



<b>Application for Envi</b>	ronmental	Engineers F	rofessio	nal Liabi	lity Co	verage			
☐ New Application				Victor Use Only					
Renewal Application	on			ISN: Broker#	<b>t</b> :				
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 lim	its(s) you wis	sh us to quote	: \$						
Please indicate the de	ductible(s) yo	ou wish us to d	quote: \$						
FIRM INFORMATION									
Please list all persons of each listed person or er	ntity on a sep							rship of	
Principal Firm Nar	ne:								
Address:						ct Name:			
City:					Contac	t Email:			
State:	Zip:	County:			Phone: Fax:				
Website URL:									
☐ Partnership ☐ LL☐ Subchapter S Corpo		Proprietorshi <sub>l</sub> er:	o Co	rporation	☐ Pro	ofessional Corp	oration		
Tax: ID #:				Year Firr	n Establ	ished:			
Indicate the number			Land	Lan	dscape	Geologists	Industrial		
Principals, Partners,	Architects	Engineers	Surveyo	rs Arc	hitects	Hydrologists	<i>Hygienists</i>	Other	
Officers & Directors:									
Staff:									
Total Licensed:									
Total Number of Emplo	vees:								
•	,	ent staff or pr	incinals th	at left the	firm in th	ne last vear:			
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 PRA	ACTICE (plea	ase also attacl	n a current	brochure	)				
Please provide the brea	akdown of gro	oss billings att	ributable to	each of t	he follov	ving categories	:		
Preparation of Environ	nmental Stu	dies and Rep	orts						
Environmental Impact F	Reports		\$	Air Moni	toring (o	ther than asbes	stos)	\$	
Mold Investigations			\$			onsulting		\$	
Phase I Environmental			\$	Forestry	_			\$	
Phase II Environmental	Site Assessr		\$			ompliance assis	stance	\$	
Litigation Support			\$	Storage				\$	
Other (specify)	41c P#		\$	Waste B			-4:	\$	
Environmental Constr	uction Mana		<b>\$</b>	Wetland:		Iting and Deline	eation	_ \$ _ ¢	

At Risk (responsible for construction)	\$			Hydrgeo, Septic		
Environmental Program Management	\$		eology/0			\$
Remedial Design		Perc/Absorption Rates \$				
Asbestos Abatement	\$	Storm Water Management \$				
Asbestos Management Plan	\$		ightness			\$
Lead Abatement	\$			tigations		\$
Mold Remediation	\$			and Remediation	n Services	
Radon Mitigation	\$		tion Disr			\$
Soil and Groundwater	\$			sponse Contractii		\$
Sampling, Testing, and Laboratory Analysis				tions and Mainte	nance	\$
Asbestos Sampling and Testing	\$			Restoration		\$
Mold Sampling and Testing	\$		l Contra			\$
Other Environmental Sampling and Testing	\$			ds Restoration		\$
Subsurface Soils Testing and Analysis	\$			cide Application		\$
Environmental Health and Safety				n Contracting		\$
Inspections	\$			ystem Cleaning		\$
Training/Consulting	\$		stallatio	n		\$
Other (specify)	\$		Hauling			\$
Other Environmental		Well Dr				\$
Air Monitoring (Asbestos)	\$	Other (	specify)			\$
ACCOUNTING YEAR DATA						
<ol> <li>The following items refer to Gross Billings v fees for your firm's past accounting year (1) Project Policies and provide the name, loca sheet. New firms should use an estimate of</li> </ol>	2 months). Ir ation, descrip	nclude Gotion of s	ross Bill ervice a next 12	ings for projects ind current status? months.	insured unde	er separate
A. Date of Reporting Period:				ross Billings		rcentage
From: To:				le Billings paid to bcontractors)		butable to contractors
				·		
B. Engineering, Consulting, and Other De		S				
C. Remediation or other Construction billing		val				
<ul> <li>D. Direct Reimbursable by contract, which per diem, billings for reproduction, etc. include billings paid to subcontractors</li> </ul>						
E. Total Billings						
F. Estimate your firm's total Gross Billings months	for the next	12				
G. If you currently have a specific additional endorsement on your policy, provide us billings for the most recently completed estimated billings for the current year for the current year for the current year.	with your fir fiscal year a	m's and		Past Year		rent Year
(1) Project: (2) Project:				\$	\$	
H. Please provide the Total Gross Billings A. above:		Í	•	ars prior to the Re		
Year: \$ Year:	\$	Y	ear:	\$	Year:	\$
4. Were more than 50% of your total gross bill If so, please indicate with an * in the project		erived fr	om a sin	gle client or conti	ract?	]Y □N
cc, picace maicate with an in the project						

5. <b>A.</b> Please provide	the following info	ormation regarding	your firm's <b>five</b> large	est	current projects.	
Client	Location	Project Type	Your Services		Total Gross Billings	Construction Values
	Location	Froject Type	Tour Services		\$	\$
(1)						
(2)				\$	\$	
(3)					\$	\$
(4)					\$	\$
(5)					\$	\$
		ed information rega ed in the above lis		<b>l</b> ar	rgest projects over <b>the p</b>	past five
PROJECT TYPES						
<ol><li>Please indicate th type. This section</li></ol>			total gross billings in	Qι	uestion 3 derived from e	ach project
Airport Facilities (not term			otels/Motels	%	Petro/Chemical	%
Airport Terminals	%		Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Wast	e Treatment		Real Estate Development	: %
Apartments	%		Jails/Justice <sup>0</sup>	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Wa	ste Facilities	%	Roads/Highways	%
Bridges	%		Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturi	SI		Shopping Centers/Retail/Restaurants	
Condos/Co-ops (Footnote			Mass Transit % Storm Water S			%
Convention	· · · · · · · · · · · · · · · · · · ·	Multi-family Residential excl.				-
Centers/Arenas/Stadiums		Condos % Tunnels			%	
Dams	%		clear/Atomic (	Warehouses	%	
Dormitories	%	Office Buildings/Banks % Water/Sewer Pipelines		%		
Environmental Remediati		S .			Water/Wastewater Treatn	
Harbors/Piers/Ports		% Parks/Playgrounds/ Pools % Utilities (Gas, Electric, Stea			•	
Hospitals/Health Care	%	\ 1 <b>3</b> /			Other (specify)	%
and Finish Sys	tems (EIFS)?	Ϋ́N		ve,	the installation of Exteri	or Insulation
If yes, please li Project with (El		oject, including pro	ject location below.			
B. If you attribute a	any of your billing			itta	ch a completed supplen	nental
	e.com/consultants		ed from our website,			
7. Please indicate th			otal gross hillings att	ribu	itable to:	
A. Projects located				ПВС	itable to.	
B. Projects for rep	eat clients					
C. Continuing serv		maintenance con	tracts			
CLIENT DATA						
	oroximate percen	tage of your total g	ross billings derived	fror	m each of the following	categories of
Federal Government	%	State Government	is (	%	Local Governments	%
Foreign Government	%	Commercial Entitie	es (	%	Design-Build Contractors	%
Financial Institutions	%	General or Specia Contractors			Institutional Entities (Non-Public)	%
Manufacturing/Industrial E					Real Estate Developers	%
Other (Describe)	%			Other (Describe)	%	

RIS	( 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.	<b>A.</b> What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor?		%
	<b>B.</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?		%
	<b>C.</b> 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
	<b>D.</b> 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?		<u>%</u>
	<ul><li>C. Does your firm have procedures for monitoring and collecting outstanding fees?</li><li>D. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are</li></ul>	∐Y	□N
	they reviewed by your firm's legal counsel for liability implications prior to signing?	□Y	□N
	On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document?		%
	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.	<b>A.</b> 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? To whom does he or she report?	□Y	□N
	C. Is there a health and safety audit program for both office and field practice?	ПΥ	$\square$ 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?		<u></u>
	<b>B.</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 Pract	ice?	
	Name and Title:		
	E-mail:		
BUS	INESS 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 engag		
	<b>A.</b> Actual construction, installation, fabrication, erection, remediation, removal or demolition?	$\square$ Y	$\square$ N
	<b>B.</b> Actual construction, installation, fabrication, erection, remediation, removal or demolition, where you		
	are not involved in the design of the project?		∐N
	<ul><li>C. Design-Build or Turnkey?</li><li>D. Development, sale or leasing of computer software or hardware to others?</li></ul>		
	E. Real estate development?	Y	□N
	F. Manufacture, sale, lease or distribution of any product, process or patented production process?		
If th		intion	
ser	e answer to 19 A, B, C, D, E, or F is yes, please provide full details on a separate sheet, including a descr vices performed and construction values involved.	ιριιστι	JI LITE
20.	<b>A.</b> 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?	ПΥ	ПΝ

				any other ent							
	officer, director or shareholder of your firm or an immediate family member of such person is						Пи				
	a partner, officer, director, shareholder or employee?  C. Is your firm controlled, owned by or associated with or does your firm control or own any other					<u></u> Y	∟∣№				
entit	y?	•	•		•					Y	□N
		er been party iness organiz		sition, consolid	ation, dis	solu	tion, merger,	change	in nam	e □Y	Пи
E. Has				ssor firm ever f	iled for or	bee	en in receivers	ship or		<u></u>	_ <u></u>
		C D or E abo	ove is ves ni	ease provide f	ull details	on :	a sanarata sh	eet For	· 20 D ·	olease in	clude
	ach firm nan			nd specify the							
21. <b>A.</b> India	cate the num	ber of joint ve	ntures your f	irm has partici	pated in c	durin	ng the last acc	counting	year:		
B. Have	e you ever pa	articipated in	a joint ventur	e with a non-a	rchitecture	e or	engineering f	irm?			
If yes, p	lease provid	e any details i	for any such	projects during	the past	five	years on a se	eparate	sheet.	Y	$\square$ N
			ofessional lial	bility and gene	ral liability	/ ins	urance from j	oint		<del></del>	
	ture partners		of all income		·		-tbt in-	المحالم ما	ita af		
	rance	ovide details (	or all irisurario	ce requirement	s on a se	para	ale Sneel, mc	uairig iii	miles of	ПΥ	Пи
				general liability		rella	a liability insu	rance?	If yes,		
prov		J	•	urrent policies	:					□Y	□N
0	Insurer	Policy	Number	Limit		1	Ded /SIR			tive Date	S
General Liability					OCC.	\$			Eff Date		
Umbrella					regate occ	Exp Date:					
Liability											
				es on your ge	neral or u	mbr	ella liability in	surance	?	□Y	□N
C. Tota	l payments a	and reserves f	or the past 5	years:		Φ			Φ.		
\$		<b>.</b>	*****	<u> </u>		\$		ation	\$ T Niumi	or of	
For any General Liability claims above \$100,000 (reserves and payments), please provide the information requested below. <i>If necessary attach a</i> 5 yr Loss Ratio: Number Claims:											
separate sh		nation reques	ted below. II	necessary alla	icii a				Jiani		
Descrip									1		
Occurre										Оре	en
Damages	Alleged	Date	e of	Pa	id		Rese	erved		Clos	
		Loss	Claim	Indemnity	Expens	se	Indemnity	Expe	nse		
				\$	\$		\$	\$			
				\$	\$		\$	\$			
				\$	\$		\$	\$ \$			
NEW APPL	ICANT INFO	RMATION		Ψ	Ψ		Ψ	Ψ			
		_	and potion bo	an bravalet in t		- · · ·			نام امسم		
	•		•	en brought in to or any past or	•	•	`				
	older or empl		uccc3301(3)	or arry past or	ргозопі р	111101	ipai, partifor,	Jilioci, c	an cotor,	$\Box$ Y	ПΝ
	•	•	ation for eac	h claim on a s	enerete s	hooi	<b>.</b>			_	<u>—</u>
a. Date		nowing innorm		ce company re							
b. Claim	ant or Plaint	iff		attorney's or in			npany's evalu	ation of	exposu	re/poten	tial
			liab	ility						·	
c. Allega d. Dema	ations and or amour	nt of claims		and indemnity ble applicable	/ paid to d	date	and status (c	pen/clo	sed)		
24. After co	mplete inves	stigation and i	nquiry, do an	y of the princip						5,	
				jers have knov							
				uding owner-co					y other		
				claim under th			•	-		Y	ШΝ
		sheet please nd amount of		of this situatio	n, includin 	ng na	ame of projec	t and cla	aimant,	dates,	

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)							
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.							
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.							
				Effective	Expiration		
Insurer	Policy #	Limit	Deductible	Date	Date	Premium	
1.		\$	\$			\$	
2.		\$	\$			\$	
3.		\$	\$			\$	
4.		\$	\$			\$	
5.		\$	\$			\$	
	•	•	•	•	•	•	
ACENT OR PROVED MUST	COMPLETE THE E						

AGENT OR BROKER MUST COM	PLETE THE FOLLOWING							
Contact								
Name	,	litara a Albanaha a	Expiration					
		License Number	Date					
Agency	CNA Agent							
Name	(Casualty Lines)							
Address	E&S License							
Contact Email	Other Casualty Agent License							
Address								
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 req	•							
☐ Your company brochure or mark								
· · ·	☐ 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:
(Please Type or Print)
Title:
Signature: (Principal, Partner or Officer)
Date <sup>.</sup>

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