

<p align="center">RSA SURPLUS LINES INSURANCE SERVICES, INC.</p> <p align="center">701 North Brand Boulevard, Suite 200 Glendale, CA 91203 CA Lic. No. 0C24330</p>	<p>APPLICATION</p> <p>ENVIRONMENTAL INSURANCE POLICY FOR CONTRACTORS AND CONSULTANTS</p>
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1. Name of Insured _____

Mailing Address _____

Contact Name _____ City _____ State _____ Zip _____

Tel No _____ Fax No _____

Company is an: Individual Partnership Corporation Joint Venture Other

2. LOCATION

Describe current occupants and operations _____

3. COVERAGE REQUESTED:

Occurrence Claims Made New Business Renewal

Policy Term 1 Year 2 Year 3 Year Other

Limits of Liability: \$ _____ Per Environmental Incident

\$ _____ Total All Environmental Incidents

Deductible: \$ _____

4. ADDITIONAL INSURED(s): _____

5. COMPANY HISTORY :

Years in business: _____

Have there been any acquisitions, consolidations, dissolution's, or mergers? Yes No

If yes to above, please describe _____

Does the firm have: Subsidiaries A Parent Company Other Related Entities

If yes to above, please describe _____

6. PRIOR LIABILITY CARRIER INFORMATION (General Liability and Professional)

Coverage	Carrier	Receipts	Limit of Liability	Deductible	Type of Policy	Rate	Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Any policy or coverage declined, cancelled, or non-renewed during the prior three years? Yes No

If yes to above, please describe _____

7. Are you aware of any circumstances that might give rise to a claim? If yes, please describe _____

8. Please list all claims expenses for the last five years: _____

9. All Applicants must submit the following in addition to the application:
- a) Qualifications including resumes, brochures and a listing of previous projects.
 - b) Most recent income statement and balance sheet.
 - c) Five years of valued loss runs including pollution and professional, if applicable.

10. Total Personnel (List each person only once by primary function):

- a) Architects, Engineers, Geologists, Hydrogeologists: _____
- b) Industrial Hygienists, Toxicologists, CIHs or CSPs: _____
- c) Draftsmen, Technicians: _____
- d) Supervisors/Foremen/Leadmen: _____
- e) Laborers: _____
- f) AHERA, HAZWOPER: _____
- g) Other: _____

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

11. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of any professional or contracting activities? _____Yes _____No

If yes to above, please describe _____

12. Enter the firm's gross receipts. Please break down the receipts by scope of services:

	Previous Year	Projected
GL Category		
Hazmat Contracting	_____	_____
Analytical Chemists	_____	_____
Subcontracting	_____	_____
Consulting/Engineering	_____	_____
Contractors Exec Supvs	_____	_____
Contracting NOC	_____	_____
E&O Category		
Phase I/Real Estate/Waste Broker	_____	_____
Other Environmental Consulting	_____	_____
Environmental Engineering	_____	_____
Environmental Lab Test/Analysis	_____	_____
Proj. Management	_____	_____
Nonenvironmental Lab Test/Analysis	_____	_____
Nonenvironmental Consulting	_____	_____
Geotech/Foundation/Soils Engineering	_____	_____
Other Nonenvironmental Engineering	_____	_____
Total Professional Receipts Only	_____	_____

13. Subconsultants/Subcontractors

What percentage of your sales are associated with the use of s ubs: _____ %

14. Does your firm collect certificates of insurance from your subs? _____ Yes _____ No

Please identify the services that you subcontract: _____

15. Do you use a standard indemnity contract with your clients and subs? _____ Yes _____ No

If yes to above , please describe. _____

16. Do you conduct any type of geotechnical or geophysical operations? _____ Yes _____ No

If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____ %
Please submit the following—A detailed list of your geotechnical and geophysical operations, detailed resumes of employees who conduct these operations.

17. Please describe the firm's largest projects to date:

Description	Date Completed	Firm's Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to issue a policy nor bind the applicant to purchase this insurance. If the company subsequently binds coverage, the policy will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Date	Signature	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____