



Application for environmental consultants and contractors

1. Name of applicant:

2. Mailing address Phone No.
City, state, and zip code

3. Date established Corporation Partnership Individual

4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes No
If yes, please give full details

5. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details

6. Coverages requested:
Commercial General Liability Yes No
Contractors Pollution Liability Yes No
Professional Liability Yes No
Limits of Liability requested Deductible

7. Gross Revenues (Past three years):
Estimated for the next twelve (12) months:
Prior twelve (12) months:
Prior twelve (12) months:

8. Total personnel
a. Number of principals d. Number of supervisors
b. Number of engineers e. Number of architects
c. Number of field personnel f. Other (describe)

9. Have any of those listed in item 8 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No If yes, please give details

10. Services provided

Contracting services	% Gross Revenues	Consulting services	% Gross Revenues
Emergency response		Remedial investigations	
Underground storage tank installation		Remedial design	
Underground storage tank removal		Remediation oversight	
Groundwater remediation		Hydrogeological investigations	
Soil remediation		Lab testing/analysis	
Drilling		Phase I environmental assessments	
Sampling		Phase II/III environmental assessments	
Asbestos/Lead abatement		Regulatory compliance/permitting	
Mold abatement		Industrial hygiene	
Fire and water response		Training	
Industrial cleaning		Waste brokering	
Tank/pipe cleaning		Mold consulting	
Mobile incineration		Air monitoring	
Other (describe below)		Other (describe below)	

11. Has the Applicant ever provided any service other than noted under Question 10? Yes No
 If "Yes", please explain

12. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes No
 If yes, please specify what is sublet or subcontracted.

- a. Subletting of work/subcontracting to others
 - b. Is evidence of Insurance from subcontractors/consultants required? %
- Yes No**

13. List all states where operations are performed

14. Foreign Work? Yes No
 If yes, please give full details:

15. Please indicate the approximate percentage of work under each heading:
 Residential:

Commercial:
 Industrial:
 Governmental:
 Other (Describe):

16. Does anyone contract or client represent more than 50% of annual work? Yes No
 If yes, please give details

17. Does the Applicant work with other firms in Joint Ventures? Yes No
 Provide complete details:

18. Give Insurance coverage details for last five years for the firm:

Commercial general liability

Carrier	Premium	Limit	Deductible	Policy term	Retroactive date

Pollution/professional liability

Carrier	Premium	Limit	Deductible	Policy term	Retroactive date

19. Please provide the following additional information as an attachment to this application:
 a. Past five years loss runs (if applicable)
 b. Resumes of key personnel
 c. Most recent annual income statement and balance sheet

d. Expiring declarations pages evidencing retroactive dates.

20. Has any application for Commercial General Liability, Pollution Liability or Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?

21. Has any claim ever been made against the firm or any persons named in item 1. or in item 6.b.(ii)? Yes No If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

22. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes No

If yes, please give full details on the same basis as item 20.

23. If yes, please give full details on the same basis as item 20.

24. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Signature of applicant

Print name

Title

Date

Producer
