



Main Office
 397 Eagleview Blvd.
 Suite 100
 Exton, PA 19341

Supplemental Application for Professional and Contracting Services

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 is 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.

Supplemental Information

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	

Supplemental Information Continued

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

Supplemental Information *Continued*

Yes No

5. Project delivery:

Category	Percentage	Category	Percentage
Construction only <i>(responsibilities do not include professional)</i>		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 <i>(please describe)</i> _____	

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?

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?

If yes, please explain: _____

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: _____

10. Are any operations performed outside of the United States or Canada?

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	Percentage

Supplemental Information *Continued*

	Yes	No
12. Does your current policy provide any project specific excess coverage for any projects? If yes , please describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Is 100% of your work performed under a written contract? If no , what % of work is performed without a written contract: _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your Company use written contracts with its subcontractors that contain indemnification and hold harmless provisions in your favor? If no , please describe your Company's policy regarding hold harmless and indemnification requirements of subcontractors: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you always require subcontracted design firms to carry Professional coverage? 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 contracting firms: _____ Do you obtain evidence of such coverage prior to engaging their services?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you always require subcontracted contracting firms to carry Pollution coverage? If no , please describe in detail when the design firm would not be required to carry Professional coverage: _____ _____ What is the minimum Pollution limit that you require from subcontracted design firms: _____ Do you obtain evidence of such coverage prior to engaging their services?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your Company have personnel trained in, and responsible for, environmental compliance? If yes , please provide their name(s) and qualifications: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your Company have personnel trained in, and responsible for, site safety? If yes , please provide their name(s) and qualifications: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your Company have formal protocols for working in areas with contamination?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your Company have a formal quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____ **Date** _____