

**BEACON**



**HILL**  
ASSOCIATES INC



*Experienced access to the environmental insurance marketplace.*

**Contact Information:**

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Fax: (434) 979-8964  
Email: info@b-h-a.com  
Website: www.b-h-a.com

**Corporate Mailing Address:**

P.O. Box 1532  
Charlottesville  
Virginia 22902

**Offices Located In:**

Charlottesville, Virginia  
Atlanta, Georgia  
Plano, Texas  
Denver, Colorado

**dba in California as:**

Beacon Hill  
Insurance Services  
License #0C84253

In order for us to provide the best terms from our carriers, we need a complete submission from you. Please try to put together as much of the following material as possible. If an item is unavailable or not applicable, let us know when you submit the account. If you have questions about applicability of a particular item, please don't hesitate to call.

**General Qualification Questions:**

1. Are you the incumbent agent? \_\_\_\_\_
2. Do they currently carry this coverage? \_\_\_\_\_
3. Will the applicant receive a renewal quote from their current carrier?  
\_\_\_\_\_
4. Are there any issues under their current program you would like us to improve upon? \_\_\_\_\_
5. History of any mold claims, whether insured or not:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe quality controls, guidelines, and procedures developed to address mold concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Items with an asterisk are critical**

- All sections of specialty apps completed, and the application signed. \*
- Acord CGL & Applicant Info sections. \*
- A narrative describing the professional services performed by the Insured, and the revenue derived from each. \*
- Resumes of Key Personnel (Can be simple narrative of experience). \*
- Financial statements covering the most recent two years. \*
- Three years currently valued loss runs, or no loss letter on Insured letterhead. \*
- Copies of all training certificates, licenses, etc.
- Statement of Qualifications
- Employee Safety Manual
- Training Manual