

APPLICATION

ENVIRONMENTAL CONSULTANTS ERRORS & OMISSIONS



Instructions:

- Please type or print clearly
- Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide supporting information on a separate sheet using the Applicant's letterhead referencing the applicable question number(s).
- This form must be completed, date and signed by an authorized representative of the Applicant.

Required Attachments:

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers, field supervisory staff, health and safety supervisors).
- Loss information from the last 5 years.

Applicant Information

1. Name: _____
2. Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Website: _____

3. How long has the Applicant been in business? _____

4. Number of employees? _____

5. Please list the details of all partners/directors:

Name	Position	Years Experience	Qualifications

6. Please specify the total number of staff:

Architects/Civil Engineers: _____ Process Engineers: _____ Geotechnical Engineers: _____
Chemists & Biologists: _____ Industrial Hygienists: _____ Geologists or Hydrogeologists: _____
Environmental Engineers: _____ Other Personnel: _____

Coverage Requested

7. Limits of Liability Requested:
- | | | |
|--|--|--|
| <input type="checkbox"/> \$1,000,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 | <input type="checkbox"/> \$3,000,000 / \$3,000,000 |
| <input type="checkbox"/> \$4,000,000 / \$4,000,000 | <input type="checkbox"/> \$5,000,000 / \$5,000,000 | <input type="checkbox"/> Other _____ |

8. Deductible Requested:
- | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> Other _____ |

9. Does the Applicant currently have professional liability insurance? Yes No
If "Yes", please provide the following information:

Insurer:	
Renewal Date:	
Limit of Liability:	
Deductible:	
Retroactive Date:	

Services

10. Please describe the products and services supplied by the Applicant:

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11. Estimated Annual Gross Revenues: a. Current Year \$ _____
 b. Next Year (Projected) \$ _____

12. Please indicate the projected revenue of Environmental Consulting Operations:

Environmental Consulting Operations	Projected Revenues
Air (Excluding Indoor) Quality Testing & Consulting	
Air (Indoor) Quality Testing & Consulting	
Environmental Compliance	
Environmental Expert Witness	
Environmental Feasibility Study	
Environmental Impact Study	
Environmental Laboratories	
Environmental Litigation Support	
Environmental Manual Preparation	
Environmental Permitting	
Environmental Remedial Investigation/Studies	
Environmental Sampling	
Hazardous Material Consulting	
Inspection, Testing & Consulting – Asbestos	
Inspection, Testing & Consulting – Lead	
Inspection, Testing & Consulting – Mould	
Inspection, Testing & Consulting – Other	
Phase I Environmental Site Assessments	
Phase II Environmental Site Assessments	
Phase III Environmental Site Assessments	
Water (Drinking) Quality Testing & Consulting	
Water (excluding Drinking) Quality Testing & Consulting	
Wetlands Consulting	
Wildlife Studies	
Other Environmental Consulting - Describe:	

13. Please indicate the projected revenue of Non-Environmental Consulting Operations:

Non-Environmental Consulting Operations	Projected Revenues
Architecture	
Construction Management	
Chemical Engineering	
Electrical Engineering	
Geotechnical Consulting	
HVAC Engineering	
Industrial Engineering	
Industrial Hygiene /Health & Safety Consulting	
Land Surveying	
Mechanical Engineering	
Non-Destructive Testing (AST)	
Non-Destructive Testing (Pipelines)	
Non-Destructive Testing (UST)	
Non-Environmental Consulting	
Process Engineering	
Structural Engineering	
Other Non-Environmental Consulting - Describe:	

Additional Information

14. Please specify the percentage breakdown of revenue by client type:
 Residential: _____ % Commercial: _____ % Institutional: _____ %
 Industrial: _____ % Healthcare: _____ % Governmental: _____ %
15. Please specify the territorial breakdown:
 Canada: _____ % USA: _____ % Other: _____ % Specify Other: _____
16. Please list the Applicant's three (3) largest projects (current or complete) during the last thirty-six (36) months.
- | Name | Location | Project Costs | Services Provided |
|------|----------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
17. Please specify the percentage breakdown of jobs performed under the following types of agreements
 Written Contract: _____ % Letter agreement: _____ % Oral Agreement: _____ %
18. How are non-standard client or subcontract agreements reviewed?
 Attorney: Outside Attorney: In-House Agent Reviews
 Staff Other (Describe) _____
19. Do you employ subconsultants or contractors? Yes No
 If "Yes", please provide specifics: _____
- If "Yes", are subconsultants or subcontractors hired under written contract? Yes No
 If "Yes", are subcontractors required to carry Professional Liability insurance? Yes No
 If "Yes", are subcontractors required to carry Pollution Liability insurance? Yes No
 If "Yes", what is the minimum insurance limits required are required to carry? _____

Previous Claims Experience

If the Applicant answers "Yes" to any of the following questions, please provide additional details including a description of the situation, claim, or circumstance within the section provided or as an addendum to this application.

20. Are you aware of any facts or circumstances, during the past five (5) years, which may give rise to a claim under a policy which coverage is being sought? Yes No
21. Have any professional liability claim(s) been made against you, partner, executive officer, director, professional employee or any other employee in the past five (5) years? Yes No

Additional Comment Section:

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 the 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

Name of Applicant (please print)

Applicant's Title (please print)