



## Pollution and Professional Liability Application Environmental Service Companies

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[www.xlinsurance.com/environmental](http://www.xlinsurance.com/environmental)

Section 1 – Applicant Information	
Applicant Name:	
Mailing Address:	
Physical Address:	
Contact Name:	Contact Title:
Telephone:	Fax:
E-mail:	Website:
Year business started operation:	

Section 2 – Coverage Requested			
<input type="checkbox"/> Pollution Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retro Date:
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Claims Made	Retro Date:
<input type="checkbox"/> General Liability	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	Retro Date:
Proposed Effective Date:		SIR Requested:	
Limits Requested (Occ/Agg):			

Section 3 – Expiring Insurance Program							
Pollution Liability			Professional Liability		General Liability		
<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM	<input type="checkbox"/> None	<input type="checkbox"/> CM	<input type="checkbox"/> None	<input type="checkbox"/> OCC	<input type="checkbox"/> CM
Carrier:			Carrier:		Carrier:		
Limits:			Limits:		Limits:		
SIR:			SIR:		SIR:		
Premium:			Premium:		Premium:		
Eff.Dates:			Eff.Dates:		Eff.Dates:		
Policy Term:			Policy Term:		Policy Term:		
Retro Dates:			Retro Dates:		Retro Dates:		

Please submit the following information in addition to this application:

1. Past two years financials including balance sheet and income statement (audited preferred)
2. Past three years currently valued loss runs for lines of coverage requested. If no prior coverage, please provide past three years of currently valued General Liability loss runs.
3. Narrative description of loss or reserve greater than \$25,000
4. Pertinent marketing or qualification information



Section 4 – General Information	
Description of Environmental Services:	
Description of Non- Environmental Contracting Services:	
Description of Professional Services:	

Section 5 – Geographic Areas of Operations (total 100%)	
Canada: %	List key provinces:
United States: %	List states:
Foreign: %	List countries:

Section 6 – Company History		
Are your firm's past operations significantly different than your current operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm operated under a different name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your firm experienced any merger, acquisition, consolidation or divestiture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details.		

Section 7 – Related Entity Information (for which coverage is being requested)					
Name of Entity	Services Performed/Relationship	Size (\$)	Active	Inactive	% Ownership
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

If additional space is required, please provide additional sheet.

Section 8 – Revenue History		
Fiscal Year	Date Range	Total Gross Revenue (\$)
Estimated Current Fiscal Year		
Last Completed Fiscal Year		
Two Years Ago		
Three Years ago		
Does any one project generate greater than 50% of revenues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have financial or equity interest in any project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 9 – Client Information			
Provincial Government	%	Educational/Institutional	%
Federal Government	%	Insurance Companies	%
Municipal/Local Government	%	Single Family Homes	%
Financial Institutions	%	Contractors	%
Commercial Entities	%	Architects	%
Industrial Entities	%	Other (Specify)	%
Real Estate Developers	%		
What percentage of work is attributable to repeat clients?			%
What services are performed for single family home owners?			
What services are performed for insurance companies?			

Section 10 – Contracts / Subcontractors			
What percent of projects are performed under verbal agreement?			%
Have you ever assumed sole negligence of another party?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are subcontractors required to carry Pollution Liability coverage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which type of subcontractors?	If yes, what percentage of the time?	%	If yes, what limits?
Are subcontractors required to carry Professional Liability coverage?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which type of subcontractors?	If yes, what percentage of the time?	%	If yes, what limits?

Section 11 – Risk Management		
Does your firm have a dedicated Risk Manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have a written quality assurance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have written policies for following MOE, EPA, ASTM or other procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm provide training to field employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures for reviewing all contracts before they are signed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have peer review procedures for project deliverables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 12 – Owned Location Information* (For physical address provided in Section 1)							
Location:							
Describe Operations / Activities Performed at this Location:							
Do you store any hazardous or bulk materials at this property (other than in tanks schedule below)? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any historic environmental issues at this property? If yes, please elaborate.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank Information							
AST	UST	Size	Content	Tank Construction Material	Age	Last Test Date	Containment
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

\*To request coverage for additional owned locations, please attach additional sheets as needed

Section 13 – Material/Waste Information	
What type of waste are you disposing at a non-owned disposal site?	
Are you taking title to your client's waste? If so, what type?	
Hazardous %	Non-Hazardous %
What type of materials are you transporting?	
Hazardous: %	Non-Hazardous: %

Section 14 – Staffing			
Position	Number of Personnel	Position	Number of Personnel
Principals		Toxicologists	
Engineers		Project Managers	
Geologist/Hydrogeologist		Field Personnel	
Industrial Hygienists		Other	
Environmental Scientists		<b>Total # of Employees</b>	

Section 15 – Service Areas		
Environmental Contracting	Percentage of Revenue	Percent Work Subcontracted
Asbestos Abatement	%	%
Asbestos Sampling	%	%
Air/Soil/GW Sampling	%	%
Demolition	%	%
Disposal	%	%
Dredging	%	%
Drilling	%	%
Emergency Response	%	%
Excavation	%	%
Fire Restoration	%	%
Geotechnical Field Services	%	%
Industrial Cleaning	%	%
Lab Packing	%	%
Landfill Construction	%	%
Landfill Liner Installation	%	%
Lead/PCB/Mercury Abatement	%	%
Mold Abatement	%	%
O&M Environmental Facilities	%	%
Pesticide/Herbicide Application	%	%
Remediation	%	%
Transportation of Waste	%	%
UST Installation/Removal	%	%
AST Installation/Removal	%	%
Wetlands Restoration	%	%
Other (Explain)	%	%

Section 15 – Service Areas, continued		
Environmental Consulting	Percentage of Revenue	Percent Work Subcontracted
Analytical Labs/Envt Testing	%	%
Asbestos/Lead Surveys	%	%
Air Quality Management	%	%
Civil Engineering	%	%
Construction Materials Testing	%	%
Design (Remediation, Pollution Control, Emt Facilities)	%	%
Ecological Studies	%	%
Environmental Project Mgmt	%	%
Expert Witness	%	%
Geotechnical Consulting	%	%
Hazardous Materials Mgmt	%	%
Health Risk Assessments	%	%
Industrial Hygiene	%	%
Information Technology	%	%
Marine/Aquatic Studies	%	%
Mining Engineering	%	%
Mold Identification/Consulting	%	%
Natural Resource Studies	%	%
Permitting	%	%
Phase I Emt Assessments	%	%
Phase II/III Emt Assessments	%	%
Pipeline Services	%	%
Process Engineering	%	%
Regulatory/Permitting Compliance	%	%
Storm Water Management	%	%
Structural Engineering	%	%
Traffic Engineering	%	%
Training	%	%
Water Resource Studies	%	%
Waste Brokering	%	%
Other (Explain)	%	%
<b>Total All Services</b>	<b>100%</b>	<b>%</b>

Section 16 – Project Information			
Airports	%	Mines	%
Educational Buildings	%	Potable Water	%
Environmental Remediation	%	Residential Multi Unit	%
General Building	%	Residential Single Family	%
Infrastructure	%	Wastewater Treatment	%
Landfills	%	Other (Explain)	%
Manufacturing/Industrial	%		

Section 17 – Claims		
Has any pollution or professional claim, suit or notice of incident been made against:		
Your firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Predecessor firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entities your firm wholly or partly owns, manages, or controls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any member of your firm or of the above entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any member of your firm, predecessor firm, or any entity your firm wholly or partly owns, manages and/or controls aware of any circumstance which may result in any professional or pollution liability claim, suit, or notice of incident / occurrence against them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for professional liability insurance and/or pollution liability insurance made on behalf of the applicant, predecessors in business, present partners or officers ever been declined or has the insurance ever been cancelled or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes to any of the above, please provide full details.		

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Agent/Broker \_\_\_\_\_  
Name: \_\_\_\_\_