

<b>RSA SURPLUS LINES INSURANCE SERVICES, INC.</b> 701 North Brand Boulevard, Suite 200 Glendale, CA 91203 CA Lic. No. 0C24330	<b>APPLICATION</b>  <b>ENVIRONMENTAL PACKAGE INSURANCE COVERAGE POLICY</b>
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1. Name of Insured \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ City State Zip  
 Contact Name \_\_\_\_\_  
 Tel No \_\_\_\_\_ Fax No \_\_\_\_\_

Company is an:  Individual  Partnership  Corporation  Joint Venture\*  Other

\* Note: Coverage not provided for joint ventures or your participation in them without prior approval and endorsement.

2. COVERAGE REQUESTED:

Occurrence\*  Claims Made  New Business  Renewal

\* Note: Occurrence form is available only for General Liability and Contractors Pollution Liability. Professional Liability is available on Claims -Made basis only.

Limit of Liability:

Occurrence/Loss: \$ \_\_\_\_\_  
 General Aggregate: \$ \_\_\_\_\_  
 Products/Completed Operations Aggregate: \$ \_\_\_\_\_  
 Personal and Advertising Injury: \$ \_\_\_\_\_  
 Fire Damage Legal Liability: \$ \_\_\_\_\_  
 Medical Payments: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

3. OTHER NAMED INSURED(s): \_\_\_\_\_

4. 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 \_\_\_\_\_

5. 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 Field Personnel: \_\_\_\_\_
- g) Other: \_\_\_\_\_

Please indicate Professional Association memberships, credentials, or certifications: \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

6. PRIOR LIABILITY CARRIER INFORMATION:

Coverage	Carrier	Limits	Deductible	Retro date	Receipts	Rate	Premium
General Liability							
Contractors Pollution Liability							
Professional Liability							

Any policy or coverage declined, cancelled, or non-renewed during the prior three years? \_\_\_\_\_Yes \_\_\_\_\_No

If yes to above, please describe \_\_\_\_\_  
 \_\_\_\_\_

7. LOSS HISTORY :

Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution Liability, or Professional Liability policies? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_

8. OPERATIONS OVERVIEW:

Please provide a brief description of your operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe the firm's largest projects to date:

Description	Date Completed	Firm's Fee

<b>9. REVENUE BREAKDOWN:</b>	<b>Receipts Previous Year</b>	<b>Receipts Projected</b>
<b>Total Gross Receipts from all Operations</b>	\$	\$

<b>PROFESSIONAL SERVICES</b> -If coverage is bound, the policy will cover only the professional services you indicate below.		
<b>Environmental</b>	<b>Receipts Previous Year</b>	<b>Receipts Projected</b>
Phase I Environmental Site Assessments, Real Estate Audits	\$	\$
Phase II Environmental Site Investigation, Remedial Investigations	\$	\$
Design plans and specifications, Feasibility Studies	\$	\$
Project management, oversight, observation, inspection	\$	\$
Waste brokering, arranging, recommending, disposal management	\$	\$
Environmental laboratory testing/analysis	\$	\$
Tank system design, testing, or maintenance	\$	\$
Asbestos/lead abatement design/sampling verification	\$	\$
Other Consulting (please describe)	\$	\$
	\$	\$
Other Engineering (please describe)	\$	\$
	\$	\$
Other Environmental (please describe)	\$	\$
	\$	\$
	\$	\$
<b>Environmental Professional Subtotal:</b>	\$	\$
<b>Non-Environmental Professional</b>	<b>Receipts Previous Year</b>	<b>Receipts Projected</b>
Design plans and specifications, Feasibility Studies	\$	\$
Project management, oversight, observation, inspection	\$	\$
Geo-technical/foundations&soils engineering	\$	\$
Non-Environmental laboratory testing/analysis	\$	\$
Surveying	\$	\$
Other Consulting (please describe)	\$	\$
	\$	\$
Other Engineering (please describe)	\$	\$
	\$	\$
Other Non-Environmental (please describe)	\$	\$
	\$	\$
	\$	\$
<b>Non-Environmental Professional Subtotal:</b>	\$	\$
<b>Total Receipts for All Professional Services:</b>	\$	\$

<b>CONTRACTING SERVICES</b> -If coverage is bound, the policy will cover only those contracting services you indicate below.		
<b>Environmental Contracting</b>	<b>Receipts Previous Year</b>	<b>Receipts Projected</b>
Hazardous materials contracting	\$	\$
Lead and asbestos abatement	\$	\$
Supervision/Oversight of the means and methods of construction	\$	\$
Analytical Chemists	\$	\$
Other Environmental Contracting (please describe)	\$	\$
	\$	\$
	\$	\$
<b>Environmental Contracting Subtotal:</b>	\$	\$
<b>Non-Environmental Contracting</b>	<b>Receipts Previous Year</b>	<b>Receipts Projected</b>
General Construction (Not otherwise classified)	\$	\$
Other Contracting Operations (please describe)	\$	\$
	\$	\$
	\$	\$
<b>Non-Environmental Contracting Subtotal:</b>	\$	\$
<b>Total Receipts for All Contracting Services:</b>	\$	\$

10. SUBCONSULTANTS/SUBCONTRACTORS:

What percentage of your sales are associated with the use of subs: \_\_\_\_\_ %

Do you maintain current certificates of insurance for subs evidencing limits and coverage at least equivalent to that which you carry for the type of work performed by the sub? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require subs to name you as an additional insured on their policies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please identify the services that you subcontract: \_\_\_\_\_  
\_\_\_\_\_

11. CONTRACTS:

Do you use a standard indemnity contract with your clients and subs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to above, detail your contract procedures: \_\_\_\_\_  
\_\_\_\_\_

Do you enter into contracts where you assume liability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to above, how often and under what circumstances: \_\_\_\_\_  
\_\_\_\_\_

Do you enter into contracts where you waive your rights of subrogation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to above, how often and under what circumstances: \_\_\_\_\_  
\_\_\_\_\_

12. ATTACHMENTS:

All Applicants must submit the following in addition to the application:

- Qualifications including resumes, brochures and SF 254 or a listing of previous projects.
- Most recent income statement and balance sheet.
- Five years of valued loss runs including pollution and professional, if applicable.
- General Liability Accord Application
- Copy of table of contents for Health and Safety Plan and Quality Control Plan

13. KNOWLEDGE OF ACTUAL OR POTENTIAL CLAIM:

Is the applicant aware of any fact, circumstance, or situation which could result in a claim being made against it or any other person or entity for whom coverage will be sought? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

14. 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.

The applicant understands that any subsequent contract issued by the Company for COVERAGE D will be issued on a CLAIMS MADE FORM.

\_\_\_\_\_  
Date Signature Title

Producer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_