

(847) 572-6000 Fax (847) 572-6137 Underwriting Manager A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON 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.	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.	STA	AFF					
	List	List number of total personnel using the following categories:					
		Architects or design engineers	Industrial hygienis	sts or toxicologist			
		General engineers other than above	Draftsmen or tech	nicians			
		Geologists or hydrogeologists	Clerical or accour	nting			
		Environmental scientists	Administrative ma	inagement			
	How	How many of the above personnel possess professional engineering designations?					
3.	OPE	PERATIONS					
	a.	Please provide a description of professional activities for which coverage is desired:					
					_		
	·						
	b.	p. 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	Current <u>Year</u>	Projected			
		Environmental studies, assessments, reports, audits	<u>Year</u>	<u>i eai</u>	<u>Year</u>			
		Remedial studies, investigations where firm is not involved in design						
		Site selection evaluation (real estate, waste)		·				
		· · · · · · · · · · · · · · · · · · ·						
		Environmental permit preparation, submission						
		Remedial design without supervisory services	Remedial design with supervisory services					
		, ,						
		Project monitoring, management						
		General consulting						
		Laboratory services						
		Total						
		Other (describe below):						
	d.	Diagon provide the percentage of work performed for the following:						
	u.	Please provide the percentage of work performed for the following:		a laint vantu				
		,	•	s, joint ventu				
		2) State government% 5) Contractors	S		%			
		3) Private or public corporations%						
4. HISTORY/CLAIMS								
	a.	a. Are you aware of any facts or circumstances, during the past 5 years, which may give rise to a claim?[] Yes 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?						
	C.							
		Policy Period Insurance Carrier Limits of Liab	oility Pre	mium [Deductible or S.I.R.			
5.	ADI	DITIONAL INFORMATION						
	Plea	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						
		ase be as complete as possible when providing the above outlined information. This will enable the underwriter to provide 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.

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			

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

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.

INDICATE	D BELOW.				
	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. 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. understand that my policy will be endorsed to exclude the Terrorism Coverage required be offered under the Act.				
Name of Applicant Signature of Applicant		Title (Officer, partner, etc.)			
		Date			

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