

ENVIRONMENTAL INSURANCE SERVICES, INC.

COMMERCIAL GENERAL LIABILITY AND PROFESSIONAL LIABILITY POLICY

INSTRUCTIONS:

1. ALL questions must be answered. If "none" or "not applicable" so indicate.
2. If space is insufficient to complete answers, please continue on your firm's letterhead.
3. Have this form signed and dated by an owner, partner, or director/officer of your firm.
4. The term "you," as used in this application, refers to any entity seeking insurance coverage.
5. Attach the following submission information:
 - Resumes
 - Brochure or Company Statement of Qualification
 - Current Financial Statement
 - Loss runs applicable to this coverage including Pollution loss information

Part I: APPLICANT

Proposed Coverage Effective Date: _____

1. Full Name of Entity(s) _____
Mailing Address _____

City _____ State _____ Zip code _____

Contact Person: _____ Telephone #: _____ Fax #: _____

Company is: Individual, Partnership, Corporation, Joint Venture, or
 Other, (Describe) _____

Date Entity was established: _____

List any prior entity names or affiliations: _____

2. Address of Any other Locations for Branch Offices or Subsidiaries:

Mailing Address: _____

City _____ State _____ Zip code _____

3. Does any location include Operations with an environmental exposure on site? YES NO
If yes, attach description: (Landfill, storage, transfer site, etc.) The pollution provided by this policy is limited to your work at a job site and not applicable to a location owned, occupied, rented, or loaned to you.

4. Total Staff of Personnel of Applicant: _____

Break Out of Personnel:

Principals	_____	Supervisors / Foremen	_____
Engineers & Architects	_____	Field Personnel	_____
Geologist & Chemists	_____	Clerical, Technical	_____
All Other:	_____	(Describe)	_____

Part II: COVERAGE & OPERATIONS

1. REVENUES:

a. Total Revenue for the most recent 12-month period: \$ _____

b. Total Revenue estimated for the next 12-month period: \$ _____ *

*This figure should match the sum of the Total Contracting Revenue and the Total Consulting/Laboratory Revenue noted on page 2 of this application.

2. List your estimated revenue for the next 12 months next to appropriate category below:

CONTRACTING		Est. Gross Revenue	% Subcontracted	Est. Payroll
a.	Asbestos Abatement			
b.	Bio Remediation			
c.	Drilling (not oil/gas)			
d.	Emergency Response			
e.	Haz Mat Clean up/Pickup			
f.	Lead Abatement / Habitational			
g.	Lead Abatement / Non-Habitational			
h.	Microbial (mold/bacteria) Abatement / Habitational			
i.	Microbial Abatement / Non-Habitational			
j.	Liquid Waste Remediation			
k.	Medical Waste Remediation or Pickup			
l.	PCB removal/Remediation			
m.	Soil Removal/Remediation or Transportation			
n.	UST/AST Install/Removal and maintenance			
o.	Wetlands Contracting			
p.	Other Environmental Contracting			
	Describe:			
q.	GENERAL CONTRACTING			
	Describe:			
r.	PRODUCT SALES			
	Misc. Products sold without Installation:			
	Describe below:			
	Total Contracting Revenue			

CONSULTING/LABORATORY		Est. Gross Revenue	% Subcontracted	Est. Payroll
a.	Audits - Real Estate, and Phase I Environmental Assessments			
b.	Environ. Assessments - Phase II			
c.	Air Monitoring			
d.	Asbestos Abatement Design			
e.	Lead Abatement Design / Habitational			
f.	Lead Abatement Design / Non-Habitational			
g.	Microbial (mold/bacteria) Abatement Design / Habitational			
h.	Microbial Abatement Design / Non-Habitational			
i.	Construction/project management & observation of construction of client* (*Manager on site _____% of time)			
j.	Civil or Structural Engineering			
k.	Design and Build of system/process* *(What process?_____)			
l.	Geotechnical/Foundations/Soil Engineering.			
m.	HVAC/Mech/Electrical Engineering			
n.	Lab Testing -Environmental			
o.	Lab Testing -Non Environmental			
p.	Regulatory Permitting			
q.	Remedial Investigations			
r.	Soil Testing/ Analysis			
s.	Surveying			
t.	Tank Design/ Maintenance/testing			
u.	Waste Broker/recommendations (Do not include Trans/Disposal Fees)			
v.	Other Consulting/Engineering Operations			
	Describe:			
	Describe:			
	Total Consulting/Laboratory Revenue			

(Note: The sum of Total Contracting & Consulting /Laboratory Revenues noted above should equal the total estimated revenue for the next 12 months entered in question 1b.)

3. Questions regarding Specific Operations in question 2 of previous page:

- a. Sub-consultants/Sub-contractors: Do you subcontract a part of your operations? YES NO
- (1) If yes, do you obtain certificates of insurance from your subcontractors? YES NO
- (2) If yes, do you require the subcontractor's policies to add you as an additional insured? YES NO
- (3) What are the minimum limits of liability you require of your subcontractors?
 General Liability \$ _____ Contractors Pollution Liability \$ _____ Professional Liability \$ _____
- b. Do your operations include professionals conducting Phase I or Real Estate audits? YES NO
 If yes, answer questions below:
- (1) Please indicate if any of the following provisions are included in your Phase I Environmental Site Assessment agreements:
 _____ Limitation of Liability of specified dollar amount arising out of act, error or omission on behalf of Insured. Indicate amount \$ _____
 _____ Statement prohibiting third party reliability of the report.
- (2) Do you utilize the ASTM standard Protocol for PESAs? If so, what version?
 _____ Original ASTM E 1527-93 _____ 1994 Revision E 1527-94
 _____ 1996 Revision E 1527-96 _____ 2000 Revision E 1527-00
- (3) If ASTM 2000 is utilized, what do you do to limit your liability with regard to "Business Environmental Risk"? _____
- c. If you indicate Waste Brokering revenue, are the following a part of your Waste Brokering operations:
- (1) Transportation of waste by 3rd party transportation company? YES _____% NO
 If yes, do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement? YES _____% NO
- (2) Do you take title to any waste or cargo at any time? YES _____% NO
- (3) Do you select or recommend the landfill/location on behalf of client? YES _____% NO
 If yes, do you verify the landfill/location is classified to accept the waste? YES _____% NO
 If yes, do you verify that they are insured? YES _____% NO
- (4) Do you use written contracts defining your responsibilities? YES _____% NO
- d. Do you participate in Joint Ventures? YES NO
 If yes, describe: _____
- e. CONTRACTS
- (1) What percentage of your jobs are performed under the following types of agreements?
 Written Contract _____% Letter Agreement _____% Oral Agreement _____%
- (2) Do you use a standard indemnity contract with your clients and subcontractors? YES NO
 If yes, attach a copy of the contract, and if no, please detail your contract procedures:

Part III: CLAIMS HISTORY

1. Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution, or Professional Liability policies? YES NO
 If yes, describe: _____
2. 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 is being sought? YES NO
 If yes, describe: _____
3. Has any staff member or employee been the subject of disciplinary action by authorities as a result of professional or contracting activities? YES NO
 If yes, describe: _____

Part IV: PRESENT INSURANCE COVERAGE

	General Liability	Pollution Liability	Professional	Auto Liability	Employers Liability	Other
Carrier						
Limits						
Deductible						
Policy dates						
Premium						
Occurrence or Claims Made						
Retro Date If applicable						

Part V: UMBRELLA INFORMATION

The Above Part IV- Chart must be completed in full or marked not applicable as it is also used for the Umbrella rating and underwriting.

1. Has any umbrella carrier or excess insurer declined, cancelled, or refused to renew? YES NO
If yes, explain: _____

(note: Missouri residents do not reply)

2. Auto Information: Total Number of Autos: _____ What is the radius of Auto operations: _____ miles
Please provide the breakout of Auto Fleet: PP____, Light Truck _____, Medium Truck _____,
Heavy Truck _____, Extra Hvy Truck/Tractor _____, Trailer _____

3. Auto Liability Loss Information: # of auto liability claims in the past 5 years _____
Total value of auto liability claims for the past 5 years _____

4. Workers Compensation Information:

a. Is statutory workers compensation coverage carried in all states or countries where the applicant is exposed? YES NO If no, explain _____

b. Is the applicant a qualified self-insurer for workers compensation coverage? YES NO
If yes, explain _____

c. Is the Applicant subject to any of the following?
 YES NO Jones Act
 YES NO Federal Railroad Employee Act
 YES NO Longshoreman's & Harbor Workers Act

5. Does the applicant have any aircraft or watercraft exposure? YES NO
If yes, please provide the following details:

a. Provide number and description of all owned or leased aircraft or watercraft: _____

b. Does the applicant lease any watercraft or aircraft (with or without crew)? YES NO
If yes, describe: _____

c. Does applicant maintain or work at any airport or docking, pier, or wharf facilities? YES NO
If yes, describe: _____

d. Describe any cargo or passenger haulage: _____

6. Has any underlying policy had a loss over \$10,000? YES NO
If yes, describe or reference other parts of this application as necessary: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. 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. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail. PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICE TO ARKANSAS 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: 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 OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

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 A DENIAL OF INSURANCE BENEFITS."

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 ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 53613.1).

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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

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."

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation and Company's written agreement to be bound is required to bind coverage and to issue policy. It is agreed that this form shall be the basis of the contract should a policy be issued, and will be attached to the policy.

APPLICANT _____ DATE _____
(signature of owner or officer of corporation)

APPLICANT _____
(print name & title)

AGENT _____ DATE _____
(print name of firm & license #)

(address of firm)

(contact person and telephone #)

MICROBIAL MATTER QUESTIONNAIRE

1. Does the applicant's loss experience show any construction projects where water leaks or flooding occurred in the past three years? **Yes / No**
If yes, attach the description of any claims from mold, mildew or viruses.

2. Other than the above, has there been any reported mold, mildew or bacteria in any buildings where services or construction were performed? **Yes / No**
If yes, please describe

3. Have there been any odor complaints, allergic reactions, or other symptoms possibly associated with building conditions for any projects where the applicant performed professional services or construction? **Yes / No**
If yes, please describe

4. Does the applicant have any established protocol for prevention of mold? **Yes / No**
If yes, explain:

5. Does the applicant contract for or conduct remediation for mold? **Yes / No**
If so, what are the applicants qualifications? _____

6. Does the applicant perform building/system service/inspections? **Yes / No**
If yes, what percentage of total revenues? _____ What type of projects?

7. Does the applicant perform indoor air quality testing? **Yes / No**
What is the percentage of the total revenues? _____
Who performs this testing? _____
8. Does the applicant have any industrial hygienists on staff? **Yes / No**
9. Do the applicant subcontract the analysis of mold to an outside laboratory? **Yes / No**
10. Does the applicant conduct a property survey at the time the owner takes possession?
Yes/No If yes, does this survey include potential mold issues? **Yes / No**
11. Does the applicants construction contracts contain any disclaimers or limitation of liability for the existence of mold? **Yes / No**
12. Describe and attach the applicants procedures with respect to mold:
 - Health & Safety
 - Containment
 - Disposal