



Magnolia Grove Insurance Services
INSURANCE APPLICATION

Date of Application:					
APPLICANT DETAILS					
Name:					
Mailing Address:					
City, State, Zip Code:					
Phone Number:					
Website:					
Applicant Contact Person:					
Applicant is:	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Other:

REQUESTED COVERAGE						
General Liability	<input type="checkbox"/>	Occurrence	<input type="checkbox"/>	Claims-Made and Reported	Retroactive Date:	
Contractors Pollution Liability	<input type="checkbox"/>	Occurrence	<input type="checkbox"/>	Claims-Made and Reported	Retroactive Date:	
Site Pollution Liability				Claims-Made and Reported Only	Retroactive Date:	
Professional Liability				Claims-Made and Reported Only	Retroactive Date:	
Requested Coverage Enhancements						
Requested Effective Date		Per Occurrence Limit	\$	Requested Retention	\$	<input type="checkbox"/> Self-Insured Retention
		Policy Aggregate Limit	\$			<input type="checkbox"/> Deductible
Is coverage requested for one specific project? (If yes, please complete the Project Specific Addendum)			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Does the applicant want coverage for mold?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	

APPLICANT CHARACTERISTICS			
Applicant has been in operation since:	YEAR	Has the Applicant operated under other names? If yes, please explain.	
Has the Applicant acquired, merged or discontinued any operations in the past five (5) years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No Explanation:		
Does the Applicant have:	<input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Explanation:		
Do you share employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Explanation:		
Please list any other Named Insureds:			
Is coverage sought for a Joint Venture?	If yes, please explain:		
Geography for Operations:	% Domestic	% Foreign	(Please state locations of all foreign projects)
	Locations and affiliated persons/organizations/clients who are located out of the United States:		
List the state(s) and/or foreign jurisdictions in which your work is performed:			
Does the Applicant or any other party to the requested insurance currently perform or plan to perform any contracting operations associated with, or in any way directly related to hydraulic fracturing and/or the handling, transportation, disposal of hydraulic fracturing fluid? If yes, a detailed description is required.			
MINIMUM INSURANCE REQUIREMENTS FOR CONTRACTORS AND SUBCONTRACTORS			
Commercial General Liability:	\$		
Contractors Pollution Liability:	\$		
Professional Liability:	\$		
Does the Applicant have written guidelines for quality control, or health and safety procedures?			
Does the Insured require subcontractors to provide proof of the following: additional insurance, hold harmless clause in favor of the Insured, and to be named as an additional insured on the subcontractor's policy?			

FINANCIAL INFORMATION

\$	Estimated gross revenue for next 12 months	Fiscal Year		
\$	1 st prior year revenue		TO	
\$	2 nd prior year revenue			
Allocation of Revenue by Project Classification:			%	Residential
			%	Commercial
			%	Hospitals/Nursing Homes
			%	Schools/Education
			%	Industrial
			%	Other

CONTRACTING SERVICES

ENVIRONMENTAL CONTRACTORS OR FACILITIES	PROJECTED REVENUE	PERCENTAGE CONTRACTED
Air Duct Cleaning	\$	%
Asbestos Abatement	\$	%
AST Contracting	\$	%
Bio-Remediation (Soil/Water)	\$	%
Carpentry	\$	%
Crime Scene Cleanup	\$	%
Debris Removal	\$	%
Demolition	\$	%
Disposal Facility Contracting	\$	%
Drilling - Environmental	\$	%
Drilling - Non-Environmental	\$	%
Emergency Response	\$	%
Environmental Facilities Construction	\$	%
Fire/Water Contracting	\$	%
Ground Water Remediation	\$	%
Hazardous Waste Cleanup	\$	%
Indoor Air Quality	\$	%
Industrial Cleaning	\$	%
Industrial Contracting	\$	%
Insulation	\$	%
Invasive Species/Vegetation Contracting	\$	%
Lab Packing	\$	%
Landfill Contracting	\$	%
Lead Abatement	\$	%
Liquid Waste Remediation	\$	%
Manure Application	\$	%
Medical Waste	\$	%
Meth Lab Cleanup	\$	%
Mobile Incinerator	\$	%
Mold Remediation	\$	%

PCB Contracting	\$	%
Radon Mitigation	\$	%
Recycling Contracting	\$	%
Sampling	\$	%
Sewage Waste Remediation	\$	%
Soil Remediation	\$	%
Superfund Contracting	\$	%
Tank and Pipe Cleaning	\$	%
Tank and Pipe Contracting	\$	%
Trucking	\$	%
UST Contracting	\$	%
Vacuum Truck Contracting	\$	%
Waste Disposal - Liquid	\$	%
Waste Disposal - Solid	\$	%
Waste Transportation - Liquid	\$	%
Waste Transportation - Solid	\$	%
Waste Water Facility Contracting	\$	%
Wetlands Restoration	\$	%
NON-ENVIRONMENTAL CONTRACTORS	PROJECTED REVENUE	PERCENTAGE CONTRACTED
AST Contracting	\$	%
Appliance Installation	\$	%
Boiler Contracting	\$	%
Bridge Contracting	\$	%
Carpentry	\$	%
Carpet, Rug, Furniture, or Upholstery Cleaning	\$	%
Civil/Structural Contracting	\$	%
Concrete	\$	%
Demolition - Exterior	\$	%
Demolition - Interior	\$	%
Dredging	\$	%
Drilling(Not Oil/Gas)	\$	%
Drywall	\$	%
Electrical	\$	%
Excavation/Grading	\$	%
Fencing	\$	%
Fire Sprinkler/Suppression	\$	%
Flooring	\$	%
Foundation Contracting	\$	%
Framing	\$	%
General Contracting	\$	%
Glass or Glazier	\$	%
HVAC or Refrigeration	\$	%
Industrial Cleaning or Maintenance	\$	%
Insulation	\$	%
Landscaping	\$	%
Maintenance/Janitorial	\$	%
Marine	\$	%

Masonry	\$	%
Metal Erection	\$	%
Painting	\$	%
Paving	\$	%
Pesticide Application	\$	%
Pile Driving	\$	%
Pipeline Contracting - Oil & Gas	\$	%
Pipeline Contracting - Utility	\$	%
Plastering or Stucco	\$	%
Plumbing	\$	%
Rigging	\$	%
Roofing	\$	%
Scaffolding	\$	%
Street/Road Contracting	\$	%
Trucking	\$	%
Tunneling	\$	%
UST Contracting	\$	%
Waterproofing	\$	%
TOTAL REVENUE FOR NON-ENVIRONMENTAL CONTRACTORS	\$	%
PROFESSIONAL SERVICES		
ENVIRONMENTAL CONSULTANTS	PROJECTED REVENUE	PERCENTAGE CONTRACTED
Air Monitoring	\$	%
Alternative Energy (Solar, Wind, Geothermal)	\$	%
Asbestos Consulting	\$	%
AST Consulting	\$	%
Energy Efficiency	\$	%
Environmental Audit	\$	%
Environmental Facilities Consulting	\$	%
Environmental Impact Studies	\$	%
Environmental Laboratory	\$	%
Environmental Litigation Support	\$	%
Environmental Permitting/Compliance	\$	%
Environmental Project Oversight	\$	%
ESA - Phase I	\$	%
ESA - Phase II	\$	%
ESA - Phase III	\$	%
Expert Witness	\$	%
Feasibility Studies	\$	%
Geophysical Consulting	\$	%
Geotechnical Consulting	\$	%
Hazardous Materials Consulting	\$	%
Health & Safety Consulting	\$	%
Hydrogeological Consulting	\$	%
Indoor Air Quality	\$	%
Industrial Hygiene Consulting	\$	%
Invasive/Vegetation Consulting	\$	%
Lead Consulting	\$	%

Mold Consulting	\$	%
Radon Consulting	\$	%
Regulatory Consulting	\$	%
Remedial Investigation	\$	%
Tank or Pipe Testing	\$	%
UST Consulting	\$	%
Waste Broker	\$	%
Wetlands Consulting	\$	%
Wildlife Studies	\$	%
TOTAL REVENUE FOR ENVIRONMENTAL CONSULTANTS	\$	%

REVENUES FROM 5 LARGEST PROJECTS

Client	Revenue	Services Provided	% Completed

CLAIMS HISTORY

<p>During the past five (5) years, has the applicant or any individual or entity proposed for coverage submitted to an insurer or producer any claims or notice of any fact, circumstance, situation, transaction, event, act, error, or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim?</p> <p>If yes, please explain.</p>	
<p>Is the applicant or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe might or could reasonably be foreseen to give rise to a claim?</p> <p>If yes, please explain.</p>	
<p>During the past five (5) years, has the applicant or any individual or entity proposed for coverage been subject to any discipline or enforcement actions?</p> <p>If yes, please explain.</p>	
CURRENTLY VALUED LOSS RUNS MUST BE PROVIDED FOR CONSIDERATION OF THIS APPLICATION	

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION INCLUDING ATTACHMENTS, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S PROPOSAL IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO ARKANSAS, ARIZONA, NEW MEXICO, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 POLICYHOLDER 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 FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER, OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL OR TELEPHONIC COMMUNICATION OR STATEMENTS AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION IN AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL 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 CLAIMS 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. (36:15-1-10, 3613.1)

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY 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,

MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.	
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 RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENTS 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.	
NOTICE TO WASHINGTON, TENNESSEE AND VIRGINIA 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 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.	
NAME OF APPLICANT	
SIGNATURE OF AUTHORIZED APPLICANT	SIGNATURE OF BROKER/AGENT
PRINT NAME	PRINT NAME
TITLE	BROKER/AGENCY NAME
DATE	DATE