



Application for Environmental Consultant’s Professional
and Pollution Liability Policy with
Optional SubGap Protective Coverage

IMPORTANT NOTICE

This is your application for a policy, which if issued, will be based upon the information that you provide as well as any supporting information that you provide. If you are unclear as to the meaning of a question, please contact your broker for clarification. You are advised that the Limit of Liability for this coverage that is available to pay judgments or settlements may be reduced and may be totally exhausted by amounts incurred as Claim Expense.

APPLICATION INSTRUCTIONS: Please answer all questions completely. If there is insufficient space to provide your answer, please include additional sheets as necessary. Please submit the following additional information with this application:

- Your most recent financial statement (audited if possible)
- Five years of Professional Liability and Pollution Liability claims experience

Please Select All Coverages Requested: Professional Liability Pollution Liability SubGap Protective

Requested Coverage Options:

Option Number	Limit of Liability (USD) (Prof=Professional Poll = Pollution)	Deductible (USD)	Retro Date (If Any):
1	Professional- Pollution- SubGap -		
2	Professional- Pollution- SubGap -		
3	Professional- Pollution- SubGap -		

1. Applicant Firm Name: _____ Date established: _____

Street Address: _____

City, State, Zip Code: _____

Website address: _____

Type of Firm:

Corporation Partnership Professional Corporation Sole Proprietorship LLC LLP

Other _____

Key Insurance Contact and/or Risk Manager:

Name: _____

Title: _____

Telephone: _____

Email Address: _____

2. Describe the geographical extent of the Applicant's operations. Please provide major state/country where services are performed: _____
3. Number of Professionals that you have on staff:

	Architects	Engineers	Scientists	Construction Managers	All Other	TOTAL
Licensed Staff						
Unlicensed Staff						

4. Please identify your most commonly used project delivery method for the past year:

Design-Bid-Build (DBB)
 Design/Build (DB) Contractor Led
 DB Designer Led
 DB Operate Maintain (DBOM)
 DB Operate & Transfer (DBOT)
 Integrated Project Delivery (IPD)
 Other _____

5. Please fill in the percentages for category of client from last year:

Category of Clients	% of Net Revenues
Commercial	%
Federal Government	%
Local Government	%
Non-U.S.	%
Other	%

If "Other" please describe _____

6. Does the applicant own, operate or lease a water treatment, storage, or disposal facility? Yes No
7. Does the applicant recommend, select or arrange for the treatment, storage or disposal of materials? Yes No
8. Does the applicant or any other person or organization for whom the applicant is or may be liable engage now or in the past in:
 - a. Design/build activities? Yes No
 - b. Manufacture, sale, leasing or distribution of any product? Yes No
 - c. Real estate development? Yes No
 - d. Development, design, redesign, or leasing computer software or equipment or provide computer consulting activities? Yes No
 - e. Waste management or waste brokering activities? Yes No
9. Is the applicant providing any services not provided last year? Yes No

If Yes, please describe: _____

10. Please complete the following table of operations (see below and on continuing pages):

CATEGORY A. Professional Revenues	A + % In House	B = 100% % Sub- Contracted Out	C Projected Revenues Upcoming 12 Months
1. Environmental Professional			
Environmental Investigations	%	%	\$
Feasibility studies, or reports	%	%	\$
Design plans and specifications	%	%	\$
Observation/Inspection of construction on behalf of client	%	%	\$
Construction management/Project Management; include supervision/oversight activities	%	%	\$
Environmental Audits	%	%	\$
Soil Testing/Analysis	%	%	\$
Fire Water Investigation	%	%	\$
Lab Testing/analysis	%	%	\$
Asbestos/Lead abatement design/sampling verification	%	%	\$
Environmental Risk Assessments/Audits	%	%	\$
Regulatory Consulting/Permitting	%	%	\$
Tank Testing & maintenance	%	%	\$
Tank system design	%	%	\$
Decommissioning and Demolition	%	%	\$
Waste brokering/recommendations/arrangements/management of disposal (Do not include transportation/disposal fees in this category)	%	%	\$
Health & Safety Training	%	%	\$
Other (explain) -	%	%	\$
2. Non Environmental Professional	%	%	\$
Construction	%	%	\$
Management/Observation/Inspection	%	%	\$
Surveying	%	%	\$
Design other than listed in Section 1, above or Section 3. below	%	%	\$

Design of waste water/sewer systems (process)	%	%	\$
Design of potable water systems (process)	%	%	\$
Other Process/Engineering	%	%	\$
Geotechnical/Foundations/Soils Engineering	%	%	\$
HVAC/Electrical/Mechanical Engineering	%	%	\$
Civil/Structural Engineering	%	%	\$
Lab Testing	%	%	\$
Other (explain) -	%	%	\$
3. Combined Environmental and Non Environmental	%	%	\$
Product Design (Products for sale)	%	%	\$
Computer Software Design/Programming	%	%	\$
Financial management/Consulting	%	%	\$
Other (explain)	%	%	\$
	%	%	\$
Total Revenues	%	%	\$

CATEGORY B. Contracting (Non Professional) Revenues	A + _____ % In House	B=100% _____ % Sub-Contracted Out	C Projected Revenues
1. Environmental Contracting	%	%	\$
General Non Professional Environmental	%	%	\$
Soil, Groundwater Sampling	%	%	\$
Haz material clean-up, soil excavation	%	%	\$
Groundwater Treatment & Recovery	%	%	\$
Waste Storage or Transportation	%	%	\$
On-site haz waste treatment	%	%	\$
Mobile Incinerators	%	%	\$
Barrier/Liner Contractors	%	%	\$
Emergency Haz Material Clean-Up or Fire Water Cleanup	%	%	\$
Tank Removal/Installation	%	%	\$

PCB Oil/Equipment Retrofill & removal	%	%	\$
Hydrocarbon or Chemical Recycling/Recovery	%	%	\$
Dredging	%	%	\$
Asbestos/Lead Abatement	%	%	\$
Other (explain) -	%	%	\$
2. Non-Environmental Contracting	%	%	\$
Carpentry	%	%	\$
Demolition/Dismantling 0%	%	%	\$
Drilling	%	%	\$
Electrical	%	%	\$
Excavation (Non Haz)/Grading	%	%	\$
General Contracting	%	%	\$
HVAC/Mechanical	%	%	\$
Industrial Cleaners (incl. Sewer/Septic)	%	%	\$
Insulation	%	%	\$
Logging	%	%	\$
Masonry/Concrete	%	%	\$
Marine	%	%	\$
Oil Lease	%	%	\$
Painting	%	%	\$
Pipeline Construction/Cleaners	%	%	\$
Plumbing	%	%	\$
Roofing	%	%	\$
Steel Erection	%	%	\$
Street and Road Construction	%	%	\$
Other (explain)	%	%	\$
Total	%	%	\$
Grand Total	%	%	\$

11. Has your business focus changed materially within the past year? Yes No

If Yes, please describe: _____

12. Have you made any acquisitions of other firms in the past year? Yes No

If Yes, please describe: _____

13. Do you perform work outside of the United States? Yes No

If Yes, please describe the locations and revenues (or attach supporting information): _____

14. What % of your subcontracts are written: _____ %

15. Does your firm obtain insurance certificates of professional liability from your subcontractors? Yes No

If Yes, what limit of liability do you typically require: _____

If No, please explain: _____

16. Does your firm obtain insurance certificates of pollution liability from your subcontractors? Yes No

If Yes, what limit of liability do you typically require: _____

If No, please explain: _____

17. Please provide the following information for your General Liability Insurance Coverage:

- Individual CGL for your operations? Yes No
- Other (please describe): _____

Commercial General Liability Insurance Company	Policy Limit of Liability	Deductible or Retention Amount	Current Carrier

18. Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability or Pollution Liability coverage or has any such coverage ever been canceled or non-renewed?

Yes No

19. Warranty Questions:

With regard to the coverages that are the subject of this application, do you or any other potential insured (after thorough inquiry of every principal, partner, officer or director or other prospective insured party) have knowledge of any:

- A. Circumstances, incidents, situations or accidents which may result in claim(s) being made against you or against any other insured? If yes, please provide details on a separate sheet. Yes No
- B. Circumstances, incidents, situations or accidents which may result in claim(s) being made by you or by any other insured? If yes, please provide details on a separate sheet. Yes No
- C. Demand, claim or allegation against you or any other insured including those previously reported to another insurance carrier? If yes, provide details on a separate sheet. Yes No

FRAUD WARNING

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FRAUD STATEMENTS

Arkansas Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Colorado Fraud Statement

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”

District of Columbia Fraud Statement

“Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Florida Fraud Statement

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.”

Kentucky Fraud Statement

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

Louisiana and New Mexico Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

Maine Fraud Statement

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

Maryland Fraud Statement

“Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

New Jersey Fraud Statement

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

New York Fraud Statement

“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.”

Ohio Fraud Statement

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

Oklahoma Fraud Statement

“Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Oregon Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.”

Pennsylvania Fraud Statement

“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 subjects such person to criminal and civil penalties.”

Rhode Island Fraud Statement

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Tennessee, Virginia and Washington Fraud Statement

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

SIGNATURE AND CERTIFICATION

By signing this application, the Applicant agrees that:

1. The statements and answers given in this application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the **Company** are representations the **Applicant** makes to the **Company** on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the **Company** to provide a proposal for insurance;
4. Any policy the **Company** issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the **Company** immediately, in writing, any material change in the **Applicant's** operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and

6. The **Company** reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the **Company** has offered.
7. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Signature of Principal, Partner, Officer or Director

Date

Printed Name of Principal, Partner, Officer or Director

Printed Title

BROKER INFORMATION

Agent/Broker

Agent/Broker Contact Name

Agent/Broker E-Mail Address

Agent/Broker Telephone Number

Agent/Broker Address