



**ENVIRONMENTAL CONSULTANTS INSURANCE FOR
SPECIFIED PROFESSIONAL SERVICES
(Claims Made Basis)**

NOTE:

In applying for coverage on a claims made basis, the Applicant agrees that if coverage is eventually provided and in the event of covered losses, he will be required to be defended by the Company's appointed Attorneys and that the deductible shall apply to loss and including (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If, however, the Applicant elects to handle a claim without in any way involving the Company or the Company's appointed Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

1. Name of Applicant: _____

2. Address: _____
Street City State Zip Code

3. Address of all Branches: _____
Street City State Zip Code

4. Specify the exact date upon which the Applicant was initially established, formed or incorporated: _____
mo day yr

5. The Applicant is a Proprietorship Partnership Corporation Other (specify): _____

6. If the name or trading style of the Applicant has ever changed or if there has ever been any acquisition, consolidation, merger, dissolution, reformation or other change in business structure, provide full particulars by listing each proprietorship, firm or organization in chronological order. Specify the exact date of such acquisition, consolidation, merger, dissolution, reformation or other change.

7. a. Briefly describe the firm's general business practices and operations: _____

b. Specify the approximate percentage of the following services provided by the Applicant (including services sublet to consultants) relative to total revenue. The total must equal 100%.

1) Asbestos Consulting	_____ %	10) Analytical Laboratory Services	_____ %
2) Environmental Consulting including Risk Management	_____ %	11) Architecture	_____ %
3) Environmental Investigations, Studies and Assessments	_____ %	12) Civil Engineering	_____ %
4) Environmental Audits	_____ %	13) Electrical Engineering	_____ %
5) Development and Design of Environmental Abatement Plans	_____ %	14) Mechanical Engineering	_____ %
6) Underground Storage Tank Consulting	_____ %	15) Structural Engineering	_____ %
7) Biological Environmental Consulting	_____ %	16) Soil Engineering	_____ %
8) Chemical Environmental Consulting	_____ %	17) Land Surveying	_____ %
9) Physical Environmental Consulting	_____ %	18) Project Management	_____ %
		19) Litigation Support	_____ %
		20) Other (specify) _____	_____ %
		Total:	_____ %

8. Describe briefly, in narrative form, the Applicant's **specialty** in terms of projects undertaken within the prior five year where the contract revenue exceeds \$20,000: _____

9. a. **Principals Qualifications**

Name of Principal	Type of Prof. Registered	Education Degree	Date and Place Degree Acquired	Years with Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. **Total Personnel:**

- i) Principals as above _____
 - ii) Total number of Professionally Registered Personnel _____
 - iii) Total number of technical personnel not professionally registered _____
 - iv) Total number of field personnel _____
 - v) Total number of clerical and accounting employees _____
 - vi) Total number of administrative employees _____
 - vii) All others _____
- Total: _____

c. Is any individual or principal **employed** by or an **officer** of any other firm, organization, political body or sub-division thereof? Yes No If yes, please give full details.

d. Please provide **resumes** of all the Professional Registered Personnel (including Principals).

10. States in which the Applicant or Principals and Professionally Registered Personnel are **licensed**: _____

11. Does the Applicant perform professional services outside the United States? If yes, give details. _____

12. Have any of those listed in question 9 ever been the subject of disciplinary investigation or action as a result of their professional activities? If yes, give details. _____

13. Specify the Applicant's exact **contract revenue** accrued during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories. Exclude all income accrued from participation in any joint venture.

	FISCAL YEAR REVENUE	
	Immediate Past Year	Present Year
a. Asbestos Abatement Consulting, Planning & Analysis	\$ _____	\$ _____
b. Asbestos Removal Management	\$ _____	\$ _____
c. Environmental Consulting including Risk Management	\$ _____	\$ _____
d. Environmental Audits of Real Estate	\$ _____	\$ _____
e. Operational Audits of Manufacturing Plants	\$ _____	\$ _____
f. Regulatory Compliance Audits, Compliance Programs, Audits/Surveys Reviews, Analytical Test Result and Criteria Reviews, Permit Assistance, Client Liaison to Regulatory Agencies	\$ _____	\$ _____

FISCAL YEAR REVENUE

	Immediate Past Year	Present Year
g. Environmental Impact Assessments and Feasibility Studies	\$ _____	\$ _____
h. Site Assessments including Sampling and Analysis	\$ _____	\$ _____
i. Subsurface Investigations including Sampling and Testing	\$ _____	\$ _____
j. Analytical Laboratory Services	\$ _____	\$ _____
k. Environmental Field Monitoring	\$ _____	\$ _____
l. Hydrology Studies, Sampling and Analysis	\$ _____	\$ _____
m. Toxicity Reduction Evaluations	\$ _____	\$ _____
n. Public Health Risk Assessment	\$ _____	\$ _____
o. Industrial Hygiene and Safety Services, Pollution Monitoring and Analysis	\$ _____	\$ _____
p. Litigation Support	\$ _____	\$ _____
q. Underground Storage Tank Management and Removal	\$ _____	\$ _____
r. Consulting Engineering and Design of:		
i) Sanitary Landfill Systems	\$ _____	\$ _____
ii) Materials Recovery Facilities	\$ _____	\$ _____
iii) Site Remediation Systems	\$ _____	\$ _____
iv) Waste Minimization Systems	\$ _____	\$ _____
v) Waste Water Treatment Systems	\$ _____	\$ _____
vi) Sewer Water and other Pipeline	\$ _____	\$ _____
vii) Environmental Remediation Plans	\$ _____	\$ _____
s. Hazardous Waste Disposal Quality Assurance	\$ _____	\$ _____
t. Services for Storing, Treating, Discharging, Applying, Disposing or Transporting Hazardous Materials	\$ _____	\$ _____
u. Air Sampling and Testing	\$ _____	\$ _____
v. Superfund Site Cleanup	\$ _____	\$ _____
w. Any other services (describe): _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

14. Does the Applicant foresee any **substantial changes** in the contract revenues shown in Question 13 during the next twelve months? _____

15. Specify the percentage of the Applicant's **contract revenue** attributable to the following type of client for the immediate past fiscal year:

a. Federal Government and any Agency thereof	_____ %
b. State, County or Local Government and Agency thereof	_____ %
c. Real Estate Developers	_____ %
d. Other Private or Public Held Corporations	_____ %
e. Other Individuals, Partnerships or Joint Ventures	_____ %
f. Other (specify) _____	_____ %
_____	_____ %
_____	_____ %
Total:	_____ %

16. During the immediate past fiscal year, did the Applicant **derive more than 50%** of its contract revenue from any one single client? Yes / / No / / If yes, please give details. _____

17. Does the Applicant **utilize independent consultants** such as chemists, hydrologists, ecologist, etc.?
 Yes No If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

18. Does the Applicant perform laboratory services as part of its professional services? Yes No
 If yes, state the certifications held by the laboratory. _____

19. For any other work which the Applicant subcontracts, does the Applicant obtain certificates of comprehensive general liability insurance, environmental impairment insurance and/or professional liability insurance from subcontractors to whom he subcontracts such work? Yes No

20. When performing professional services, does the Applicant use standard form contracts, without modification, such as the ACEC "Standard Form of agreement for Environmental Site assessment Services"? Yes No
 If a non-standard form is used, please provide a copy.

21. If coverage for **Joint Venture projects** is required, please give details requested hereunder for each Joint Venture project:

- a. Names and Address of other Members: _____
- b. Type of project and location: _____
- c. Nature of services by Applicant: _____
- d. Total Contract revenue from Joint Venture for all Members: _____
- e. Contract revenue for Applicant's share: _____
- f. Contract revenue for Applicant's share during the next fiscal year: _____
- g. Give duration of the Joint Venture project including approximate dates for all phases of design and construction: _____
- h. Has the Applicant's portion of the Joint Venture been insured for professional liability thus far? _____
- i. Do the other Members carry professional liability insurance on the Joint Venture project? If yes, please give details. _____

22. Does the Applicant or any subsidiary, parent or otherwise related entity **engage in manufacturing, fabrication, or real estate development**? Yes No If yes, please give details on a separate Exhibit.

23. Does the Application wholly or partly **own, manage or otherwise control** any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? Yes No If yes, provide full particulars and describe any interrelationship on a separate Exhibit.

24. Does the Applicant **currently carry general liability and umbrella liability insurance**? Yes No If yes, please provide full particulars relative to the present policies.

	General Liability	Umbrella Liability
a. Carrier:	_____	_____
b. Limit of Liability	_____	_____
c. Anniversary Date:	_____	_____
d. Blanket Contractual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. Blanket X.C.U.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f. Broad Form Property Damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g. Completed Operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
h. Professional Services Exclusion as a separate endorsement applicable to all coverage parts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
i. Following Form?		Yes <input type="checkbox"/> No <input type="checkbox"/>

25. Does the Applicant currently carry professional liability insurance? Yes No If yes, provide full particulars of insurance carried for the past five years.

<u>Company</u>	<u>Policy No.</u>	<u>Limits</u>	<u>Deductible</u>	<u>Period (Including Dates)</u>	<u>Premium</u>
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26. Specify the **exact date** upon which professional liability insurance for the Applicant was initially placed in force and continuously maintained: _____
 _____ mo day yr

27. Has any application for similar insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been **declined** or has any such insurance ever been **cancelled** or **renewal refused**? Yes No If yes, please give details: _____

***Important information required to obtain "Prior Acts" coverage as well as qualify the Applicant for insurance.**

As used in the questions below, the term "claim" shall have the following meaning:

The word "claim" means a demand received by the Applicant for money or services, including the services of suit or institution of arbitration proceedings against the Applicant.

28. a. Have any **claims been made** during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the applicant or to the knowledge of the Applicant against any past partners, past officers or past directors of the Applicant? Yes No If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement: _____

b. Is the Applicant (after proper inquiry of each director, officer or partner of the applicant or other prospective insured party) **aware of any circumstances, incidents, situations or accidents** that have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes No If yes, give full details similar to question 28a and also indicate if the circumstance, incident, situation or accident has been reported to the Applicant's professional liability carrier: _____

c. Other than as may have been answered in the foregoing, please provide the following responses with respect to projects where the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) under contract has performed, worked or provided services, irrespective of whether performed by the Applicant or by others on behalf of the Applicant, during the last five years:

i) Is the Applicant **owed compensation** that any party refuses to pay or is unable to pay, either in whole or in part, for any reason whatsoever? This question shall include, but is not limited to, any claim that the Applicant has pursued or anticipates pursuing involving "extras" allegedly owed him. Yes No If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier: _____

ii) Is the Applicant **aware of any deficiencies in work** where he has performed professional services or deficiencies in work by others for whom the Applicant is legally responsible and which exceed without offset or counterclaim \$10,000 in amount during the last five years? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability carrier: _____

iii) Is the Applicant **aware or has the Applicant received notice of any disputes** with respect to professional services performed by or on behalf of the Applicant and which exceed without offset or counterclaim \$10,000 in amount during the last five years? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability carrier: _____

iv) Has the Applicant **testified in or provided expert testimony** in any disputes, proceedings where claim has been made or suit filed against any party to the work or project where the Applicant(s) provided professional services during the last five years for sums(s) in excess of \$10,000? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability carrier: _____

v) Is the Applicant **aware of injury to people or damage to property** during the last five years on or at projects? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability carrier: _____

It is agreed that if there be knowledge of any fact, circumstance, incident, situation or accident or other matter which subsequently results in claim being made against the applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.

29. Attach a complete description of each of the **Applicant's ten largest jobs** in the last five years. Specify the name of client, services provided, gross accrued income and the date services were completed or will be completed.
30. Attach a copy of each of the **Applicant's current brochures** and include any other current literature advertising his capabilities.
31. Attach a copy of the Applicant's most recent **financial statement**.
32. **Coverage requested:**

Limit: \$

Deductible: \$

Effective from _____

to _____

The Applicant accepts notice that any Policy which may be issued will apply on a "claims made" basis.

I/we hereby declare that the above statements are true to the best of our knowledge. This Application shall be the basis of any Policy issued and shall become a part thereof. Should the applicant become aware of any claim, suit or dispute subsequent to the completion of this Application, but prior to the effective date of the Policy applied for, the Applicant shall submit immediate written notice to the Company, which may alter any question previously given.

The Applicant understands and agrees that this Application is for Environmental Consultants Professional Liability Insurance for Specified Professional Services, and any quotation rendered by the Company will list the specified professional services for which coverage is being offered by the Company. The Applicant further understands and agrees that the quotation offered by the Company for the specified professional services may not include all the professional services rendered by the Applicant as listed or described by the Applicant in the Application and agrees that no coverage will be provided the Applicant for the professional services which are not specified in the quotation rendered for this insurance and in the Policy issued by the Company in the event the terms of the quotation are acceptable to the Applicant. It is agreed that the completion of the Application does not bind the Company nor the Applicant to complete this insurance. Please review this with your insurance agent, broker or representative.

Signature of Owner, Partner, Officer _____

Title: _____

Date: _____



CLAIMS INFORMATION QUESTIONNAIRE

NAME OF APPLICANT: _____

FOR YOUR EASY REFERENCE, THE WORD "CLAIM" IS DEFINED AS:

- 1) "claim" means a demand received by the Applicant for money or services including the service of suit or institution of arbitration proceedings against the Applicant, or
- 2) the Applicant is or has become aware of any circumstances which may subsequently give rise to a "claim" against the Applicant by reason of any alleged or actual negligent act, error, mistake or omission.

1. NAMES OF CLAIMANTS OR POTENTIAL CLAIMANTS: _____

2. NAMES OF OTHER DEFENDANTS, IF ANY: _____

3. NAME, LOCATION AND DESCRIPTION OF PROJECT: _____

4. IT IS A CLAIM SUIT OR CIRCUMSTANCE

5. IF INSURED, a) name of Insurance Company ("Company"): _____

b) Policy Period: _____ c) Limit: \$ _____ Deductible: \$ _____

6. DATE REPORTED TO THE COMPANY: _____

7. DATE OF ALLEGED NEGLIGENT ACT, ERROR, MISTAKE OR OMISSION: _____

8. STATUS OF CLAIM: Open Closed

If Open

If Closed

Amount of alleged damages :

Legal expenses paid by Applicant:

Claimant's settlement demand: :

Loss amount paid by Applicant :

Applicant/Insurance Company's :

Legal expenses paid by Company :

Loss Reserve :

Loss amount paid by Company :

Legal Expense Reserve :

TOTAL CLAIM :

Legal expenses incurred to date:

9. DESCRIPTION OF CLAIM: (If claim is open, please also provide present status/position of claim.)

10. DATE QUESTIONNAIRE COMPLETED: _____