



DESIGN PROFESSIONAL LIABILITY INSURANCE
GREAT AMERICAN INSURANCE COMPANY

ENVIRONMENTAL SUPPLEMENT

GENERAL INFORMATION

Proposed Named Insured:	Policy Number:
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ENVIRONMENTAL SERVICES INFORMATION

1. Provide a detailed description of the services being provided:

*Please attach the principal's resume.

2. Does your firm take on any single point responsibility for construction, erection, installation, removal, remediation or implementation services? Yes No

If yes, provide details regarding each project, including client, services, project type, construction values and professional fees.

3. Does your firm specify the installation of Exterior Insulation and Finish Systems (EIFS)?

Yes No

4. Do you provide any services in connection with the transportation, treatment, storage, or disposal of hazardous waste materials? Yes No

If yes, provide detailed information:

5. Do you have written policies and procedures for following EPA or other standardized procedures or protocols? Yes No

6. Do you prepare site specific health and safety plans for all projects involving known or possible toxic substances? Yes No

7. Provide the following for general liability insurance coverage currently in force (Check here if none):

<i>Carrier</i>	<i>Policy Expiration</i>	<i>Limits of Liability</i>

8. Do you require your subconsultants to carry general liability? Yes No

9. Complete the following chart for your preparation of environmental services. For newly formed firms, use estimates.

<u>Preparation of Environmental Studies and Reports</u>	Past Fiscal Year	<u>Environmental Consulting</u>	Past Fiscal Year
Phase I Environmental Site Assessments	____%	Air Quality Consultants	____%
Phase II Environmental Site Assessments	____%	Arborist	____%
Environmental Impact Reports	____%	Archaeology	____%
Mold Investigations	____%	Biohazard/Medical Waste Consultants	____%
Radon Evaluation/Testing	____%	Ecology/Wetland Consultants	____%
Asbestos Evaluation	____%	Stormwater/Runoff Consultants	____%
Other (specify)_____	____%	Hazardous Waste Consultants	____%
Other (specify)_____	____%	Hydrology	____%
<u>Design Remediation</u>		Industrial Hygienist	____%
Asbestos Abatement	____%	Occupational Health and Safety Consultants	____%
Asbestos Management Planning	____%	Wetland Delineation and Consulting	____%
Lead Abatement	____%	Other(Specify)_____	____%
Mold Remediation	____%	<u>Environmental Contracting</u>	
Radon Mitigation	____%	Asbestos Abatement	____%
Other (specify)_____	____%	Demolition/Dismantling	____%
Other (specify)_____	____%	Environmental Remediation Contracting	____%
<u>Environmental Engineering</u>		Facilities Operations and Maintenance	____%
Agricultural Engineering	____%	General Contracting	____%
Chemical Engineering	____%	Habitat/Wetland Restoration	____%
Construction Materials Testing	____%	Pesticide/Herbicide Application	____%
Geotechnical Engineering/Soils Testing	____%	Tank Installation/Removal	____%
Metallurgical Engineering	____%	Well Drilling	____%
Other (specify)_____	____%	Other (specify)_____	____%
Other (specify)_____	____%	Total	100%

FRAUD WARNING: 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.

FLORIDA FRAUD WARNING: 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 of the third degree.

KANSAS FRAUD WARNING: Fraud is an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto and may be subject to criminal and civil penalties.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

I understand that the information submitted in this supplement becomes a part of my Design Professional Liability Insurance application and is subject to the same representations and conditions.

Print Name

Title

Signature

Date

Agency

Agency Contact

* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature, Acknowledgement and Acceptance – Authorized Representative

ADDITIONAL INFORMATION

If providing additional details please reference the question number below:

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