ExecutivePerils

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dba: Executive Perils Insurance Services

APPLICATION FORENVIRONMENTAL CONSULTANTS PROFESSIONAL

 LIABILITYINSURANCE POLICY

**(Claims - Made )**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.

2. Application must be signed and dated by owner, partner or officer.

3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

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| **1. APPLICANT INFORMATION** |
|  |
| a. Full Name of Applicant:  |
| b. Principal Address: |
| c. (i) [ ] Corporation? [ ] Partnership? [ ] Individual? [ ]  Other:   |
| (ii) Years in business under present name:  |
|  |
| d. Number of Employees: Full time:  Part time:  Seasonal:  Total:  |
| e. List and describe affiliations with other firms: |
| f. List and describe any corporate named changes, mergers, and/or consolidations (within the past 3 years): |
| 2. **STAFF** |
| List number of total personnel using the following categories: |
| Architects or design engineers |  | Industrial hygienists or toxicologists |  |  |
| General engineers other than above |  | Draftsmen or technicians |  |  |
| Geologists or hydrogeologists |  | Clerical or accounting |  |  |
| Environmental scientists |  | Administrative management |  |  |
| How many of the above personnel possess professional engineering designations?  |
| **3. OPERATIONS** |
| a. Please provide a description of professional activities for which coverage is desired:  |
| 1. Please describe your use of subcontractors, including type of work and percentage of gross receipts:

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| **3. Operations (continued)** |
| c Please provide gross receipts attributable to the following: |
| Service |  | Prior Year | Current Year | Projected Year |
| Environmental studies, assessments, reports, audits |  |  |  |
| Remedial studies, investigations where firm is not involved in design |  |  |  |
| Site selection evaluation (real estate, waste) |  |  |  |
| Environmental permit preparation, submission |  |  |  |
| Remedial design with supervisory services |  |  |  |
| Remedial design without supervisory services |  |  |  |
| Project monitoring, management |  |  |  |
| General consulting |  |  |  |
| Laboratory services |  |  |  |
| Total |  |  |  |
|  |  |  |  |
| Other (describe below):  |
| d. Please provide the percentage of work performed for the following |
| 1) Federal government | % |  | 4) Individuals, partnerships, joint ventures | % |
| 2) State government | % |  | 5) Contractors | % |
| 3) Private or public corporations | % |  |  |  |
|  |  |  |  |  |
| **4. HISTORY CLAIMS** |
| 1. Are you aware of any facts or circumstances, during the past 5 years, which may give rise to a claim?

[ ]  Yes [ ]  No. If “Yes”, please provide details here or by attachment: t |
| 1. Have any professional liability claim been made against you or any of your employees in the past 5 years?

[ ]  Yes [ ]  No |
| If “Yes”, please provide details here or by attachment:  |

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| **4. HISTORY CLAIMS (continued)** |
|  |
| d. Please list previous errors & omissions coverage for the past 4 years. |
| Insurance Company | Policy Period | Limits of Liability | Deductible or SIR. | Premium |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **5. ADDITIONAL INFORMATION** |
| Please include the following |
| Most recent financial statement |
| Sample of client/subcontractor contract |
| Company marketing literature |
| Statement of qualifications or resumes of key personnel |
| Client reference and/or representative project listing |
| Please be as complete as possible when providing the above outlined information. This will enable the underwriter to provide the best possible terms and conditions. |
| \*NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY, WHICH PROVIDES COVERAGE ON A “CLAIMS MADE” BASIS FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD UNLESS THE EXTENDED REPORTING PERIOD OPTION IS EXERCISED IN ACCORDANCE WITH THE TERMS OF THE POLICY. |
| WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We **authorize the release of claim information from any prior insurer to the Underwriting Manager for the Company** |
|  |  |
| Name of Applicant |  |  | Title (Officer, partner, etc.) |  |
|  |  |  |  |
| Signature of Applicant | Date |
| SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued. |