



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

Supplemental Application for Contracting Services Environmental Liability Insurance Environmental Consultants and Contractors

Named Insured _____

Notice:

- This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- This form must be dated and signed by a principal of your Company.
- 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 loss history.

Company's Staff

1. Breakdown of your Company's staff:

Position	Number of Personnel	Number of Professionals with Related Designation/License
Architects and Engineers		
Certified Industrial Hygienists		
Field Personnel		
Geologists		
Principals, Officers, Directors		
Supervisors/Foremen		
Total Overall Staff		

Total Revenues

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

Category	Percentage	Category	Percentage
Architects/Engineers		Federal Government	
Attorneys		Industrial/Manufacturing	
Banks/Lending Institutes		Local/State Government	
Commercial		Real Estate Development	
Contractors		Other (please describe)	
Environmental Consultants			

3. 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: _____

Contracting Services

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

Contracting Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Air/Soil/Groundwater Sampling			
Asbestos/Lead Abatement			
Asbestos/Lead Sampling			
Bioremediation			
Consulting			
Demolition/Dismantling			
Dredging			
Emergency Response			
Excavation			
Hydroblasting			
Industrial Cleaning			
Lab Packing			
Lab Testing/Analysis			
Landfill Construction			
Liner Installation			
Marine Related Work			
Mold Consulting Services			
Mold Remediation Services			
Monitoring Well Drilling			
Oil Lease			
PCB Handling			
Potable Well Drilling			
Project Management/Supervision			
Soil Excavation			
Soil/Groundwater Boring			
Soil/Groundwater Treatment			
Soil/Groundwater Sampling			
Steel Erection			
Storage and Disposal			
Tank Cleaning			
Tunnel Work			
Underground/Subsurface Remediation			
UST Installation			
UST removal			

Contracting Services Continued

Yes No

Contracting Services	Projected Revenue	% Performed In-House	% Sub-Contracted		
Water/Sewer					
Other (please describe)					
TOTAL					
5. a. During the last five (5) years, has the prospective Insured purchased any other businesses?				<input type="checkbox"/>	<input type="checkbox"/>
b. Have they been involved in any type of merger or consolidation?				<input type="checkbox"/>	<input type="checkbox"/>
c. Has the prospective Insured's name changed?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe in detail:					
6. Describe the three (3) largest contracts or projects performed in the past year. Please include the project revenue, services provided, client and current status:					
7. Please describe any operations or services that have been abandoned or discontinued by your Company in the last five (5) years:					
8. Are any operations performed outside of Canada?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please identify the countries and describe the type of work and associated revenues:					
9. Please identify the primary Provinces in which you provide services:					
Province _____ %	Province _____ %	Province _____ %	Province _____ %	Province _____ %	Province _____ %
Province _____ %	Province _____ %	Province _____ %	Province _____ %	Province _____ %	Province _____ %
10. Within the past five (5) years, have you provided services to a client who represented greater than 20% of the company's revenue?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please identify the client, the revenue amount (\$ and % of total work) related to that client and describe the type of project. Also indicate if the entity is a current client:					
11. Does your current policy provide any project specific excess coverage for any projects?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____					
12. Is 100% of your work performed under a written contract?				<input type="checkbox"/>	<input type="checkbox"/>
If no, what % of work is performed without a written contract: _____					

<i>Contracting Services Continued</i>	Yes	No
13. What percentage of your Company's work is performed as a subcontractor? _____		
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. If applicable, what minimum limits of insurance do you require of subcontractors working for your Company? Pollution Liability \$ _____ General Liability \$ _____ Professional Liability \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you require that subcontractors name your Company as an additional insured on their policies?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your Company keep updated certificates of insurance from subcontractors on file?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your Company accept consequential damages in the contracts it enters? If yes , please describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your Company own, operate or lease a treatment, storage or disposal facility (<i>including C&D landfills</i>)? If yes , please describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your Company coordinate, select or otherwise arrange for the treatment, storage or disposal of materials for clients?	<input type="checkbox"/>	<input type="checkbox"/>
21. 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"/>
22. 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"/>
23. Does your Company have formal protocols for working in areas with contamination?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your Company have a formal quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
25. 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.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant's Initials _____