SHAND MORAHAN & COMPANY, INC.
MARKEL®
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Underwriting Manager
A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR ENVIRONMENTAL CONSULTANTS PROFESSIONAL LIABILITY INSURANCE POLICY (Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Full Name of Applicant: _____

b. Principal business premise address: _____
(Street) (County)

_____
(City) (State) (Zip)

c. [ ] Corporation? [ ] Partnership? [ ] Individual? [ ] Other

d. Years in business under present name: _____

e. List and describe affiliations with other firms: _____

_____

_____

f. List and describe any corporate name changes, mergers, and/or consolidations (within the past 3 years):

_____

_____

2. STAFF

List number of total personnel using the following categories:

_____ Architects or design engineers
_____ General engineers other than above
_____ Geologists or hydrogeologists
_____ Environmental scientists
_____ Industrial hygienists or toxicologist
_____ Draftsmen or technicians
_____ Clerical or accounting
_____ Administrative management

How many of the above personnel possess professional engineering designations? _____

3. OPERATIONS

a. Please provide a description of professional activities for which coverage is desired:

_____

_____

_____

b. Please describe your use of subcontractors, including type of work and percentage of gross receipts:

_____

_____

_____

c. Please provide gross receipts attributable to the following:

Service	Prior Year	Current Year	Projected Year
Environmental studies, assessments, reports, audits	_____	_____	_____
Remedial studies, investigations where firm is not involved in design	_____	_____	_____
Site selection evaluation (real estate, waste)	_____	_____	_____
Environmental permit preparation, submission	_____	_____	_____
Remedial design with supervisory services	_____	_____	_____
Remedial design without supervisory services	_____	_____	_____
Project monitoring, management	_____	_____	_____
General consulting	_____	_____	_____
Laboratory services	_____	_____	_____
Total	_____	_____	_____

Other (describe below):

_____

_____

d. Please provide the percentage of work performed for the following:

1) Federal government _____%
2) State government _____%
3) Private or public corporations _____%
4) Individuals, partnerships, joint ventures _____%
5) Contractors _____%

4. HISTORY/CLAIMS

a. Are you aware of any facts or circumstances, during the past 5 years, which may give rise to a claim? ..... [ ] Yes [ ] No
If Yes, please describe on a separate sheet.

b. Have any professional liability claim been made against you or any of your employees in the past 5 years?..... [ ] Yes [ ] No
If Yes, please describe on a separate sheet.

c. Please list previous errors & omissions coverage for the past 4 years.

Policy Period	Insurance Carrier	Limits of Liability	Premium	Deductible or S.I.R.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. ADDITIONAL INFORMATION

Please include the following:

_____ Most recent financial statement
_____ Sample of client/subcontractor contract
_____ Company marketing literature
_____ Statement of qualifications or resumes of key personnel
_____ Client reference and/or representative project listing

Please be as complete as possible when providing the above outlined information. This will enable the underwriter to provide the best possible terms and conditions.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.

Name of Applicant*	Title (Officer, partner, etc.)
Signature of Applicant	Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
AND ELECTION FORM

RE:
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act* ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.