

# APPLICATION

## ENVIRONMENTAL PROFESSIONAL LIABILITY



### Instructions:

- Please type or print clearly
- Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide supporting information on a separate sheet using the Applicant's letterhead referencing the applicable question number(s).
- This form must be completed, date and signed by an authorized representative of the Applicant.

### Required Attachments:

- Resumes (Statement of Qualifications) of Corporate Officers, Partners and/or Owners and Key Personnel (i.e. project managers, field supervisory staff, health and safety supervisors).
- Loss information from the last 5 years.

### Applicant Information

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Website: \_\_\_\_\_

3. How long has the Applicant been in business? \_\_\_\_\_

4. Number of employees? \_\_\_\_\_

5. Please list the details of all partners/directors:

Name	Position	Years Experience	Qualifications

6. Please specify the total number of staff:

Professional Engineers: \_\_\_\_\_ Environmental Engineers: \_\_\_\_\_ Environmental Scientists: \_\_\_\_\_  
Industrial Hygienists: \_\_\_\_\_ Geotechnical Personnel: \_\_\_\_\_ Geology/Hydrologist: \_\_\_\_\_  
Project Managers: \_\_\_\_\_ Field Personnel: \_\_\_\_\_ Other Personnel: \_\_\_\_\_

### Coverage Requested

7. Limits of Liability Requested:
- \$1,000,000 / \$1,000,000       \$2,000,000 / \$2,000,000       \$3,000,000 / \$3,000,000  
 \$4,000,000 / \$4,000,000       \$5,000,000 / \$5,000,000       Other \_\_\_\_\_

8. Deductible Requested:
- \$5,000       \$15,000       \$50,000  
 \$10,000       \$25,000       Other \_\_\_\_\_

9. Does the Applicant currently have professional liability insurance?  Yes  No  
*If "Yes", please provide the following information:*

Insurer:	
Renewal Date:	
Limit of Liability:	
Deductible:	
Retroactive Date:	



**Additional Information**

14. Please specify the percentage breakdown of revenue by client type:  
 Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_ % Institutional: \_\_\_\_\_ %  
 Industrial: \_\_\_\_\_ % Healthcare: \_\_\_\_\_ % Governmental: \_\_\_\_\_ %
15. Please specify the territorial breakdown:  
 Canada: \_\_\_\_\_ % USA: \_\_\_\_\_ % Other: \_\_\_\_\_ % Specify Other: \_\_\_\_\_
16. Please list the Applicant's three (3) largest projects (current or complete) during the last thirty-six (36) months.
- | Name | Location | Project Costs | Services Provided |
|------|----------|---------------|-------------------|
|      |          |               |                   |
|      |          |               |                   |
|      |          |               |                   |
17. Please specify the percentage breakdown of jobs performed under the following types of agreements  
 Written Contract: \_\_\_\_\_ % Letter agreement: \_\_\_\_\_ % Oral Agreement: \_\_\_\_\_ %
18. How are non-standard client or subcontract agreements reviewed?  
 Attorney: Outside                       Attorney: In-House                       Agent Reviews  
 Staff     Other (Describe) \_\_\_\_\_
19. Do you employ subconsultants or contractors?  Yes     No  
 If "Yes", please provide specifics: \_\_\_\_\_
- If "Yes", are subconsultants or subcontractors hired under written contract?  Yes     No  
 If "Yes", are subcontractors required to carry Professional Liability insurance?  Yes     No  
 If "Yes", are subcontractors required to carry Pollution Liability insurance?  Yes     No  
 If "Yes", what is the minimum insurance limits required are required to carry? \_\_\_\_\_

**Previous Claims Experience**

*If the Applicant answers "Yes" to any of the following questions, please provide additional details including a description of the situation, claim, or circumstance within the section provided or as an addendum to this application.*

20. Are you aware of any facts or circumstances, during the past five (5) years, which may give rise to a claim under a policy which coverage is being sought?  Yes     No
21. Have any professional liability claim(s) been made against you, partner, executive officer, director, professional employee or any other employee in the past five (5) years?  Yes     No

**Additional Comment Section:**

**The undersigned hereby acknowledges the truth of the statements contained herein.**

I authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, and claims history.

**For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
**Signature of Applicant (authorized representative)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Applicant (please print)**

\_\_\_\_\_  
**Applicant's Title (please print)**