

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

Questions?

Contact: Lina Millirons  
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Alliant Insurance Services, Inc.  
4530 Walney Road  
Suite 200  
Chantilly, VA 20151

**Section 1: Applicant**

Contact Name:  Email

Company Name:

Street Address:

City  State  Zip

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

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                      Partnership  
   Sole Proprietorship                      Joint Venture
- b) If an individual, are you:                      Full Time                      Part Time (Moonlighting – if part time, must be employed elsewhere fulltime)
- 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 subcontractor
<b>Consulting Services</b>		
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)		
<b>Contracting Services</b>		
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)		
<b>Total (should be 100%)</b>	%	%

\*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 suppressed 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?  
If yes, please provide pertinent details:

Yes

No

Signed \_\_\_\_\_

Date \_\_\_\_\_