agreed that this application and the reliance upon its contents shall be the basis of the issuance of a policy and shall be attached and made part of said policy.

**FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY SUBMITS AN APPLICATION OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.**

**NOTICE TO ARKANSAS, MINNESOTA, AND 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, WHICH IS A CRIME.**

**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 POLICY HOLDER 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 DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.**

**NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE 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 PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 AND 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 MARYLAND 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 MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO NEW JERSEY 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 SUCH VIOLATION.**

**NOTICE TO OKLAHOMA APPLICANTS: 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 AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.**

**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. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.**

**I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF ANY OF THE RESPONSES THAT ARE MATERIAL TO THE RISK ASSUMED (AS WELL AS ATTACHED TO THIS APPLICATION), MAY CAUSE THIS POLICY TO BECOME NULL AND VOID AND/OR MAY GIVE RISE TO RESCISSION OF THE POLICY.**

The Signatory hereby acknowledges that he/she is aware that the Aggregate Limit in the CPL policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement or cleanup costs to the extent that such exceeds the limit of liability of this policy.

The Signatory hereby further acknowledges that legal defense costs that are incurred shall be applied against the deductible amount.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissory warrants that he will submit to American Safety Insurance Services, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissory warrants that he will inform American Safety Insurance Services, Inc. of any change or omission with respect to any answers given in this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be non-delegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by American Safety Insurance Services, Inc. and that American Safety Insurance Services, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to American Safety Insurance Services, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds American Safety Insurance Services, Inc. or the issuing carrier to affect insurance.

I have read the Required Fraud Warnings and further agree to the signatory statement.

**APPLICANT**

**DATE**

\_\_\_\_\_  
Signature of Principal or Officer

**PRODUCER**

**DATE**

\_\_\_\_\_  
Signature of Producer