

XL Environmental
 520 Eagleview Boulevard
 PO Box 636
 Exton, PA 19341-0636
 USA

Tel: 800-327-1414
 610-458-0570
 Fax: 610-458-8667

WWW.XLENVIRONMENTAL.COM

**ENVIRONMENTAL SERVICES
 PROFESSIONAL AND POLLUTION LIABILITY
 APPLICATION**

1. APPLICANT INFORMATION:

Applicant Name:					
Mailing Address:					
City:		State:		Zip:	
Principal Contact:		Title:			
Telephone:		Fax:			
Internet Address:		Email Address:			
Federal Employer Identification Number (FEIN):					

- Answer all questions; leave no spaces blank. Utilize "NA" for questions which are not applicable to your operations.
- If insufficient space is provided to answer any question completely, attach supplemental pages.
- This application must be signed and dated by a duly authorized Owner, Partner or Officer of the applicant.

New applicants submit the following additional items with this application:

- Resumes of all principals, partners, and officers (Key Personnel).
- A list of your firm's 10 largest projects (completed or in progress) within the last five years. This information may be provided by completing the List of Largest Projects or by attaching a copy of your firm's current Standard Form 254.
- Your firm's most current financial statements for the past two years.
- Statement of Qualifications/Brochures describing your firm's services.
- A copy of your firm's health and safety plan "*Table of Contents*".
- A copy of your quality assurance or quality control manual or other standard operating procedures "*Table of Contents*".
- Copies of your firm's standard sub consultant and subcontractor contract forms. If you use unmodified standard professional association forms, provide form numbers only, not copies.
- A copy of your firm's standard contract form.
- Five years of currently valued, carrier professional and contractor's pollution liability loss runs.

Renewal clients need only submit the following items with this application:

- Resumes of principals, partners and officers who are new to your firm within your last policy period.
- A list of your firm's five largest projects (completed or in progress) for your last policy period.
- Financial statement for the last year only.
- Updated statement of qualifications/brochures describing any new services.
- Five years of currently valued, carrier professional and contractor's pollution liability loss runs.

2. DATE YOUR FIRM WAS ESTABLISHED (mm/dd/yy): / /

3. **FIRM IS:** Partnership: Corporation: JV: LLC: Public: Private:
 Other: (describe)

4. **LIST OF ALL SUBSIDIARIES OR SISTER COMPANIES OF THE APPLICANT INCLUDING ACQUISITIONS AND MERGERS TO BE CONSIDERED FOR COVERAGE: (use a separate sheet of paper if necessary)**

<u>Related Company/Acquisition/Merger</u>	<u>Dates of Existence (From/To</u>	<u>Services Provided</u>
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5. **DO ANY OTHER ENTITIES, OR INDIVIDUALS NOT EMPLOYED BY YOUR FIRM, HAVE ANY OWNERSHIP INTEREST IN YOUR FIRM?**

Yes No *If Yes, list the owners and indicate their percentage of interest in your firm.

6. **LIST LOCATIONS OF BRANCH OFFICES, A CONTACT NAME AND PERCENTAGE OF YOUR FIRM'S GROSS RECEIPTS FROM EACH LOCATION FOR THE LAST COMPLETE YEAR.**

7. **GEOGRAPHICAL EXTENT OF OPERATIONS:**

% US* _____ % Canada _____ % Foreign ** _____

*List states where services are performed:

**List countries where services are performed (Complete Foreign Services Questionnaire –Attached).

8. **TOTAL COMPANY GROSS REVENUES:**

<u>Company Fiscal Year End</u> (mo/day/yr)	<u>Gross Receipts</u>
_____	Estimated current year
_____	Last completed year
_____	Two years ago
_____	Three years ago
_____	Estimated next year *

*If Policy inception is six months or greater into your fiscal year.

9. **MAJOR CHANGES IN COMPANY OPERATIONS IN THE PAST FIVE (5) YEARS:**

10. **LIST ANY MASTER SERVICE AGREEMENTS, JOINT VENTURES, OR SEPARATELY INSURED PROJECTS:**

11. **COMPANY PERSONNEL:** Total:

# of Engineers		# of Geologist/ Hydro geologists	
# of CIHs, CSPs or Toxicologists		# of Technical (CAD Operators, Laboratory, IT)	
# of Project Managers		# of Field Personnel	
# of Equipment Operators		#Other (specify)	

12. **LIST ALL PROFESSIONAL SOCIETIES, TRADE ASSOCIATIONS AND CERTIFICATIONS TO WHICH YOUR FIRM AND PERSONNEL BELONG:**

13. BREAKDOWN OF SERVICES PROJECTED FOR THE NEW POLICY TERM: (Percentages for the first column for all sections A-E combined should total 100%; Provide Payroll if requesting General Liability Coverage)

A. Environmental Consulting Services

% of Firm's Total Breakdown of Services	% of Service Subcontracted	Payroll	Service Provided
%	%		Preliminary Site Assessments (Phase I)
%	%		Remedial Investigations (Phase II & III Reports)
%	%		Other Environmental Assessments and Reports, Compliance Audits and PSA's (Property Site Assessments).
%	%		Design Services (Remediation, Environmental Facilities, Pollution Control Systems)
%	%		Ecological Risk Assessment's and Reports
%	%		Health Risk Assessments
%	%		Environmental Project Management or Construction Management
%	%		Asbestos/Lead Studies/Consulting
%	%		O & M of Environmental Facilities (Landfill, Other)
%	%		Water/Wastewater Systems Operation and Management
%	%		Mold Identification/Consulting*
%	%		Air Quality Management
%	%		Environmental Compliance Consulting
%	%		Hazardous Materials Management
%	%		Environmental Expert Witness and Litigation Support Services
%	%		Mining Hydrogeology Services
%	%		Water Resource Investigations and Studies
%	%		Training Services, Including OSHA Training
%	%		Storm Water Management
%	%		Permitting and Licensing including: RCRA/TOSCA/Clean Water/Clear Air/404 Permitting/Wetlands Delineation

%	%		Marine/Aquatic Studies and Reports
%	%		Industrial Hygiene Services
%	%		Natural Resource Studies
%	%		Environmental Toxicology Studies
%	%		Information Technology
%	%		Environmental Testing/Analytical Labs

%	%		Waste Brokering
%	%		Radioactive Material Remediation
%	%		Other (explain)

* Supplemental mold questionnaire is required

B. Environmental Contracting Services

% of Firm's Total Breakdown of Services	% of Service Subcontracted	Payroll	Service Provided
%	%		UST/AST Services Removal
%	%		UST Installation
%	%		Asbestos Abatement Services
%	%		Asbestos Sampling
%	%		Mold Abatement Services*
%	%		Lead, PCBs, Mercury Abatement Services
%	%		Demolition
%	%		Environmental Remediation Services
%	%		Landfill Lining Services
%	%		Landfill Construction
%	%		Industrial Cleaning including Hydro blasting
%	%		Fire Restoration Services
%	%		Dredging
%	%		Environmental Drilling/Geotechnical Field Services and Construction Material Testing
%	%		Emergency Response
%	%		Groundwater Remediation Programs
%	%		Wetlands/Stream Bank Restoration
%	%		Lab Packing

%	%		Air/Soil/Groundwater Sampling
%	%		Soil Excavation
%	%		Sewer Maintenance
%	%		Loading and Unloading of Materials and/or wastes
%	%		Transportation of Wastes
%	%		Disposal
%	%		O & M Environmental Facilities
%	%		Other (explain)

* Supplemental mold questionnaire is required

C. Laboratory Services

% of Firm's Total Breakdown of Services	% of Service Subcontracted	Payroll	Service Provided
%	%		Environmental
%	%		Asbestos
%	%		Geotechnical/Soils/Construction Materials Testing
%	%		Biological/Bacterial/Mold/Fungi *
%	%		Other (Explain)

* Supplemental mold questionnaire is required if greater than 0%

D. Engineering Services

% of Firm's Total Breakdown of Services	% of Service Subcontracted	Payroll	Service Provided
%	%		Land Surveying
%	%		Civil Engineering
%	%		Biological/Bacterial *
%	%		Civil Wastewater Engineering (municipal, non-industrial)

* Supplemental mold questionnaire is required if greater than 0%

E. Construction

% of Firm's Total Breakdown of Services	% of Service Subcontracted	Payroll	Service Provided
%	%		Excavation
%	%		Elect./HVAC/Plumbing *
%	%		Road Construction Maintenance
%	%		Concrete Work
%	%		Site Development/Grading
%	%		Water/Sewer/Waste water
%	%		Other (explain)

* Supplemental mold questionnaire is required if greater than 0%.

14. PERCENTAGE OF APPLICANT'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING TYPE OF CLIENT FOR MOST RECENT FISCAL YEAR:

Contractors	%	Federal Government or Agency	%
Design Professionals	%	Local Government or Agency	%
Developers	%	State Government or Agency	%
Other (specify)	%		

15. PERCENTAGE OF APPLICANT'S RECEIPTS ATTRIBUTABLE TO THE FOLLOWING PROJECT TYPES (A-F):

A. Residential

B. Recreational Facilities

Single Family *		Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks Churches
Multi Residential (Apartments, Condos, Townhouses, etc.) *		Other (Explain)

C. Institutional

Hospitals		Churches
Schools, college, and universities		Other (Explain)

D. Industrial

Processing, manufacturing and production systems		Chemical plants and pipelines
Mines, quarries, tunnels		Facilities related to nuclear activities
Oil refineries		Other (Explain)

E. General Building

Parking garages		Office, warehouse, processing, manufacturing and production buildings
Hotels/Motels *		Other (Explain)
Retail, malls, shopping centers, restaurants		

* Supplemental Mold Application required

F. Infrastructure

Utilities (Specify)		Structures for offshore or marine use, harbors, jetties, docks, piers, wharves
Roads and Highways		Bridges, trestles, dams, reservoirs, levees (specify)
Airport runways <input type="checkbox"/> Airport terminals <input type="checkbox"/> (check box that applies)		Wastewater, sewage and water treatment systems
Waste treatment storage or disposal facilities		Potable water systems

16. DOES THE APPLICANT UTILIZE WRITTEN, IN-HOUSE QUALITY CONTROL PROCEDURES? Yes No
 If yes, please specify if they include the following (check those that apply):

- A written quality control manual? Yes No
- Procedures for reviewing all client and sub consultants contracts before they are signed? Yes No
- Procedural or technical manuals for both in-house and field personnel? Yes No
- Continuing education and training programs for professional and technical personnel? Yes No
- Use of field logs for contracting activities? Yes No

17. DOES THE APPLICANT HAVE TERRORISM PROTOCOLS THAT ARE FOLLOWED WHEN PROVIDING SERVICES TO CLIENTS AND/OR PROJECTS THAT MAY BE SUBJECT TO CLASSIFICATION AS A TERRORIST TARGET BY THE OFFICE OF HOMELAND SECURITY OF STATE (Explain):

18. PROVIDE THE PERCENTAGE OF YOUR FIRM'S GROSS RECEIPTS DERIVED FROM THE FOLLOWING DURING THE LAST COMPLETE YEAR.

A professional association contract form _____ % Your own contract form _____ %
 Verbal agreements ** _____ % Your client's contract form * _____ %
 How often are you're and/or the association contracts modified by you and your client _____ %

**Describe what steps your firm takes to confirm agreement by all parties.*

***Describe the steps your firm takes to protect itself against unfavorable contract language.*

19. WHAT PERCENTAGE OF YOUR CONTRACTS CONTAINS LIMITATION OF LIABILITY LANGUAGE? _____%

20. ARE CERTIFICATES OF INSURANCE FOR SUBCONTRACTORS REVIEWED? Yes No

21. ARE CERTIFICATES OF INSURANCE FROM SUBCONTRACTORS KEPT ON FILE? Yes No

22. ARE SUBCONTRACTORS HIRED UNDER WRITTEN SUBCONTRACT? Yes No

23. DO STANDARD CLIENT AND SUBCONTRACTOR AGREEMENTS CONTAIN INDEMNIFICATION PROVISIONS IN FAVOR OF THE APPLICANT? Yes No

24. DESCRIBE MINIMUM INSURANCE REQUIREMENTS FOR SUBCONTRACTORS:

General Liability: _____ Automobile Liability: _____
 Contractor's Pollution Legal Liability: _____ Professional Liability: _____

25. DESCRIBE SERVICES SUBCONTRACTED AND INDICATE THE TOTAL PERCENTAGE OF YOUR GROSS RECEIPTS: _____

26. DETAIL ANY PROFESSIONAL AND/OR POLLUTION LIABILITY COVERAGE THE APPLICANT HAS HAD IN THE PAST THREE (3) YEARS, INCLUDING THE CURRENT YEAR:

Carrier	Coverage	Limits/Ded (SIR)	Policy Period	Retro Date Professional	Retro Date CPL

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27. CURRENT INSURANCE PROGRAM:

Carrier	Limits	Ded/SIR	Policy Period	CM/Occur
GL:				
AL:				
WC:				
PROP:				
UMB:				

28. HAS ANY APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE AND/OR ERRORS & OMISSIONS AND/OR POLLUTION INSURANCE MADE ON BEHALF OF THE APPLICANT, ANY PREDECESSORS IN BUSINESS, PRESENT PARTNERS OR OFFICERS EVER BEEN DECLINED OR HAS THE INSURANCE EVER BEEN CANCELED OR RENEWAL REFUSED? Yes No

If yes, please give full details (use additional sheet of paper, if necessary):

29. HAS THE FIRM EVER BEEN IN RECEIVERSHIP OF FILED FOR BANKRUPTCY? Yes No

30. HAS YOUR FIRM SUED FOR FEES IN WITHIN THE LAST TWENTY FOUR MONTHS? Yes No

If yes, please describe: _____

31. HAS ANY CLAIM, SUIT OR NOTICE OF INCIDENT BEEN MADE AGAINST THE APPLICANT OR ANY OF THE PRINCIPALS OF THE COMPANY IN THE LAST TEN YEARS? Yes No

If yes, please give full details stating (use additional sheet of paper, if necessary):

- a. Date when claim, suit or notice was made; _____
- b. Date the act giving rise to the claim, suit or notice was committed: _____
- c. Name of the claimant; _____
- d. Details of the claim, suit or notice to include the specific act, error or omission: _____
- e. Demand amount: _____
- f. Amount involved including reserves: _____
- g. Final disposition: and/or: _____
- h. Lessons learned and measures taken to prevent future occurrences: _____

32. IS THE APPLICANT AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN ANY CLAIM, SUIT OR NOTICE OF INCIDENT AGAINST HIM, THE FIRM, HIS PREDECESSORS IN BUSINESS, ANY OF THE PRESENT OR PAST PARTNERS OR OFFICERS, OR ANY PERSONS NAMED IN RESPONSE TO QUESTIONS 1 OR 10? Yes No

If yes, please give full details on the same basis as Question 30 above (use additional sheet of paper, if necessary):

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

NOTICE TO D.C. APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS: 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for

the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: WARNING: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

(Fraud Language Revised 10/07/05)

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____