



PGI COMMERCIAL

APPLICATION FOR ENVIRONMENTAL CONSULTANTS AND CONTRACTORS



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1. NAME OF APPLICANT: _____
2. MAILING ADDRESS: _____ Phone No. _____
CITY, STATE & ZIP CODE: _____
3. DATE ESTABLISHED _____ Corporation _____ Partnership _____ Individual _____
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes _____ No _____ If yes, please give full details: _____

5. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details _____

6. Coverages requested:
Commercial General Liability Yes _____ No _____
Contractors Pollution Liability Yes _____ No _____
Professional Liability Yes _____ No _____
Limits of Liability requested _____ Deductible _____
7. Gross Revenues (Past three years): _____
Estimated for the next twelve (12) months: _____
Prior twelve (12) months: _____
Twelve (12) months prior: _____
8. TOTAL PERSONNEL: _____
a. Number of Principals _____ d. Number of Supervisors _____
b. Number of Engineers _____ e. Number of Architects _____
c. Number of Field Personnel _____ f. Other (Describe) _____
9. Have any of those listed in item 8 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes _____ No _____ If yes, please give details: _____

10. Services Provided:

| Contracting Services | % Gross Revenues | Consulting Services | % Gross Revenues |
|---------------------------------------|-------------------------|--|-------------------------|
| Emergency Response | | Remedial Investigations | |
| Underground Storage Tank Installation | | Remedial Design | |
| Underground Storage Tank Removal | | Remediation Oversight | |
| Groundwater Remediation | | Hydrogeological Investigations | |
| Soil Remediation | | Lab Testing/Analysis | |
| Drilling | | Phase I Environmental Assessments | |
| Sampling | | Phase II/III Environmental Assessments | |
| Asbestos/Lead abatement | | Regulatory Compliance/Permitting | |
| Mold Abatement | | Industrial Hygiene | |
| Fire & Water Response | | Training | |
| Industrial Cleaning | | Waste Brokering | |
| Tank/Pipe Cleaning | | Mold Consulting | |
| Mobile Incineration | | Air monitoring | |
| Other (Describe Below) | | Other (Describe Below) | |

11. Has the Applicant ever provided any service other that noted under Question 10? Yes _____ No _____
 If "Yes", please explain: _____

12. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes _____ No _____
 If yes, please specify what is sublet or subcontracted.

- a. Subletting of work/subcontracting to others _____%
- b. Is evidence of Insurance from subcontractors/consultants required? Yes _____ No _____

13. Foreign Work? Yes _____ No _____ If Yes, please give full details: _____

14. Please indicate the approximate percentage of work under each heading:
 Residential: _____
 Commercial: _____
 Industrial: _____

Governmental: _____
 Other (Describe): _____

15. Does any one contract or client represent more than 50% of annual work? Yes _____ No _____ If yes, please give details: _____

16. Does the Applicant work with other firms in Joint Ventures? Yes _____ No _____ Provide complete details: _____

17. Give Insurance coverage details for last five years for the firm:

Commercial General Liability

| Carrier | Premium | Limit | Deductible | Policy Term | Retroactive Date |
|---------|---------|-------|------------|-------------|------------------|
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Pollution/Professional Liability

| Carrier | Premium | Limit | Deductible | Policy Term | Retroactive Date |
|---------|---------|-------|------------|-------------|------------------|
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18. Please provide the following additional information as an attachment to this application:

- a. Past five years loss runs (if applicable)
- b. Resumes of key personnel
- c. Most recent annual income statement and balance sheet
- d. Expiring declarations pages evidencing retroactive dates.

19. Has any application for Commercial General Liability, Pollution Liability or Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes ___ No ___ If yes, please give details: _____

20. Has any claim ever been made against the firm or any persons named in item 1. or in item 6.b.(ii)? Yes
No ____ If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the
claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves;
and 6) final disposition.
21. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his
predecessors in business, or any of the present or past Partners or Officers? Yes ____ No ____ If yes, please
give full details on the same basis as item 20.
22. Has any insurer cancelled or refused to renew any similar insurance during the past five
years? _____
23. The applicant declares that the above statements and representations are true and correct and that no facts
have been suppressed or misstated. The completion of this application does not bind the Company to sell nor
the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the
statements and representations made in this application and this application will be made a part of the policy.

Signature of Applicant

Print Name

Title

Date

Producer

