



**Commercial Business Unit  
ENVIRONMENTAL LABORATORY PROFESSIONAL AND POLLUTION LIABILITY APPLICATION**

**XL Insurance** – 505 Eagleview Boulevard, PO Box 636, Exton, PA 19341, USA

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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 (OCC)	<input type="checkbox"/> Claims Made (CM)	Retro Date:
<input type="checkbox"/> Professional Liability		<input type="checkbox"/> Claims Made (CM)	Retro Date:
<input type="checkbox"/> General Liability	<input type="checkbox"/> Occurrence (OCC)		
<input type="checkbox"/> Owned-Site Pollution Liability		<input type="checkbox"/> Claims Made (CM)	Retro Date:
Proposed Effective Date:		SIR Requested:	
Limits Requested (Occ/Agg):			

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



Please submit the following 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 reserve greater than \$25,000.
4. Pertinent marketing or qualification information.
5. Laboratory Quality Assurance Plan.
6. Laboratory chemical Hygiene and Waste Management Plan.

Section 4 - Services			
Chemical Analysis:	%	Drug Test Analysis:	%
Asbestos Analysis:	%	Forensic/Failure Analysis:	%
Biological/Mold Analysis:	%	Inspection Services:	%
Radiochemical Analysis:	%	Consulting Services:	%
Food Chemistry Analysis:	%	Engineering Services:	%
Construction Material Testing:	%	Sampling/Transportation Services:	%
Geotechnical: (ie cone penetration, compaction)	%	Data Validation Services:	%
Physical/Mechanical Testing:	%	Method Development Services:	%
Product Specification:	%	Research & Development:	%
Soil Analysis:	%	Water Analysis:	%
Air Analysis:	%	Other:	%
Do you do any Specialized Analysis? If, yes Please explain.			

Section 5 – Staffing			
Position:	Number of Personnel:	Position:	Number of Personnel:
Total Company Personnel:		Supervisors/Managers:	
Chemists/Technicians:		Risk Management Personnel:	
Quality Assurance Personnel:		Field Service Personnel:	
		Other:	

Section 6 – Geographic Areas of Operations (total 100%)	
Domestic: %	List key states:
Other: %	With respect to foreign - List Countries where you have a physical office: - List Countries where you perform Services:

Section 7 – 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 8 – 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 9 – 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? If so provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your firm have financial or equity interest in any project? If so provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 10 – Client Information			
Environmental:	%	Building & Construction:	%
Product & Manufacturing:	%	Agricultural:	%
Medical & Clinical:	%	Geotechnical:	%
Pharmaceutical:	%	Food Industry:	%
Product Safety:	%	Other: (Specify)	%
Residential:	%		

Section 11 – Contracts / Subcontractors			
What percent of projects are performed under verbal agreement?			%
Do 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 12 – 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 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"/>
Do you require a completed Chain of Custody form for all incoming samples?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you do any of your own Sampling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Health & Safety Officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a low-level Radioactive license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a Certified and/or Accredited laboratory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 13 – Material/Waste Information		
Do you have or provide a Laboratory Courier Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a RCRA permitted facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What Specific protocols do you follow for all on-site waste management practices and areas including disposal methods?		
Do you return unused Samples to the Client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 – Owned Location Information (for Physical address provided in Section 1)**

Have any prior environmental reports, property inspection reports, audits or studies been done for this property? (If yes, please attach a copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any of the following operations ever been on the property? (Indicate which)		
<input type="checkbox"/> Automobile maintenance or repair (does not include incidental auto maintenance)	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Commercial fuel storage or distribution
<input type="checkbox"/> Recycling	<input type="checkbox"/> Junk/scrap yard	<input type="checkbox"/> Waste Reclamation
<input type="checkbox"/> Waste/sewage treatment, storage or disposal	<input type="checkbox"/> Landfill	<input type="checkbox"/> Dry cleaner (other than pickup)

Are any wells at the property used for potable water? (If yes, send lab results)      Yes       No

Is the water tested annually?      Yes       No

Do the results meet local, state and federal requirements?      Yes       No

Is there a septic system at the property?      Yes       No

Is the septic connected to any areas storing hazardous substances\*?      Yes       No

\*Hazardous substances include but are not limited to: pesticides, herbicides, paints, solvents, spent batteries, cleaning fluids, pool chemicals, and other similar chemicals.

Are any hazardous substances\* stored at the property in aggregate amounts greater than 50 gallons?      Yes       No

Do you own or operate any underground storage tanks (USTs) or aboveground storage tanks (ASTs)?      Yes       No

Have any UST(s) ever failed tightness testing?      Yes       No

Are any tanks not in compliance with the appropriate regulations?      Yes       No

Are you required to demonstrate financial assurance to a state or federal agency for tanks?      Yes       No

#	Age	Type (AST/UST)	Capacity	Construction	Contents	Secondary Containment (yes/no) If yes, indicate type	Still in Use
						<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type:	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe The Fire Suppression at the facility. Describe the Storage of gas cylinders at the facility. Describe any waste treatment practices including effluent and Stormwater discharge points used at the facility.							

Section 15 – 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.		

## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS:** 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 shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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.**

*(Fraud Language Revised 04/01/10)*

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

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

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