



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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 Quincy, MA 02269
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 xsbrokers.com

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ENVIRONMENTAL
APPLICATION

1. Name of Insured: _____

Mailing Address: _____
 Street Address: _____
 City, State, Zip: _____
 Contact Name: _____
 City, State, Zip: _____
 Tel No.: _____ Fax No.: _____

Company is an: Individual Partnership Corporation Joint Venture* Other

*Note: Coverage is not provided for joint ventures or your participation in them without prior approval and endorsement.

2. COVERAGE REQUESTED:

Occurrence* Claims Made New Business Renewal

*Note: Occurrence form is available only for General Liability and Contractors Pollution Liability. Professional Liability is available on Claims-Made basis only.

Limit of Liability:

Occurrence/Loss:	\$
General Aggregate:	\$
Products/Completed Operations Aggregate:	\$
Personal and Advertising Injury:	\$
Fire Damage Legal Liability:	\$
Medical Payments:	\$

Deductible:	\$
Proposed Effective Date	\$

3. OTHER NAMED INSURED(s): _____

4. COMPANY HISTORY:

Years in business: _____

Have there been any acquisitions, consolidations, dissolution's, or mergers? Yes: ___ No: ___

If yes to above, please describe:

Does the firm have: Subsidiaries A Parent Company Other Related Entities

If yes to above, please describe:

5. PERSONNEL (List each person only once by primary function):

a) Architects, Engineers, Geologists, Hydrogeologists:	
b) Industrial Hygienists, Toxicologists, CIHs or CSPs:	
c) Draftsmen, Technicians:	
d) Supervisors/Foremen/Leadmen:	
e) Laborers:	
f) AHERA, HAZWOPER Field Personnel:	
g) Other:	

Please indicate Professional Association memberships, credentials, or certifications:

Has any officer of the company ever been the subject of disciplinary action by authorities as a result of any professional or contracting activities? Yes: ___ No: ___

If yes to above, please describe:

6. PRIOR LIABILITY CARRIER INFORMATION:

Coverage	Carrier	Limits	Deductible	Retro date	Receipts	Rate	Premium
General Liability							
Contractors Pollution Liability							
Professional Liability							

Any policy or coverage declined, cancelled, or non-renewed during the prior three years? Yes: ___ No: ___

If yes to above, please describe:

7. LOSS HISTORY:

Have any claims been previously made against the applicant or reported under any other General Liability, Contractor's Pollution Liability, or Professional Liability policies? Yes: ___ No: ___

If yes to above, please describe:

8. OPERATIONS OVERVIEW:

Please provide a brief description of your operations:

Please describe the firm's largest projects to date:

Description:	Date Completed:	Firm's Fee:

9. REVENUE BREAKDOWN:	Receipts, Previous Year:	Receipts, Projected:
Total Gross Receipts from all Operations	\$	\$

PROFESSIONAL SERVICES-If coverage is bound, the policy will cover only the professional services you indicate below.

Environmental:	Receipts, Previous Year:	Receipts, Projected:
Phase I Environmental Site Assessments, Real Estate Audits	\$	\$
Phase II Environmental Site Investigation, Remedial Investigations	\$	\$
Design plans and specifications, Feasibility Studies	\$	\$
Project management, oversight, observation, inspection	\$	\$
Waste brokering, arranging, recommending, disposal management	\$	\$
Environmental laboratory testing/analysis	\$	\$
Tank system design, testing, or maintenance	\$	\$
Asbestos/lead abatement design/sampling verification	\$	\$
Other Consulting (please describe):	\$	\$
	\$	\$
Other Engineering (please describe):	\$	\$
	\$	\$
Other Environmental (please describe):	\$	\$
	\$	\$
	\$	\$
Environmental Professional Subtotal:	\$	\$
Non-Environmental Professional:	Receipts, Previous Year:	Receipts, Projected:
Design plans and specifications, Feasibility Studies	\$	\$
Project management, oversight, observation, inspection	\$	\$
Geotechnical/foundations/soils engineering	\$	\$
Non-Environmental laboratory testing/analysis	\$	\$
Surveying	\$	\$
Other Consulting (please describe):	\$	\$
	\$	\$
Other Engineering (please describe):	\$	\$
	\$	\$
Other Non-Environmental (please describe):	\$	\$
	\$	\$
	\$	\$
Non-Environmental Professional Subtotal:	\$	\$
Total Receipts for All Professional Services:	\$	\$

CONTRACTING SERVICES-If coverage is bound, the policy will cover only those contracting services you indicate below.

Environmental Contracting	Receipts, Previous Year:	Receipts, Projected:
Hazardous materials contracting	\$	\$
Lead and asbestos abatement	\$	\$

Environmental Contracting <i>(continued)</i> :	Receipts, Previous Year:	Receipts, Projected:
Supervision/Oversight of the means and methods of construction	\$	\$
Analytical Chemists	\$	\$
Other Environmental Contracting (please describe):	\$	\$
	\$	\$
	\$	\$
Environmental Contracting Subtotal:	\$	\$
Non-Environmental Contracting	Receipts, Previous Year:	Receipts, Projected:
General Construction (Not otherwise classified):	\$	\$
Other Contracting Operations (please describe):	\$	\$
	\$	\$
	\$	\$
Non-Environmental Contracting Subtotal:	\$	\$
Total Receipts for All Contracting Services:	\$	\$

10. SUBCONSULTANTS/SUBCONTRACTORS:

What percentage of your sales are associated with the use of subcontractors: _____ %

Do you maintain current certificates of insurance for subs evidencing limits and coverage at least equivalent to that which you carry for the type of work performed by the sub?
 Yes: ___ No: ___

Do you require subs to name you as an additional insured on their policies?
 Please identify the services that you subcontract: Yes: ___ No: ___

11. CONTRACTS:

Do you use a standard indemnity contract with your clients and subcontractors? Yes: ___ No: ___
 If yes to above, detail your contract procedures:

Do you enter into contracts where you assume liability? Yes: ___ No: ___
 If yes to above, how often and under what circumstances:

Do you enter into contracts where you waive your rights of subrogation? Yes: ___ No: ___
 If yes to above, how often and under what circumstances:

12. ATTACHMENTS:

All Applicants must submit the following in addition to the application:

- Qualifications including resumes, brochures and SF 254 or a listing of previous projects.
- Most recent income statement and balance sheet.
- Five years of valued loss runs including pollution and professional, if applicable.
- General Liability Accord Application
- Copy of table of contents for Health and Safety Plan and Quality Control Plan

13. KNOWLEDGE OF ACTUAL OR POTENTIAL CLAIM:

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 will be sought?

Yes: ___ No: ___

If yes, please describe:

14. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to issue a policy nor bind the applicant to purchase this insurance. If the company subsequently binds coverage, the policy will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company for COVERAGE D will be issued on a CLAIMS MADE FORM.

Date	Signature of Applicant	Title
Producer:	_____	

