



Travelers Casualty and Surety Company of America
Hartford, Connecticut

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this supplement "you" and "your" means the entity or individual applying for this insurance.

1. New Business Current Travelers Policy Number: _____

APPLICANT INFORMATION

2. Your Full Legal Name _____

GENERAL INFORMATION

3. Please complete the following chart for your total annual gross billings for the past fiscal year for the following services. For newly formed firms, please use estimates. Please attach a detailed description of those services indicated by *.

ENVIRONMENTAL ENGINEERING AND CONSULTANTS SERVICES			
Project Type or Category	Past Fiscal Year	Project Type or Category	Past Fiscal Year
Environmental Studies and Reports		Environmental Construction Management	
• Phase I Environmental Studies and Reports	%	• Agency	%
• Phase II Environmental Studies and Reports	%	• At Risk (responsible for construction)	%
• Other Environmental Studies and Reports*	%	Environmental Contracting Services	
• Environmental Impact Reports	%	• Remedial Design With Implementation Services*	%
• Mold Investigations	%	• Well Drilling and Monitoring	%
Remedial Design	%	• UST/AST Removal Contracting	%
• Soil and Groundwater	%	• Environmental Remediation Contracting*	%
• Asbestos Abatement/Evaluation	%	• Asbestos Abatement	%
• Mold Abatement/Evaluation	%	• Demolition/Dismantling	%
• Radon Mitigation	%	• Emergency Response Contracting	%
• Lead Abatement/Evaluation	%	• Facilities Operation and Maintenance	%
• Remedial Design Without Implementation Phase Services*	%	• Fire and Water Restoration	%
Other Environmental	%	• General Contracting	%
• Asbestos Management Plans	%	• Habitat/Wetlands Restoration	%
• Air Monitoring (asbestos)	%	• Pesticide/Herbicide Application	%
• Air Monitoring (other than asbestos)	%	• Sewer/Septic Cleaning	%
• Facilities Operation and Maintenance Consulting	%	• Tank Installation	%
• Forestry Management	%	• Tank Removal	%
• Environmental Programs Management	%	• Waste Hauling	%
• Environmental Permit and Compliance Consulting	%	• Well Drilling	%

ENVIRONMENTAL ENGINEERING AND CONSULTANTS SERVICES

Project Type or Category	Past Fiscal Year	Project Type or Category	Past Fiscal Year
• Geographic Information Systems/Modeling	%	• Other*	%
• Geology		Subcontracted Services	%
• Hydrology		• Drilling*	%
• UST/AST Investigations		• Laboratory Testing	%
• UST/AST Design		• Construction	%
• UST/AST Tightness Test		Laboratory Services	
• Waste Brokering		• Air/water/Soil Sampling	%
• Wetland Delineation and Consulting		Health and Safety	
• Wildlife Management		• Inspections	%
• Training and Consulting		• Training/Education	%
• Other Environmental Services*			

4. Please complete the following chart for your engineering or consulting services for the past fiscal year. For newly formed firms, please use estimates.

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

5. Do you require your subconsultants to carry general liability insurance? Yes No
6. Do you receive certificates of insurance from your subconsultants? Yes No
7. Are you an additional insured on your subconsultants general liability policy? Yes No

8. Do you provide any services in connection with the transportation, treatment, storage, or disposal of hazardous materials?..... Yes No
If yes, please provide details. _____

9. Do you have written policies and procedures for following EPA or other standardized procedures or protocol? Yes No

10. Do you prepare site specific health and safety plans for all projects involving known or possible toxic substances?..... Yes No

COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder)	Date
Name (print)	Title

*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and 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

Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting Insurance Name: _____ Direct Sub-produced

Address (City, State, Zip Code): _____

Phone: _____ Fax: _____ Email: _____

Licensed producer name: _____ License number: _____

ADDITIONAL INFORMATION:

In the section below you may provide additional information to any of the questions in this application (please reference the question number).