

**Design Professionals Liability Coverage
Environmental Additional Information Request**

Travelers Casualty and Surety Company of America

THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY.

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND MAY BE INCLUDED WITHIN THE DEDUCTIBLE.

IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMITS OF COVERAGE, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured:	Today's Date:	
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Travelers Policy Number:

ENVIRONMENTAL SERVICES INFORMATION

1. Complete the following chart for your total annual gross billings for the past fiscal year for the following services. For newly formed firms, use estimates. Attach a detailed description of those services indicated by *.

ENVIRONMENTAL ENGINEERING AND CONSULTING SERVICES

<i>Project Type Or Category</i>	<i>Past Fiscal Year</i>	<i>Project Type Or Category</i>	<i>Past Fiscal Year</i>
<i>Environmental Construction Management</i>		• Tank Removal	%
• Agency	%	• UST/AST Removal Contracting	%
• At Risk (responsible for construction)	%	• Waste Hauling	%
<i>Environmental Contracting Services</i>		• Well Drilling	%
• Asbestos Abatement	%	• Well Drilling and Monitoring	%
• Demolition/Dismantling	%	• Other*	%
• Emergency Response Contracting	%	<i>Environmental Studies and Reports</i>	
• Environmental Remediation Contracting*	%	• Environmental Impact Reports	%
• Facilities Operation and Maintenance	%	• Mold Investigations	%
• Fire and Water Restoration	%	• Phase I Environmental Studies and Reports	%
• General Contracting	%	• Phase II Environmental Studies and Reports	%
• Habitat/Wetlands Restoration	%	• Other Environmental Studies and Reports*	%
• Pesticide/Herbicide Application	%	<i>Health and Safety</i>	
• Remedial Design With Implementation Services*	%	• Inspections	%
• Sewer/Septic Cleaning	%	• Training/Education	%
• Tank Installation	%		

ENVIRONMENTAL ENGINEERING AND CONSULTING SERVICES

<i>Project Type Or Category</i>	<i>Past Fiscal Year</i>	<i>Project Type Or Category</i>	<i>Past Fiscal Year</i>
<i>Laboratory Services</i>		• Waste Brokering	%
• Air/Water/Soil Sampling	%	• Wetland Delineation and Consulting	%
<i>Other Environmental</i>		• Wildlife Management	%
• Asbestos Management Plans	%	• Training and Consulting	%
• Air Monitoring (asbestos)	%	<i>Remedial Design</i>	
• Air Monitoring (other than asbestos)	%	• Asbestos Abatement/Evaluation	%
• Facilities Operation and Maintenance Consulting	%	• Lead Abatement/Evaluation	%
• Forestry Management	%	• Mold Abatement/Evaluation	%
• Environmental Programs Management	%	• Radon Mitigation	%
• Environmental Permit and Compliance Consulting	%	• Remedial Design Without Implementation Phase Services*	%
• Geographic Information Systems/Modeling	%	• Soil and Groundwater	%
• Geology	%	<i>Subcontracted Services</i>	
• Hydrology	%	• Construction	%
• UST/AST Investigations	%	• Drilling*	%
• UST/AST Design	%	• Laboratory Testing	%
• UST/AST Tightness Test	%	<i>Other*</i>	%

2. Complete the following chart for your engineering or consulting services for the past fiscal year. For newly formed firms, use estimates.

<i>Engineering Or Consulting Service</i>	<i>Past Fiscal Year</i>	<i>Engineering Or Consulting Service</i>	<i>Past Fiscal Year</i>
Agricultural Engineer	%	Hazardous Waste/Material Consultant	%
Agronomist (soil scientists)	%	Hydrogeologist	%
Air Pollution Consultant	%	Hydrologist	%
Air Quality Consultant	%	Industrial Hygienist	%
Arborist	%	Lead Consultant	%
Archaeologist	%	Limnologist	%
Asbestos Consultant	%	Material Science or Material Engineer	%
Benthologist	%	Materials Engineer	%
Biohazard/Medical Waste Consultant	%	Meteorologist	%
Biologist	%	Mineralogist (involved in mining)	%
Cathodic Consultant	%	Mineralogist (not involved in mining)	%
Chemical Engineers	%	Mining Engineers	%
Chemist	%	Nematologist	%
Ecologist/Wetlands Consultant	%	Occupational Safety and Health Consultant	%
Entomologist	%	Oceanographer	%
Facilities Sitting Consultant	%	Petroleum Engineers	%
Fire Prevention Consultant	%	Phase I & II Site Assessment Consultant	%
Geological Engineers	%	Phase III Environmental Site Assessment Consultant	%
Geologist	%	Radon Consultant	%
RCRA Compliance Consultant	%	Waste Minimization (recycling consultant)	%

<i>Engineering Or Consulting Service</i>	<i>Past Fiscal Year</i>	<i>Engineering Or Consulting Service</i>	<i>Past Fiscal Year</i>
Safety Engineers	%	Wastewater Potable Water Consultant	%
Seismologist	%	Zoologist	%
Storm Water Runoff Consultant	%	Other:	%
Waste Characterization Consultants	%		

3. Do you require your subconsultants to carry general liability insurance? Yes No
4. Do you receive certificates of insurance from your subconsultants? Yes No
5. Are you an additional insured on your subconsultants general liability policy? Yes No
6. Do you provide any services in connection with the transportation, treatment, storage, or disposal of hazardous materials? Yes No
If yes, please provide details in the Additional Information section at the end of this application.
7. Do you have written policies and procedures for following EPA or other standardized procedures or protocol?..... Yes No
8. Do you prepare site specific health and safety plans for all projects involving known or possible toxic substances? Yes No

FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:

FLORIDA: 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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

SIGNATURES

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature:*((Principal, Officer, or Shareholder) X	Authorized Representative Name - Printed:	Date:
Producer Signature: * X	State Producer License No. (required in FL):	Date:

Agency:	Agency Contact:	Agency Phone Number:
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* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.