

Compensatory Mitigation insurance application



Compensatory mitigation insurance application

Evanston Insurance Company

Please submit the following information in addition to this application:

- Copy of filed and approved Mitigation Project Instrument and supplemental materials
- Two years of financials including balance sheet and income statement
- Applicant's Statement of Qualifications, including completed mitigation projects for the past five years
- Copies of applicable guarantees, warranties, and hold harmless agreements furnished by the named insured
- Sample vendor contracts to be used
- Company brochures

Name of applicant: _____ Date: _____

Inspection contact name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Company website: _____ D&B number: _____

Email address: _____ NAICS: _____

Company type: Individual Partnership Corporation Joint Venture Other (describe) _____

Parent company, if applicable: _____

Company history

1. 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 proceedings, or has it made an assignment for the benefit of creditors?Yes No

If yes, please describe:

2. Has applicant, or any affiliated, related, or predecessor entity ever defaulted or abandoned any Mitigation Bank Project?Yes No

If yes, please describe circumstances and your objections for past, present, and future initiatives:

3. Has applicant ever operated under a different name?Yes No

If yes, please describe your obligations for past, present, and future liabilities:

Compensatory mitigation insurance application (continued)

Mitigation Project information

1. Name of project: _____
 County: _____ State: _____
2. Watershed name: _____
3. Is this a: Mitigation Bank PRM ILF Project
4. Name of the Mitigation Bank Instrument/migration plan: _____
5. Name and address of the sponsor or permittee if different than the applicant:

6. Provide a description of and qualifications of the sponsor or permittee team:

7. Provide a description of and qualifications of the design team:

8. Provide a description of and qualifications of the construction team:

9. Provide details on lead regulatory agency and contact information:

10. Please list any construction related tasks that you intend to self-perform:

Period of construction financial assurance information

Provide the following information regarding the applicant's financial assurance information for the period of construction.

Year	Financial assurance limit	Performance milestone description
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Compensatory mitigation insurance application (continued)

Period of monitoring and maintenance financial assurance information

Provide the following information regarding the applicant's financial assurance information for the period of monitoring and maintenance.

Year	Financial assurance limit	Performance milestone description
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

General information

1. Does any project represent more than 25% of your revenue? Yes [] No []
If yes, please describe:

Previous default declarations

1. Has the first named insured ever defaulted on a mitigation project objective or milestone? Yes [] No []
If yes, please provide complete details:

2. Is the applicant aware of any fact, circumstance, or situation which could result in a claim being made against the applicant or any other entity for which coverage is being requested?..... Yes [] No []
If yes, please provide complete details:

3. Is the applicant aware of existing pollution conditions that could reasonably be expected to give rise to a claim under this insurance? Yes [] No []
If yes, please provide details:

Compensatory mitigation insurance application (continued)

Project specific contractors pollution liability coverage requested

Coverage	Each pollution condition limit	Aggregate limit	Deductible/SIR
Contractor's pollution	\$	\$	\$

Contractor's pollution liability general information

1. Is the applicant aware of any circumstances which may result in any claim, suit, or notice of incident against them, the firm, their predecessors in business, any of the present or past partners or officers, or any staff member? Yes [] No []

If yes, please provide details of each circumstance:

2. Has any claim, suit, notice, or incident been made against the firm or any staff member? Yes [] No []

If yes, please provide details of each incident:

3. Has any policy or coverage been declined, cancelled, or non-renewed during the prior 3 years? Yes [] No []

If yes, please provide a detailed explanation:

Fraud warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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 for the purpose of defrauding or attempting to defraud the 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL only.

Applicable in KS: 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 statement 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Compensatory mitigation insurance application (continued)

Applicable in VT: 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.

Applicable in all other 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 subjects such person to criminal and civil penalties.

Representation statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. 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 changes, 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 the insurer to complete the insurance.

Name of applicant _____ Title _____

Signature of applicant _____ Date _____

Signature of agent _____ Date _____

(Florida only) Agent license number: _____