

PROJECT-SPECIFIC COVERAGE APPLICATION

1. Applicant: _____

2. Policy Number (If Assigned): _____

3. Project Name: _____

Address: _____

4. Description of Services to be performed: _____

5. Gross Income for the subject project: _____

6. Project Duration: From _____ To _____

The applicant represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact. Further, it is agreed that the completion of this application does not obligate the Applicant to purchase insurance nor bind Freberg Environmental, Inc. to effect insurance.

SIGNED

TITLE

DATE