



LLOYD'S

LLOYD'S OF LONDON

SUPPLEMENT 1

**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S
ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE**

This Supplement to the Application for Architects and Engineers is to be completed by firms providing professional services on environmental projects.

Name of Applicant: _____ Phone (____) _____

Address: _____

Please indicate Gross Billings attributable to each of the following.

				<i>Gross Billings(Amounts in \$000's)</i>		
				Last Fiscal Year	Projected Current Fiscal Year	Percentage to be Sub- Contracted
1. ENVIRONMENTAL SERVICES						
a.	Preparation of environmental studies and reports					
b.	Phase I & Phase II remedial action investigations, feasibility studies, inspections and audits					
c.	Remedial design with supervisory services					
d.	Remedial design without supervisory services					
e.	Environmental project management					
f.	Preparation of environmental permit applications					
g.	Laboratory analysis and testing					
h.	Soil, air and water sampling/testing					
i.	Training and education					
j.	Preparation of manuals and other publications					
k.	Underground storage tank management					
l.	Other (please specify) _____					
TOTAL ENVIRONMENTAL						
2. ASBESTOS CONSULTING SERVICES						
a.	Air monitoring					
b.	Sampling and testing					
c.	Abatement design					
d.	Abatement project management					
e.	Other (please specify) _____					
TOTAL ASBESTOS						

3. Does the Applicant contract or sub-contract to provide hands-on remediation services?
If yes, please complete Question 4. Yes No

4. **SERVICES** *(Amounts in \$000's)*

	<i>Work Performed By You</i>	<i>Work Performed By Others</i>
PROFESSIONAL		
Project management	_____	_____
Sampling/analysis	_____	_____
Monitoring System design/Installation	_____	_____
Tank testing//monitoring	_____	_____
Tank design/Installation	_____	_____

(Amounts in \$000's)

Work Performed By You

Work Performed By Others

REMEDIAL ACTION

Hazardous materials clean up/soil removal	_____	_____
On-site hazardous waste treatment	_____	_____
Groundwater treatment/recovery	_____	_____
Mobile incinerators	_____	_____
Barrier construction/slurry walls/liners	_____	_____
Hazardous materials emergency response/clean up	_____	_____
Tank removal	_____	_____

TRANSPORTATION

Hazardous waste	_____	_____
Non-hazardous waste	_____	_____
Other (please specify) _____	_____	_____

DRILLING

Operating oil/gas wells	_____	_____
Oil/gas drilling	_____	_____
Remedial monitoring wells	_____	_____
Other (please specify) _____	_____	_____

SUBCONTRACTORS

5. Please list all the Applicant's remedial action subcontractors and indicate the services they provide:

<i>Subcontractors</i>	<i>Type of Services</i>
_____	_____
_____	_____
_____	_____
_____	_____

6. Are all subcontractors hired under written contract? Yes No

Please provide a copy of the Applicant's subcontractor contract.

7. Please describe in detail the Applicant's procedures for qualifying subcontractors:

8. Please describe the extent of the Applicant's supervision of subcontractors:

PERMITS, RIGHTS, AUTHORITIES

9 a. List all permits held with Federal, State, County or Municipal governments, including permit numbers and expiration dates:-

<i>Permit</i>	<i>Number</i>	<i>Expiration</i>

- b. What percentage of subcontractors work under **their own** permits, rights or authority? _____%
- c. What percentage of subcontractors work under **the Applicant's** permits, rights or authority? _____%
- d. Does the Applicant check required permits for subcontractors? Yes No

INSURANCE

10a. Is the Applicant named as an Additional Insured on the subcontractors' General Liability and Pollution Legal Liability Insurance policies? Yes No

b. Does the Applicant require certificates of insurance from subcontractors? Yes No

c. What minimum limits does the Applicant require?
Workers Compensation: _____
General Liability: _____
Pollution Legal Liability: _____

d. What is the Applicant's procedure for monitoring certificates of insurance?

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer:

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE