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|  | DESIGN PROFESSIONAL LIABILITY INSURANCE  **GREAT AMERICAN INSURANCE COMPANY**  ***ENVIRONMENTAL SUPPLEMENT*** |  |

GENERAL INFORMATION

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| Proposed Named Insured: | Policy Number: |

ENVIRONMENTAL SERVICES INFORMATION

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|  | 1. Provide a detailed description of the services being provided:   |  | | --- | |  |   Please attach the principal’s resume.  2. Does your firm take on any single point responsibility for construction, erection, installation, removal, remediation or implementation services? Yes  No  If yes, provide details regarding each project, including client, services, project type, construction values and  professional fees.  3. Does your firm specify the installation of Exterior Insulation and Finish Systems (EIFS)?  Yes  No  4. Do you provide any services in connection with the transportation, treatment, storage, or  disposal of hazardous waste materials? Yes  No  If yes, provide detailed information:  5. Do you have written policies and procedures for following EPA or other standardized  procedures or protocols? Yes  No  6. Do you prepare site specific health and safety plans for all projects involving known or possible  toxic substances? Yes  No  7. Provide the following for general liability insurance coverage currently in force (Check here if none ):   |  |  |  | | --- | --- | --- | | *Carrier* | *Policy Expiration* | *Limits of Liability* | |  |  |  |   8. Do you require your subconsultants to carry general liability?  Yes  No |
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|  | 9. Complete the following chart for your preparation of environmental services. For newly formed firms, use estimates.   |  |  |  |  | | --- | --- | --- | --- | | Preparation of Environmental Studies and Reports | Past Fiscal Year | Environmental Consulting | Past Fiscal Year | | Phase I Environmental Site Assessments | % | Air Quality Consultants | % | | Phase II Environmental Site Assessments | % | Arborist | % | | Environmental Impact Reports | % | Archaeology | % | | Mold Investigations | % | Biohazard/Medical Waste Consultants | % | | Radon Evaluation/Testing | % | Ecology/Wetland Consultants | % | | Asbestos Evaluation | % | Stormwater/Runoff Consultants | % | | Other (specify) | % | Hazardous Waste Consultants | % | | Other (specify) | % | Hydrology | % | | Design Remediation |  | Industrial Hygienist | % | | Asbestos Abatement | % | Occupational Health and Safety Consultants | % | | Asbestos Management Planning | % | Wetland Delineation and Consulting | % | | Lead Abatement | % | Other(Specify) | % | | Mold Remediation | % | Environmental Contracting |  | | Radon Mitigation | % | Asbestos Abatement | % | | Other (specify) | % | Demolition/Dismantling | % | | Other (specify) | % | Environmental Remediation Contracting | % | | Environmental Engineering |  | Facilities Operations and Maintenance | % | | Agricultural Engineering | % | General Contracting | % | | Chemical Engineering | % | Habitat/Wetland Restoration | % | | Construction Materials Testing | % | Pesticide/Herbicide Application | % | | Geotechnical Engineering/Soils Testing | % | Tank Installation/Removal | % | | Metallurgical Engineering | % | Well Drilling | % | | Other (specify) | % | Other (specify) | % | | Other (specify) | % | Total | 100% | |

**FRAUD WARNING**: 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.

**FLORIDA FRAUD WARNING**: 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*.*

**Kansas Fraud Warning**: Fraud is an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto and may be subject to criminal and civil penalties.

**MAINE FRAUD WARNING**: 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 denial of insurance benefits.

**I understand that the information submitted in this supplement becomes a part of my Design Professional Liability Insurance application and is subject to the same representations and conditions.**

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Print Name Title

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Signature Date

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Agency Agency Contact

\* If you are electronically submitting this document, and you elect to sign electronically, apply your electronic signature to this form by checking the Electronic Signature, Acknowledgement and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature, Acknowledgement and Acceptance box constitutes your signature, acknowledgement, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature, Acknowledgement and Acceptance – Authorized Representative

ADDITIONAL INFORMATION

If providing additional details please reference the question number below:

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