



ENVIRONMENTAL CONSULTANTS & SPECIALISTS ERRORS & OMISSIONS INSURANCE

PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

THE APPLICANT

1. a) Name of the Applicant: _____
- b) Address of the Applicant: _____

- c) Location of Branch Offices: _____
2. Number of years Applicant in business. Please include and identify any predecessor companies:

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APPLICANT'S SERVICES

1. Please provide a complete description of the Applicant's activities and all services performed. (attach any brochure or pamphlet, if available):

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2. a) Please indicate the Applicant's gross annual fees or income for the past year and anticipated gross fees or income for the upcoming year:

	Gross Fees (total)	Amount Paid to Sub-Consultants	Amount Paid to Sub-Contractors
Past Year	_____	_____	_____
Current Year estimate:	_____	_____	_____
- b) State percentage of work performed in:

Quebec _____ %	U.S. _____ %	Outside Canada _____ %
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- c) Please provide a breakdown of applicant's fees (as a percentage of the gross indicated in Question 2 a), for each area of services that are rendered into the chart that follows:

PHASE I – STUDIES & REPORTS		
Phase I work is described as a review of available information, visual inspection of the site, historical review, review of legislation, permits, etc. And a report of findings.		
	Est. (%)	Current Yr.
i. Environmental impact studies	_____	_____
ii. Environmental assessments/audits	_____	_____
iii. Environmental permit review/approval	_____	_____
iv. Other - specify	_____	_____
PHASE II - TESTING, SAMPLING & MONITORING		
Phase II work is described as a more detailed assessment of both surface & sub-surface conditions, confirmation of type & location of contaminants through soil and water sampling, including laboratory analysis & report of findings.		
	Est. (%)	Current Yr.
i. Air Quality	_____	_____
ii. Compliance Assessments	_____	_____
iii. Ground & Surface Water Quality	_____	_____
iv. Soil testing (for contamination only)	_____	_____
v. Laboratory analysis of materials (for contamination only)	_____	_____
vi. Identification of contaminants	_____	_____
vii. Determination of extent of contaminated sites	_____	_____
viii. Training/education in waste management handling	_____	_____
ix. Publishing of educational materials for viii. above	_____	_____
x. Other - specify	_____	_____
PHASE III – REMEDIATION PLANNING		
Phase III work is described as the determination of the need and/or method of remediation, including more detailed measurements of area/depth of affected soil & water & the degree of concentration of contaminants. This will also include special disposal method recommendations in a detailed plan, and/or recommendations for ongoing waste management. ALSO INCLUDES SUPERVISION OF THE REMEDIATION PROJECT AND FINAL REPORT EXCLUDING PROJECTS WHERE APPLICANTS HIRE CONTRACTORS DIRECTLY.		
	Est. (%)	Current Yr.
i. Preparation for site remediation plans	_____	_____
ii. Recommendations for removal/disposal of waste	_____	_____
iii. Preparation of waste management programs	_____	_____
iv. Emergency Spill Response (excluding actual clean-up)	_____	_____
v. General Engineering/Design (Environmental related) ie. preparation	_____	_____
vi. Remediation projects - site supervision & final report only (contractor)	_____	_____
vii. Other – specify:	_____	_____
PHASE IV – REMEDIATION SERVICES		
Phase IV work is described as the actual decommissioning, remediation, clean-up, removal, containment, detoxification or neutralization of any property, pollutant or contaminant. NOTE: POLICY EXCLUDES COVER WHERE CONSULTANT PERFORMS ACTUAL REMEDIATION SERVICES ON BEHALF OF THE OWNER, EITHER DIRECTLY OR THROUGH SUB-CONTRACTORS		
	Est. (%)	Current Yr.
i. Remediation directly performed	_____	_____
ii. Remediation through hiring of contractors	_____	_____
NON-ENVIRONMENTAL SERVICES		
	Est. (%)	Current Yr.
	_____	_____
	_____	_____
TOTAL OF ABOVE PERCENTAGES MUST BE 100%		100%

APPLICANT'S PERSONNEL & QUALIFICATIONS

1. Personnel - Please indicate total number of staff involved in environmental work.
Provide breakdown as follows:

- | | | | |
|---|-------|-------------------------------|-------|
| a. Architects/Civil Engineers | _____ | b. Process Engineers | _____ |
| c. Geotechnical Engineers | _____ | d. Chemists and Biologists | _____ |
| e. Industrial Hygienists or Toxicologists | _____ | f. Geologists/Hydrogeologists | _____ |
| g. Environmental Engineers | _____ | h. Other Personnel | _____ |

Explain fully the EDUCATIONAL REQUIREMENTS of the Applicant or the Applicant's employees
(attach a resume/curriculum vitae):

2. a. Does the Applicant belong to any related trade associations? Yes No
b. If answer to a) above is "Yes", please indicate such memberships?

- c. Are there any specific prerequisites for association eligibility?
If so, please provide details: Yes No

- d. Has the Applicant or any principal, ever been investigated by or suspended from practice by anybody governing the practice of his/her profession? Yes No
e. If Applicant has answered "yes" to d) above, please provide full details of such investigation or suspension:

3. Is any LEGISLATION currently in force governing the practice of the Applicant? Yes No
If Yes, please attach full copy of relevant extracts.

INSURANCE COVERAGE

1. a. Has the Applicant ever previously purchased professional or errors and omissions liability insurance? Yes No
b. If answer to a. above is "yes", please indicate the names of the Insurers:

c. What limit is your current policy? _____ d) Current deductible: _____

With respect to b. above, please indicate if such coverage was offered on an occurrence basis: Yes No

If Yes, please indicate exact policy periods (dd/mm/yy) _____ to _____

Please continue on a separate schedule if required.

e. If current cover is claims-made, what is retroactive date? _____

2. a. If you are presently insured, are renewal terms being offered? Yes No
b. If not, please state reason:

3. For what limit is the Applicant requesting a quotation? _____

4. Indicate deductible level required (standard deductible is \$5,000):
 \$5,000 \$10,000 Other _____

LOSS EXPERIENCE

1. In the past, has the Applicant or any of his/her employees ever been the recipient of any allegations of professional negligence either in writing or verbally? Yes No
If "Yes", please provide details for each claim:

2. Is the Applicant or any of his/her employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? Yes No
If "Yes", please provide details for each incident:

3. If you answered in the affirmative, have you notified your current Insurer of those facts or circumstances? Yes No

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURER, IT IS AGREED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCES OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The Undersigned Applicant for this insurance declares that, to the best of his/her knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The Undersigned further agrees that if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the Undersigned Applicant agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued **AND THIS FORM WILL BE ATTACHED TO AND BECOME PART OF THE POLICY**

It is also agreed that should a policy be issued, then the inclusion of more than one Insured under a policy certificate will not increase the Insurers' limit of liability.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

Title of Person Signing

For or on behalf of

Name of Applicant

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**