



**ENGINEERS, CONSULTANTS, TESTING FIRMS & LABORATORIES
APPLICATION**

| | | |
|--|--|---|
| APPLICANT | | DATE |
| ADDRESS | | |
| CITY | STATE | ZIP |
| TELEPHONE | WEB ADDRESS | |
| Applicant is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER | | |
| PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION: | | |
| 1) Statement of Qualifications (SOQ) including resumes. 2) Most recent income statement and balance sheet. 3) Three years of currently valued loss runs. 4) Project Descriptions – Supplemental Page or Form 254. | | |
| COVERAGE REQUESTED: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business | PROPOSED EFFECTIVE DATE: | |
| LIMITS OF LIABILITY & DEDUCTIBLE | Limits Requested: Deductible Requested: | |
| COMMERCIAL GENERAL LIABILITY | Retroactive date __/__/__ | |
| CONTRACTOR'S POLLUTION LIABILITY | Retroactive date __/__/__ | |
| PROFESSIONAL LIABILITY | Retroactive date __/__/__ | |
| Applicant's History | | |
| Date Established: | | |
| 1. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain): | | |
| 3. Do you share employees (if yes, explain)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Prior Liability Carrier Information | | |
| Commercial General Liability | Contractors Pollution Liability | Professional Liability |
| None: _____ | None: _____ | None: _____ |
| Occurrence Claims Made | Occurrence Claims Made | Occurrence Claims Made |
| Carrier _____ | Carrier _____ | Carrier _____ |
| Limit of Liability _____ | Limit of Liability _____ | Limit of Liability _____ |
| Deductible _____ | Deductible _____ | Deductible _____ |
| Premium _____ | Premium _____ | Premium _____ |
| Expiration Date _____ | Expiration Date _____ | Expiration Date _____ |
| Retroactive Date _____ | Retroactive Date _____ | Retroactive Date _____ |
| 4. Has any carrier ever cancelled or refused to renew a policy issued to the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details below) | | |
| | | |

5. Staff: please specify the total number of staff

- | | |
|--|---|
| a. Environmental Engineers _____ | e. Draftsmen, Technicians, Inspectors, Surveyors: _____ |
| b. General Engineers other than above _____ | f. Clerical and Accounting Employees: _____ |
| c. Geologists or Hydrogeologists _____ | g. Administrative Management: _____ |
| d. Industrial Hygienists, Toxicologists, CIHs or CSPs Project Managers _____ | h. Other: _____ Total: _____ |
| | i. Number of Principals (included in listing above) _____ |

Please attach all key person's resumes, certifications and licenses.

6. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele.

- | | |
|--------------------------------|---------------------------------------|
| a. Commercial _____% | f. Industrial _____% |
| b. Contractors _____% | g. Residential – Single Family _____% |
| c. Design Professionals _____% | h. Residential – Multi Family _____% |
| d. Developers _____% | i. Utilities _____% |
| e. Governmental _____% | j. Other: _____% |

Business Practices

7. Does the Applicant use a standard written contract with its clients? Yes No (If yes, please answer the following & include a copy of your standard contract)

a. Does the form contain a limitation of liability clause? Yes No (If yes, to what extent is liability limited?) _____

b. Does the form contain any of the following:

- | | |
|---|---|
| _____ Hold Harmless Clause | _____ Right of Entry Clause |
| _____ Undiscovered Hazardous Materials Clause | _____ Limitation of Consequential Damages |
| _____ Subsurface Structure Clause | _____ Ownership of Documents Clause |
| _____ Detailed Scope of Services | |

c. What percentage of your projects are contracted using:

- | | |
|----------------------------------|--------|
| The Applicants standard contract | _____% |
| A letter of agreement | _____% |
| A client's contract form | _____% |
| Verbal agreement | _____% |
| Other: _____ | _____% |

8. Are subconsultants and subcontractors hired under a written, standard subcontract?

- Yes No (Please attach a copy)

9. Do you have established relationships with sub-contractors?

- Yes No

10. How do you select your subcontractors?

Describe the minimum insurance requirements:

| | |
|---------------------------------|----------|
| General Liability | \$ _____ |
| Professional Liability | \$ _____ |
| Contractors Pollution Liability | \$ _____ |

11. How are non-standard client agreements reviewed?

- Attorney: Outside Attorney: In-house Staff (Please Describe)

12. Does your firm have written quality control procedures? (If yes, please include the table of contents with this application)

- Yes No

Business Practices - continued

13. Does your firm have a written health and safety procedures? (If yes, please include the table of contents with this application) Yes No

14. Does your firm have an in-house continuing education program? (If yes, please describe) Yes No
 If no, please describe how your professional receives continuing education / training:

Gross Revenue

15. Enter firm's gross revenue for the last three policy years below:

\$ _____ Estimated gross revenue for the upcoming policy year

\$ _____ 1st prior policy year's revenue

\$ _____ 2nd prior policy year's revenue

16. Percentage subcontracted to others _____% Describe services below _____

17. Detail geographical extent of operations: % Domestic: _____ % Foreign: _____
 Please provide geographical locations of all foreign projects:

18. Please provide percentage of gross revenue derived from the following operations:

Services (amounts to equal 100%)

| | | | |
|--------------------------------------|--------|---------------------------------|--------|
| Architecture | _____% | Landscape Design | _____% |
| Bridge & Elevated Highway | _____% | Mechanical Engineering | _____% |
| Chemical Engineering | _____% | Mechanical Testing | _____% |
| Chemical Testing | _____% | Mining Engineering | _____% |
| Civil Engineering | _____% | Mobile On-Site Laboratory | _____% |
| Construction Materials Testing | _____% | Noise Level Analysis | _____% |
| Construction Supervision/Management | _____% | Noise Level Engineering | _____% |
| Dams & Reservoirs | _____% | Nuclear Engineering | _____% |
| Electrical Engineering | _____% | Petroleum Engineer | _____% |
| Environmental Engineering | _____% | Process Engineering | _____% |
| Expert Witness Testimony | _____% | Product Testing | _____% |
| Fluid Auditing | _____% | Safety Training & Consulting | _____% |
| Forensic Testing | _____% | Slope Stabilization | _____% |
| Geology | _____% | Soil Engineering | _____% |
| Geotechnical Engineering | _____% | Soil Testing | _____% |
| Green Building/Energy Efficiency | _____% | Structural Engineering | _____% |
| HVAC Engineering | _____% | Surveying | _____% |
| HVAC Testing or Inspection | _____% | Technical Manual/Program Review | _____% |
| Hydrology | _____% | Other (please describe) | _____% |
| Industrial Hygiene / Health & Safety | _____% | | |

Claims, Circumstances, Incidents & Loss History

19. Has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities? Yes No

If yes, please provide details. (Use additional paper if necessary.)

- Date when claim, suit or notice was made
- Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
- Name of the claimant
- Nature of the claim, suit or notice
- Amount of payments made to date (including claims expenses) if open
- Amount of reserves established
- Final disposition (including amount of any settlement payment if closed)

20. Is any member of your firm or a related entity aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? Yes No
If yes, please provide details on the same basis as the above requirements. (Use additional paper if necessary.)

21. Has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities? Yes No
If yes, please provide details. (Use additional paper if necessary.)

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 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 DISTRICT OF COLUMBIA APPLICANTS: 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 insurer files a statement or claim or an application containing 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 the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 APPLICANTS: Any person who knowingly and with intent to defraud an 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 a 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 the person to criminal and civil penalties.

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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 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 and further acknowledges that the answers provided herein are based on reasonable inquiry and/or investigation.

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 hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

2 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

3 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

4 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

5 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

6 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

7 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue

Project Completion Date:

8 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue:

Project Completion Date:

9 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue:

Project Completion Date:

10 Project Name/Client

Services Provided:

Value of Completed **Project** Gross Revenue:

Project Completion Date: