

AMERICAN ASSOCIATION OF RADON SCIENTISTS AND TECHNOLOGISTS APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY

INSTRUCTIONS: This application is to be used when applying for coverage within the AARST program. Please complete all applicable sections of this application. Read all questions carefully and provide complete and accurate answers. Failure to provide complete or accurate information may result in delayed consideration of this application or denial of coverage. This application is not an insurance policy and the Company considering coverage reserves the right to reject any application for any reason. If additional space is needed, please attach details to this application on a separate piece of paper. All applicants must sign and date the application where indicated.

NOTICE: For certain policies and coverage parts issued, the limits of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or self-insured retention amount.

I. APPLICANT INFORMATION			
APPLICANT NAME: <i>(Legal Name Of Business)</i>			DATE:
ADDRESS:			PHONE:
CITY:	STATE:	ZIP:	EMAIL:
AARST CERTIFICATION MEMBER NUMBER:			WEBSITE:
ENTITY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Please Explain):			

II. REQUESTED COVERAGE	
<input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Contractor's Pollution Liability <input type="checkbox"/> Errors & Omissions Liability <input type="checkbox"/> Following Form Excess	
Requested Effective Date:	Existing Retroactive Date(s):
Requested Limits of Insurance:	Requested Deductible:

III. EXPIRING INSURANCE			
	Commercial General Liability	Contractor's Pollution Liability	Errors & Omissions Liability
Carrier:			
Expiration Date:			
Limits of Insurance:			
Deductible:			
Retroactive Date (if applicable):			
Premium:			

IV. EXPOSURES	
Total Revenue for most recent 12-month fiscal period:	
Anticipated Revenue for next 12-month fiscal period:	
Total number of Employees (including officers/partners):	
Describe any operations or services performed outside of the U.S.:	

V. CONTRACTED SERVICES		
	Associated Revenue	% Subcontracted
Radon Mitigation System Design		
Radon Mitigation System Installation		
Radon Testing		
General Contracting (not associated with radon)		
Other (please explain)		
Other (please explain)		

VI. OPERATING PRACTICES	
Does the applicant use a standard written contract with all clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all sub-contractors and sub-consultants hired under a written standard contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are all sub-contractors and sub-consultants required to carry Commercial General Liability coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VII. CLAIM INFORMATION	
Has any claim, suit or notice of incident been made against the applicant or any staff member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	
Is the applicant aware of any claims, suits, incidents or occurrences against the applicant, the applicant's predecessors, any past or present partner of officers, or any staff which have not been reported and that could give rise to a claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES", please provide complete details for each applicable claim, suit or incident (attach additional pages as necessary):</i>	

FRAUD WARNING: APPLICABLE TO ALL 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 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 criminal and civil penalties.

WARRANTY STATEMENT

The signatory declares that (s)he is authorized by the Applicant to sign this application on behalf of all prospective **insureds** and that, to the best of his/her knowledge, the statements herein are true and accurate. The signatory agrees that if the information supplied in this application and the materials submitted therewith should change between the date this application is signed and the effective date of the proposed insurance, the signatory shall immediately notify the **insurer** of such and shall provide the **insurer** with information that would complete, update or correct the application and materials submitted therewith. The **insurer** may withdraw or modify any of the terms or conditions of coverage accordingly.

Signature:	Date:
Printed Name:	Title: