



## Great American Insurance Group

### Supplemental Application for Professional and Contracting Services Environmental Liability Insurance and Professional Plus and Contracting Services Environmental Liability Insurance - General and Specialty Contractors

**Named Insured:** \_\_\_\_\_

**Notice:** This supplemental application forms a part of the Application for Environmental Insurance.

**Instructions:**

- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and subject to the same terms and conditions.

**Required Attachments:**

- Please provide copies of your last five (5) years of Environmental/Professional Liability loss history. If you have no prior environmental/professional coverage please provide your last five (5) years General Liability loss history.

1. Breakdown of your Company's staff:

Position	Number of Personnel
Architects/Engineers	
Supervisors/Project Managers	
Field Personnel	
Principals, Officers, Directors	
Total Overall Staff	

2. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects:

Category	Percentage	Category	Percentage
Apartments		Institutional & Education	
Condominiums/Townhouses		Stadium & Arena	
Single Family/Tract Homes		Paving – Street & Road	
Hospitals/Healthcare		Highway/Bridge	
Hotels/Motels		Water/Waste Treatment	
Industrial/Manufacturing		Utility – Sewer & Water	
Commercial Office		Pipeline – Oil & Natural Gas	
Commercial Retail		Other (please describe)	

3. Please provide the estimated percentage of your Company's total revenues derived from the following size of projects:

\$0 to \$10,000,000	
\$10,000,000 to \$25,000,000	
\$25,000,000 to \$50,000,000	
\$50,000,000 to \$100,000,000	
Above \$100,000,000	

4. Professional & Contracting Services – Please provide information associated with the following Professional & Contracting Services for the twelve (12) months following the desired inception date for coverage:

Contracting Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Asbestos Abatement			
Carpentry			
Demolition			
Dredging			
Drilling			
Drywall			
Electrical			
Excavation/Grading			
General Contractor			
HVAC & Plumbing			
Industrial Cleaning			
Pipeline – Oil & Gas			
Lead Abatement			
Masonry/Concrete			
Mechanical (non-HVAC)			
Painting			
Pile Driving			
Bridge & Elevated Highway			
Paving – Road/Street			
Roofers			
Steel Erection			
Utility – Sewer & Water			
Environmental Remediation			
Other (please describe)			
<b>Professional Services:</b>	<b>Projected Revenue</b>	<b>% Performed In-House</b>	<b>% Sub-Contracted</b>
Engineering or Design			
Construction Management			
Construction Consulting Services			
BIM Integrated Services			
Environmental Consulting			
<b>TOTAL:</b>			

5. Project delivery:

Category	Percentage	Category	Percentage
Construction only (responsibilities do not include professional)		Design – Bid - Build with design subcontracted	
Construction Management At Risk		Design-Build with design subcontracted	
Construction Management Agency (Total construction values of projects \$ _____ )		Design-Build with design performed by your own Architect/Engineer	
Integrated Project Delivery		Other (please describe)	

6. What are your total annual revenues associated with Green Building or LEED Construction \$ \_\_\_\_\_

7. Has your Company experienced any significant changes in the percentages shown above in the past two (2) years or do you anticipate any significant changes over the next year?  YES  NO  
 If yes, please describe in detail: \_\_\_\_\_

8. During the last five (5) years, has the prospective Insured purchased any other businesses? Have they been involved in any type of merger or consolidation,? Has the prospective Insured’s name changed?  YES  NO  
 If yes, please describe in detail: \_\_\_\_\_

9. Describe the three (3) largest contracts or projects performed in the past year. Please include the project revenue, services provided, client and current status:

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

Please describe any operations or services that have been abandoned or discontinued by your Company in the last five (5) years: \_\_\_\_\_

\_\_\_\_\_

10. Are any operations performed outside of the United States or Canada?  YES  NO

If yes, please identify the countries and describe the type of work and associated revenues: \_\_\_\_\_

\_\_\_\_\_

11. Please identify the primary states in which you provide services:

State	%	State	%	State	%	State	%	State	%
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12. Does your current policy provide any project specific excess coverage for any projects?  YES  NO  
 If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

13. Is 100% of your work performed under a written contract?  YES  NO

If no, what % of work is performed without a written contract: \_\_\_\_\_

14. Does your Company use written contracts with its subcontractors that contain indemnification and hold harmless provisions in your favor?  YES  NO

If no, please describe your Company's policy regarding hold harmless and indemnification requirements of subcontractors: \_\_\_\_\_

\_\_\_\_\_

15. Do you always require subcontracted design firms to carry Professional coverage?  YES  NO

If no, please describe in detail when the design firm would not be required to carry Professional coverage:

\_\_\_\_\_

What is the minimum Professional limit that you require from subcontracted design firms \$ \_\_\_\_\_

Do you obtain evidence of such coverage prior to engaging their services?  YES  NO

16. Do you always require subcontracted contracting firms to carry Pollution coverage?  YES  NO

If no, please describe in detail when the contracting firm would not be required to carry Pollution coverage:

\_\_\_\_\_

What is the minimum Pollution limit that you require from subcontracted contracting firms \$ \_\_\_\_\_

Do you obtain evidence of such coverage prior to engaging their services?  YES  NO

17. Does your Company have personnel trained in, and responsible for, environmental compliance?  YES  NO

If yes, please provide their name(s) and qualifications: \_\_\_\_\_

\_\_\_\_\_

18. Does your Company have personnel trained in, and responsible for, site safety?  YES  NO  
If yes, please provide their name(s) and qualifications: \_\_\_\_\_

\_\_\_\_\_

19. Does your Company have formal protocols for working in areas with contamination?  YES  NO

20. Does your Company have a formal quality control procedure?  YES  NO

21. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases?  YES  NO

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

\_\_\_\_\_ Applicant's Initials.