



C&S SPECIALTY UNDERWRITERS, LLC

D/B/A C&S RISK AND INSURANCE SERVICES LLC IN CALIFORNIA
 D/B/A C&S SPECIALTY INSURANCE SERVICES LLC IN NEVADA | NEW YORK | UTAH
 PO Box 723874 | ATLANTA, GA 31139
 WWW.CSUNDERWRITERS.COM | T: 855.390.7598 | F: 678.999.5121

LEAD INSPECTOR'S 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.

APPLICANT INFORMATION

Name:		Date:
Address:		
City:	State:	Zip Code:
Email Address:		Telephone #:
Website:		Primary Contact Name:

SECTION I. General Information

What is the total number of Section 8 units?	
How many Section 8 units were built prior to 1978?	
How many Section 8 units, that were built prior to 1978, have children under the age of 6?	
How many Section 8 units were built in 1978 and after?	
How many employees are performing Visual Assessments, Risk Assessments or Clearance Tests?	
Please indicate the service(s) performed by your HUD Certified Lead Inspector Employees:	Visual Assessments Yes <input type="checkbox"/> No <input type="checkbox"/> Risk Assessments Yes <input type="checkbox"/> No <input type="checkbox"/> Clearance Tests Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your employees performing any other service related to the identification, assessment or abatement of Lead Based Paint?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list other services performed:	
Do you use independent or sub-contractors to perform visual assessment, risk assessment or clearance testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list name and address of independent or sub-contractor:	

Visual Assessments (if applicable)

Have all Inspectors who perform Visual Assessments taken HUD's (or similar) Visual Assessment Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your inspectors perform Visual Assessments for other Public Housing Authorities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate anticipated revenue and number of units to be inspected.	\$ _____ # _____
If yes, will you market this service through your Public Housing Agency or through a non-profit?	PHA <input type="checkbox"/> Non-Profit <input type="checkbox"/>
If Non-Profit, list name and address.	

Risk Assessments (if applicable)

Are all Inspectors who perform Risk Assessments HUD Certified Lead Hazard Inspectors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your Certified Lead Hazard Inspectors perform Risk Assessments for other Public Housing Authorities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate anticipated revenue and number of units to be inspected.	\$ _____ # _____
If yes, will you market this service through your Public Housing Agency or through a non-profit?	PHA <input type="checkbox"/> Non-Profit <input type="checkbox"/>
If Non-Profit, list name and address.	
Do your Certified Lead Inspectors use an XRF Gun (Spectrum Analyzer)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Clearance Tests (if applicable)

Are all inspectors who perform Clearance Testing HUD Certified Lead Hazard Inspectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will your Certified Lead Hazard Inspectors perform Clearance Testing for other Public Housing Authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate anticipated revenue and number of units to be inspected.	\$ _____	# _____
If yes, will you market this service through your Public Housing Agency or through a non-profit?	PHA <input type="checkbox"/>	Non-Profit <input type="checkbox"/>
If Non-Profit, list name and address.		
Do your Certified Lead Inspectors use an XRF Gun (Spectrum Analyzer)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION II. Retention, Limit & Coverage			
Effective Date: _____	Policy Term: <input type="checkbox"/> One Year <input type="checkbox"/> Other _____		
Retention Type: <input type="checkbox"/> Self-Insured Retention <input type="checkbox"/> Deductible	Limits of Liability:		
Retention Amount: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other _____	<input type="checkbox"/> \$1M/\$1M <input type="checkbox"/> \$1M/\$2M <input type="checkbox"/> \$2M/\$2M <input type="checkbox"/> Other _____		
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal			
Coverages:	Claims-Made	None	Retro Date
Contractors Pollution Liability (CPL):	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Liability (PL):	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION III. Prior Insurance Information		
	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 for providing additional information below.
Have any claims been made previously (last five years) against the Applicant or reported under any Contractors Pollution Liability or Professional Liability policies?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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 below.					
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? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, provide full details below.					
Please provide further descriptions below for questions above which request additional detail:					
Claims details?					
Claims greater than \$5,000?					
Potential Claims descriptions?					

SECTION V. Safety & Practices			
Sampling & Monitoring Procedures (if applicable)			
If independent sampling or analysis is employed, please give name(s) & address(es) of consultants and laboratories that Applicant uses on a regular basis:			
CONSULTANT		LABORATORY	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:		Telephone #:	
Fax #:		Fax #:	
Does the applicant subcontract laboratory analysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, do these labs hold the appropriate state and federal accreditations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional/Technical Organizations – Check the organizations of which Applicant is a member		
<input type="checkbox"/> American Industrial Hygiene Association	<input type="checkbox"/> American Consulting Engineers	<input type="checkbox"/> The Environmental Information Association
Other:	Other:	Other:

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

NOTICE TO APPLICANT-PLEASE READ CAREFULLY

FRAUD WARNINGS: 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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT:

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. 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 C&S Specialty Underwriters, LLC and the insurer of such changes, and C&S Specialty Underwriters, LLC and/or 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.

I warrant that the information contained in this application is true and that it will form the basis of and be incorporated into the final policy, if issued.

NAME OF APPLICANT

TITLE

Signature of Applicant

Date

NAME OF PRODUCER

TITLE

Signature of Producer

Date