



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Supplemental Application for Professional and Contracting Services

Named Insured: _____

NOTICE: This supplemental application forms a part of the Application for Environmental Insurance.

Instructions:

- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your last five (5) years of Environmental/Professional Liability loss history. If you have no prior environmental/professional coverage please provide your last five (5) years General Liability loss history.

Supplemental Information

1. Breakdown of your Company's staff:

Position	Number of Personnel
Architects/Engineers	
Supervisors/Project Managers	
Field Personnel	
Principals, Officers, Directors	
Total Overall Staff	

2. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects:

Category	Percentage	Category	Percentage
Apartments		Institutional & Education	
Condominiums/Townhouses		Stadium & Arena	
Single Family/Tract Homes		Paving – Street & Road	
Hospitals/Healthcare		Highway/Bridge	
Hotels/Motels		Water/Waste Treatment	
Industrial/Manufacturing		Utility – Sewer & Water	
Commercial Office		Pipeline – Oil & Natural Gas	
Commercial Retail		Other (please describe)	

3. Please provide the estimated percentage of your Company's total revenues derived from the following size of projects:

\$0 to \$10,000,000	
\$10,000,000 to \$25,000,000	
\$25,000,000 to \$50,000,000	
\$50,000,000 to \$100,000,000	
Above \$100,000,000	

Supplemental Information Continued

4. Professional & Contracting Services – Please provide information associated with the following Professional & Contracting Services for the twelve (12) months following the desired inception date for coverage:

Contracting Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Asbestos Abatement			
Carpentry			
Demolition			
Drilling			
Drywall			
Electrical			
Excavation/Grading			
General Contractor			
HVAC & Plumbing			
Industrial Cleaning			
Pipeline – Oil & Gas			
Lead Abatement			
Masonry/Concrete			
Mechanical (<i>non-HVAC</i>)			
Painting			
Pile Driving			
Bridge & Elevated Highway			
Paving – Road/Street			
Roofers			
Steel Erection			
Utility – Sewer & Water			
Environmental Remediation			
Other (<i>please describe</i>)			
Professional Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Engineering or Design			
Construction Management			
Construction Consulting Services			
BIM Integrated Services			
Environmental Consulting			
TOTAL:			

Supplemental Information *Continued*

Yes No

5. Project delivery:

Category	Percentage	Category	Percentage
Construction only <i>(responsibilities do not include professional)</i>		Design – Bid - Build with design subcontracted	
Construction Management At Risk		Design-Build with design subcontracted	
Construction Management Agency (Total construction values of projects \$ _____)		Design-Build with design performed by your own Architect/Engineer	
Integrated Project Delivery		Other <i>(please describe)</i> _____	

6. What are your total annual revenues associated with Green Building or LEED Construction: _____

7. Has your Company experienced any significant changes in the percentages shown above in the past two (2) years or do you anticipate any significant changes over the next year?

If yes, please describe in detail: _____

8. During the last five (5) years, has the prospective Insured purchased any other businesses? Have they been involved in any type of merger or consolidation? Has the prospective Insured's name changed?

If yes, please explain: _____

9. Describe the three (3) largest contracts or projects performed in the past year. Please include the project revenue, services provided, client and current status: _____

10. Are any operations performed outside of the United States or Canada?

If yes, please identify the countries and describe the type of work and associated revenues: _____

11. Please identify the primary states in which you provide services:

State	Percentage

Supplemental Information *Continued*

	Yes	No
12. Does your current policy provide any project specific excess coverage for any projects? If yes , please describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
13. Is 100% of your work performed under a written contract? If no , what % of work is performed without a written contract: _____	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your Company use written contracts with its subcontractors that contain indemnification and hold harmless provisions in your favor? If no , please describe your Company's policy regarding hold harmless and indemnification requirements of subcontractors: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you always require subcontracted design firms to carry Professional coverage? If no , please describe in detail when the design firm would not be required to carry Professional coverage: _____ _____ What is the minimum Professional limit that you require from subcontracted contracting firms: _____ Do you obtain evidence of such coverage prior to engaging their services?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you always require subcontracted contracting firms to carry Pollution coverage? If no , please describe in detail when the design firm would not be required to carry Professional coverage: _____ _____ What is the minimum Pollution limit that you require from subcontracted design firms: _____ Do you obtain evidence of such coverage prior to engaging their services?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your Company have personnel trained in, and responsible for, environmental compliance? If yes , please provide their name(s) and qualifications: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your Company have personnel trained in, and responsible for, site safety? If yes , please provide their name(s) and qualifications: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your Company have formal protocols for working in areas with contamination?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your Company have a formal quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases?	<input type="checkbox"/>	<input type="checkbox"/>

It is acknowledged by the applicant that this Supplemental Application is considered part of the Application for Environmental Insurance and is subject to the same terms and conditions.

Applicant's Initials _____ **Date** _____

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

<p>ALABAMA §27-12A-20</p>	<p>At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.</p>
<p>ALASKA §21.36.380</p>	<p>All insurance claim forms: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.</p>
<p>ARIZONA §20-466.03</p>	<p>All insurance claim forms: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.</p>
<p>ARKANSAS §23-66-503</p>	<p>Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission: 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.</p>
<p>CALIFORNIA §1871.2 §1879.2</p>	<p>All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p>
<p>COLORADO §10-1-128</p>	<p>All insurance applications, or all policy forms, or all claim forms: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.</p>

Insurance Fraud Warning Statement *Continued*

DELAWARE 11 §913	All insurance claim forms: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: WARNING: 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 the applicant.
FLORIDA §817.234	All insurance applications and claim forms: 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.
IDAHO §41-1331	All insurance claim forms: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
INDIANA §27-2-16-3	All insurance claim forms: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
KENTUCKY §304.47-030	All insurance claim forms: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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. All insurance application forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
LOUISIANA §40:1424	All insurance applications and claim forms: 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.
MAINE 24-A §2186(3) (A)	All insurance applications and claim forms: 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.

Insurance Fraud Warning Statement *Continued*

<p>MARYLAND §27-805</p>	<p>All insurance applications and claim forms: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p>MINNESOTA §60A.955</p>	<p>All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</p>
<p>NEW HAMPSHIRE §402:82</p>	<p>All insurance claim forms: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.</p>
<p>NEW JERSEY §17:33A-6</p>	<p>All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p>
<p>NJAC 11:16-1.2</p>	<p>All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
<p>NEW MEXICO §59A-16C-8</p>	<p>All insurance applications and claim forms: 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 civil fines and criminal penalties.</p>
<p>NEW YORK §403(d) 11 NYCRR §86.4</p>	<p>All insurance applications and claim forms except auto: 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 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.</p>
<p>OHIO §3999.21</p>	<p>All insurance applications and claim forms: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p>OKLAHOMA §3613.1</p>	<p>All insurance applications, policy and claim forms: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>

Insurance Fraud Warning Statement *Continued*

PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: 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.
TENNESSEE §56-53-111	All insurance applications and claim forms: 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.
TEXAS §704.002(a)	All insurance claim forms: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
VIRGINIA §52-40	All insurance applications and claim forms: 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.
WASHINGTON §48.135.080	All insurance applications and claim forms: 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.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: 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.