

ADMIRAL INSURANCE COMPANY
1255 Caldwell Road
Cherry Hill, NJ 08034
Phone: 856-429-9200- Fax: 856-429-8611
Internet: <http://www.admiralins.com>

**PROFESSIONAL LIABILITY INSURANCE ENVIRONMENTAL ENGINEERS
AND CONSULTANTS APPLICATION**

1. Name of Applicant _____
2. Street Address _____
City State Zip
3. Internet Address _____
4. Additional Locations _____

5. Date Firm Established _____
6. Applicant is: corporation _____ joint venture _____
individual _____ partnership _____
7. Has the name of the firm ever changed? Have there ever been any acquisitions, consolidations, dissolutions or merger? If yes to either question, please explain.

8. Briefly describe the firm's general business practices and operations: (Please attach brochures, advertising materials, descriptive literature).

9. (a) Does either firm have subsidiaries? _____ a parent company _____
other related entities? _____ If yes, please explain.

- (b) Is there an interchange of employees between the companies? _____ If yes, please describe. _____

10. Please attach resumes for key personnel.
11. Professional organizations and/or designations to which applicant and "key personnel" belong/maintain: _____

12. Total Staff:

- | | |
|-------------------------------------|---|
| (a) Number of Engineers _____ | (f) Number of Environmental Scientists _____ |
| (b) Number of Surveyors _____ | (g) Number of Geologists/Hydrogeologists _____ |
| (c) Number of Architects _____ | (h) Number of Industrial Hygienists,
Toxicologists _____ |
| (d) Number of Lab Technicians _____ | (i) Number of Clerical and accounting _____ |
| (e) Number of Draftsmen _____ | (j) Other (please specify) _____ |
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13. Has any employee ever been the subject of disciplinary action by authorities as a result of professional activities or had a license revoked? _____ If yes, details:

14. Has the firm or any employee ever been barred, suspended or excluded for participation in any remedial program by the United States Environmental Protection Agency or any state, county, or local agency chargeable with responsibility for environmental affairs? _____ If yes, please give detail: _____

15. Fees & Receipts (to include reimbursable expenses and consulting fees):

- (a) Projected fees/receipts for company year \$ _____
- (b) Actual Fees & Receipts for past three years:
20____ \$ _____ 20____ \$ _____ 20____ \$ _____

16. Please indicate the approximate percentage of work under each heading:

- (a) Preparation of environmental studies/reports
- | | |
|------------------------|---------|
| 1) Assessments/Audits: | _____ % |
| Phase I, II | _____ % |
| Phase III, IV | _____ % |
| Other | _____ % |
- (b) Remedial action planning services - design only _____ %
- (c) Remedial action - contracting _____ %
- (d) Environmental Project Management _____ %
- (e) Preparation of Environmental Permit Applications _____ %
- (f) Laboratory analysis and testing _____ %
- (g) Other (please describe below) _____ %
-
-

17. Is the firm involved in the hiring of subcontractors for remedial work? _____

18. Is the firm involved in subcontracting to others? Yes _____ No _____
 If yes, please advise the following:

Type of Operation	Contract Costs

Is the evidence of insurance required from subcontractors? Yes _____ No _____
 Are hold harmless agreements required? Yes _____ No _____

19. Enter the percentage of the firm's gross receipts attributable to the following type of client for the last fiscal year:

- (a) Federal government and any agency thereof _____%
- (b) State, county or local government and any agency thereof _____%
- (c) Private of Public Held Corporations _____%
- (d) Individuals, Partnerships or Joint Ventures _____%
- (e) Contractors _____%
- (f) Developers _____%
- (g) Other (please describe) _____%

20. In any one of the last three years did the firm derive more than 50% of its gross receipts from any single client? Yes _____ No _____ % _____

If yes, please describe type of services provided:

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

Description	Date Completed	Firm's Fee

22. Does the firm or any of its members have any involvement in construction, manufacturing, or fabricating or do they have any financial interest in any organization that do? _____

23. Does the firm or any of its members have any involvement in any hazardous and/or non-hazardous waste treatment, processing, incinerating or disposal facilities, or do they have any financial interest in any organizations that do? _____ If yes, please explain.

24. Does the firm or any of its members have any involvement in laboratories or facilities involved in the conducting of sampling and/or laboratory analysis to which work is sub-contracted, or do they have any financial interest in any organizations that do?

25. Does the firm use a standard indemnity contract with it's clients? _____ If yes, please attach the application.

26. Has the firm or any of its members ever been involved in any Superfund site work? _____ If yes, please explain. _____

27. Does the firm conduct on a regular basis "Right to Know," OSHA and "RCRA Compliance" or similar seminars? _____ If yes, please elaborate. _____

28. a. Are all your products/services Year 2000 compliant? Yes _____ No _____
 b. Do you have a procedure for providing Year 2000 compliance on non-compliant products/services sold in previous years? Yes _____ No _____ (If "yes", please attach copy)

29. Do you have a disaster recovery plan for your clients? Yes _____ No _____

30. Please provide details on the Comprehensive General Liability insurance coverage for the past five years: (Show current policy and four prior years).

<u>Insurance Company</u>	<u>Limits</u>	<u>Ded/SIR</u>	<u>Policy Period</u>	<u>Claims-Made (yes/no)</u>	<u>If Claims-Made Retroactive Date</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

31. Please provide details on the Professional Liability insurance coverage for the past five years: (Show current policy and four prior years).

<u>Insurance Company</u>	<u>Limits</u>	<u>Ded/SIR</u>	<u>Policy Period</u>	<u>Claims-Made (yes/no)</u>	<u>If Claims-Made Retroactive Date</u>
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1. _____
2. _____
3. _____
4. _____
5. _____

Current Retroactive Date _____

32. Has any application for Professional Liability Insurance made on behalf of the firm, any predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused? _____ If yes, please explain.

33. Has any claim, suit or notice of incident been made against the firm or any present partners of officers? _____ If yes, please, attach details stating:

- 1) date when claim, suit or notice was made; 2) date the act giving rise to the claim, suit or notice was committed; 3) name of the claimant; 4) nature of the claim, suit or notice; 5) amount involved, including both loss and expense reserves; and 6) final disposition.

34. Is the applicant aware of any circumstances which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any person named in response to Questions 1. or 9.? _____ If yes, please give full details on the same basis as question 30. above:

35. Limits of Liability requested _____ - Deductible _____

36. 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 sell nor the applicant to purchase this insurance. it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to the policy.

Signature of Applicant _____
Title _____ Date _____