



**APPLICATION FOR ENVIRONMENTAL CONSULTANTS
PROFESSIONAL LIABILITY INSURANCE POLICY
(Claims Made Basis)**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full Name of Applicant: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Corporation? Partnership? Individual? Other
- d. Years in business under present name: _____
- e. List and describe affiliations with other firms: _____

- f. List and describe any corporate name changes, mergers, and/or consolidations (within the past 3 years):

2. STAFF

List number of total personnel using the following categories:

- | | |
|--|---|
| _____ Architects or design engineers | _____ Industrial hygienists or toxicologist |
| _____ General engineers other than above | _____ Draftsmen or technicians |
| _____ Geologists or hydrogeologists | _____ Clerical or accounting |
| _____ Environmental scientists | _____ Administrative management |

How many of the above personnel possess professional engineering designations? _____

3. OPERATIONS

- a. Please provide a description of professional activities for which coverage is desired:

- b. Please describe your use of subcontractors, including type of work and percentage of gross receipts:

c. Please provide gross receipts attributable to the following:

<u>Service</u>	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Year</u>
Environmental studies, assessments, reports, audits	_____	_____	_____
Remedial studies, investigations where firm is not involved in design	_____	_____	_____
Site selection evaluation (real estate, waste)	_____	_____	_____
Environmental permit preparation, submission	_____	_____	_____
Remedial design with supervisory services	_____	_____	_____
Remedial design without supervisory services	_____	_____	_____
Project monitoring, management	_____	_____	_____
General consulting	_____	_____	_____
Laboratory services	_____	_____	_____
Total	_____	_____	_____
Other (describe below):	_____	_____	_____

d. Please provide the percentage of work performed for the following:

- | | |
|--|---|
| 1) Federal government _____% | 4) Individuals, partnerships, joint ventures _____% |
| 2) State government _____% | 5) Contractors _____% |
| 3) Private or public corporations _____% | |

4. HISTORY/CLAIMS

- a. Are you aware of any facts or circumstances, during the past 5 years, which may give rise to a claim? [] Yes [] No
If Yes, please describe on a separate sheet.
- b. Have any professional liability claim been made against you or any of your employees in the past 5 years? [] Yes [] No
If Yes, please describe on a separate sheet.
- c. Please list previous errors & omissions coverage for the past 4 years.

Policy Period	Insurance Carrier	Limits of Liability	Premium	Deductible or S.I.R.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. ADDITIONAL INFORMATION

Please include the following:

- _____ Most recent financial statement
- _____ Sample of client/subcontractor contract
- _____ Company marketing literature
- _____ Statement of qualifications or resumes of key personnel
- _____ Client reference and/or representative project listing

Please be as complete as possible when providing the above outlined information. This will enable the underwriter to provide the best possible terms and conditions.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Name of Applicant*

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.