

Application for Environmental Engineers Professional Liability Coverage

<input type="checkbox"/> New Application	Victor Use Only ISN: Broker #:
<input type="checkbox"/> Renewal Application Renewal Policy #	

NOTE: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits(s) you wish us to quote: \$

Please indicate the deductible(s) you wish us to quote: \$

FIRM INFORMATION

Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.

1. Principal Firm Name:

Address:			Contact Name:	
City:			Contact Email:	
State:	Zip:	County:	Phone:	Fax:
Website URL:				

Partnership
 LLC
 Sole Proprietorship
 Corporation
 Professional Corporation
 Subchapter S Corporation Other:

Tax: ID #: _____ Year Firm Established: _____

2. Indicate the numbers of licensed professionals in each category:

	Architects	Engineers	Land Surveyors	Landscape Architects	Geologists Hydrologists	Industrial Hygienists	Other
Principals, Partners, Officers & Directors:							
Staff:							
Total Licensed:							

Total Number of Employees: _____

Number of professional or management staff or principals that left the firm in the last year: _____

Please attach a resume indicating the full name and professional qualifications for all principals, partners, key personnel, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired.) If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.

SERVICES

DESCRIPTION OF PRACTICE (please also attach a current brochure)

Please provide the breakdown of gross billings attributable to each of the following categories:

Preparation of Environmental Studies and Reports			
Environmental Impact Reports	\$	Air Monitoring (other than asbestos)	\$
Mold Investigations	\$	Facilities O&M Consulting	\$
Phase I Environmental Site Assessments	\$	Forestry Management	\$
Phase II Environmental Site Assessments	\$	Permitting and compliance assistance	\$
Litigation Support	\$	Storage Tank Design	\$
Other (specify)	\$	Waste Brokering	\$
Environmental Construction Management		Wetlands Consulting and Delineation	\$
Agency	\$	Wildlife Management	\$

5. A. Please provide the following information regarding your firm's five largest current projects.					
Client	Location	Project Type	Your Services	Total Gross Billings	Construction Values
(1)				\$	\$
(2)				\$	\$
(3)				\$	\$
(4)				\$	\$
(5)				\$	\$

B. Please attach the above requested information regarding your firm's **five** largest projects over **the past five years** that are not already included in the above list.

PROJECT TYPES

6. Please indicate the **approximate** percentage of your total gross billings in Question 3 derived from each project type. This section should equal 100%.

Airport Facilities (not terminals)	%	Hotels/Motels	%	Petro/Chemical	%
Airport Terminals	%	Houses/Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping Centers/Retail/Restaurants	%
Condos/Co-ops (Footnote 22.B)	%	Mass Transit	%	Storm Water Systems	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dams	%	Nuclear/Atomic	%	Warehouses	%
Dormitories	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Environmental Remediation	%	Parking Structures	%	Water/Wastewater Treatment	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Utilities (Gas, Electric, Steam)	%
Hospitals/Health Care	%	Other (specify)	%	Other (specify)	%

A. Do you or your sub-consultants specify, or do any of your projects involve, the installation of Exterior Insulation and Finish Systems (EIFS)? Y N

If yes, please list the specific project, including project location below.
Project with (EIFS):

B. If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire. It may be downloaded from our website, victorinsurance.com/consultants

7. Please indicate the approximate percentage of your total gross billings attributable to:

A. Projects located outside U.S., its territories or Canada

B. Projects for repeat clients

C. Continuing service, inspection or maintenance contracts

CLIENT DATA

Please indicate the approximate percentage of your total gross billings derived from each of the following categories of clients:

Federal Government	%	State Governments	%	Local Governments	%
Foreign Government	%	Commercial Entities	%	Design-Build Contractors	%
Financial Institutions	%	General or Specialty Contractors	%	Institutional Entities (Non-Public)	%
Manufacturing/Industrial Entities	%	Other Design Professionals	%	Real Estate Developers	%
Other (Describe)	%	Other (Describe)	%	Other (Describe)	%

RISK MANAGEMENT

8. What percentage of your staff is familiar and charged with implementing your firm's written in-house quality management procedures? %

9. What percentage of your firm's projects utilize an automated master specification system? %

10. What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as building Information Modeling (BIM)? %

11. **A.** What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor? %

B. What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I? What percentage of eligible staff has completed the VEP Level II? %

C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP or other associations sponsored seminars and similar functions. Y N

D. What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months? %

12. **A.** What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.) %

B. What percentage of your firm's written contracts contain specified payment terms? %

C. Does your firm have procedures for monitoring and collecting outstanding fees? Y N

D. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Y N

13. On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? %

14. What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to delivery? %

15. Does your firm have written policies and procedures for following EPA, ASTM or other standardized procedures and protocols? Y N

16. **A.** Does your firm have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements that is dated and includes procedures for updating? Y N

B. Does your firm have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent? Y N
To whom does he or she report?

C. Is there a health and safety audit program for both office and field practice? Y N

17. **A.** On what percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? %

B. For what percentage of gross billings generated by your sub-consultants do you obtain such certificates of insurance? %

18. Who from your firm should receive Victor's risk management publications, *Guidelines for Improving Practice*?
Name and Title:
E-mail:

BUSINESS INFORMATION

19. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management or control of a company engaged in:

A. Actual construction, installation, fabrication, erection, remediation, removal or demolition? Y N

B. Actual construction, installation, fabrication, erection, remediation, removal or demolition, where you are not involved in the design of the project? Y N

C. Design-Build or Turnkey? Y N

D. Development, sale or leasing of computer software or hardware to others? Y N

E. Real estate development? Y N

F. Manufacture, sale, lease or distribution of any product, process or patented production process? Y N

If the answer to 19 A, B, C, D, E, or F is yes, please provide full details on a separate sheet, including a description of the services performed and construction values involved.

20. **A.** Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or is the managing partner in any entity or project for which professional services have been or are to be rendered? Y N

Report knowledge of all such incidents to your current carrier prior to your current policy expiration.

The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 23 and 24 of this application.

25. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri) Y N
If yes, please give details:

26. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and, if payment schedule is in place, the amount and dates of repayment. Y N

27. Has any similar professional liability insurance been issued to the firms or persons named in Question 1? Please provide policy information below, beginning with the most recent coverage in force. Y N

<i>Insurer</i>	<i>Policy #</i>	<i>Limit</i>	<i>Deductible</i>	<i>Effective Date</i>	<i>Expiration Date</i>	<i>Premium</i>
1.		\$	\$			\$
2.		\$	\$			\$
3.		\$	\$			\$
4.		\$	\$			\$
5.		\$	\$			\$

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Contact Name		<i>Expiration Date</i>
	<i>License Number</i>	
Agency Name	CNA Agent (Casualty Lines)	
Address	E&S License	
Contact Email Address	Other Casualty Agent License	
Phone	Non-Resident License (If Applicable)	
Fax	Licensed Broker	

Have you included:

- Resumes for principals and key staff members or a statement of qualifications
- Explanations of answers that require further clarification
- Your company brochure or marketing materials
- Complete details on all project types or services listed as others
- Complete details on separately insured projects
- Complete details on special endorsements for projects including higher limits for designated projects

FRAUD NOTICE—Where Applicable Under The Law of Your State

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: 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 applicant.) (For FL residents only: 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.) (For LA residents only: 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.) (For ME residents only: 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 a denial of insurance benefits.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: Mr. Mrs. Ms.

(Please Type or Print)

Title:

Signature: (Principal, Partner or Officer) _____

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • 7700 Wisconsin Ave, Suite 400, Bethesda, MD 20814