

**General Applicant Information**

1. Name of Applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
\_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_
5. Additional Locations: \_\_\_\_\_  
\_\_\_\_\_

Does the Applicant practice as:  Corporation  Partnership  Individual  LLC  
 Other: \_\_\_\_\_

6. Date Firm was established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY
7. Has the name of the Firm ever changed? Have there ever been any acquisitions, consolidations, dissolutions or mergers?  
If "Yes" to either question, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Briefly describe the firm's general business practice and operations: (Please attach brochures, advertising materials,  
descriptive literature). \_\_\_\_\_  
\_\_\_\_\_
9. a. Does either firm have subsidiaries?  Yes  No a parent company?  Yes  No  
other related entities?  Yes  No If "Yes", please provide full details \_\_\_\_\_  
\_\_\_\_\_
- b. Is there an interchange of employees between the companies?  Yes  No If "Yes", please describe.  
\_\_\_\_\_  
\_\_\_\_\_
10. Please attach any resumes for key personnel.

11. Professional organizations and/or designations to which applicant and "key personnel" belong/maintain: \_\_\_\_\_

12. Total Staff:

- |                               |       |   |       |
|-------------------------------|-------|---|-------|
| (a) Number of Engineers       | _____ | (f) Number of Environmental Scientists            | _____ |
| (b) Number of Surveyors       | _____ | (g) Number of Geologists/Hydrogeologists          | _____ |
| (c) Number of Architects      | _____ | (h) Number of Industrial Hygenists, Toxicologists | _____ |
| (d) Number of Lab Technicians | _____ | (i) Number of Clerical and Accounting             | _____ |
| (e) Number of Draftsmen       | _____ | (j) Other (please specify)                        | _____ |

13. Has any employee ever been the subject of disciplinary action by authorities as a result of professional activities or had a license revoked?  Yes  No If "Yes", please give details: \_\_\_\_\_

14. Has the firm or any employee ever been barred, suspended or excluded for participation in any remedial program by the United States Environmental Protection Agency or any state, county, or local agency chargeable with responsibility for environmental affairs? \_\_\_\_\_ If "Yes", please give details: \_\_\_\_\_

15. Fees and Receipts (to include reimbursable expenses and consulting fees):

(a) Projected Fees/Receipts for coming year: \$ \_\_\_\_\_

(b) Actual Fees/Receipts for past three years:

20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_

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

- |   |         |
|---|---------|
| (a) Preparation of environmental studies, reports, assessments and audits | _____ % |
| (b) Remedial action planning services – design only                       | _____ % |
| (c) Remedial action – contracting   | _____ % |
| (d) Environmental Project Management                                      | _____ % |
| (e) Preparation of Environmental Permit Applications                      | _____ % |
| (f) Laboratory analysis and testing                                       | _____ % |
| (g) Other (please describe below)   | _____ % |

17. Is the Firm involved in hiring subcontractors for remedial work? \_\_\_\_\_

18. Is the Firm involved in subcontracting work to others?  Yes  No

If "Yes", please advise the following:

Type of Operation

Contract Costs

Is the evidence of insurance required from subcontractors?  Yes  No

Are hold harmless agreements required?  Yes  No

19. Enter the percentage of the Firm's gross receipts attributable to the following type of client for the last fiscal year:
- (a) Federal government and any agency thereof \_\_\_\_\_ %
  - (b) State, county or local government and any agency thereof \_\_\_\_\_ %
  - (c) Private of Public Held Corporations \_\_\_\_\_ %
  - (d) Individuals, Partnerships or Joint Ventures \_\_\_\_\_ %
  - (e) Contractors \_\_\_\_\_ %
  - (f) Developers \_\_\_\_\_ %
  - (g) Other (please describe below) \_\_\_\_\_ %
- 

20. In any one of the last three years, did the firm derive more than 50% of its gross receipts from any single client?  
 Yes  No % \_\_\_\_\_

If "Yes", please describe type of services provided: \_\_\_\_\_

21. Please describe the Firm's largest project to date:

Description	Date Completed	Firm's Fees

22. Does the firm or any of its members have any involvement in construction, manufacturing, or fabricating, or do they have any financial interest in any organizations that do?  Yes  No If "Yes", please explain. \_\_\_\_\_

23. Does the firm or any of its members have any involvement in hazardous and/or non-hazardous waste treatment, processing incinerating or disposal facilities, or do they have any financial interest in any organizations that do?  Yes  No  
 If "Yes", please explain. \_\_\_\_\_

24. Does the firm or any of its members have any involvement in laboratories or facilities involved in the conducting of sampling and/or laboratory analysis to which work is sub-contracted, or do they have any financial interest in any organizations that do?  Yes  No \_\_\_\_\_

25. Does the firm use a standard indemnity contract with its clients?  Yes  No If "Yes", please attach to the application.

26. Has the firm or any of its members ever been involved in any Superfund site work?  Yes  No

If "Yes", please explain. \_\_\_\_\_

27. Does the firm conduct on a regular basis "Right to Know", OSHA and "RCRA Compliance" or similar seminars?

Yes  No If "Yes", please elaborate. \_\_\_\_\_

28. Please provide details on the Comprehensive General Liability insurance coverage for the past five years:

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible / Retention	Premium

29. Please provide details on the Professional Liability insurance coverage for the past five years: (Show current policy and four prior years).

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible / Retention	Premium

Current Retroactive Date:

30. Has any application for Professional Liability Insurance made on behalf of the firm, any predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?

Yes  No If "Yes", please explain. \_\_\_\_\_

31. In the past (5) five years, has any professional liability claim or suit ever been made against the Applicant or any of its predecessor firms if any? If "Yes", how many \_\_\_\_\_?  Yes  No  
Please complete the **Claim Supplement** and provide currently valued company loss runs.

32. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? If "yes", how many \_\_\_\_\_?  Yes  No  
Please complete the **Claim Supplement** and provide currently valued company loss runs.

33. Have all matters in Question 31. and 32. been reported to the Applicant's former or current insurer(s) or to the former Insurer of any predecessor firm or former insurer of a current member of the Firm?  Yes  No

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

\_\_\_\_\_  
Signature of the Insured, Owner, Partner or Principal Title Date