

The following entities are to be listed as named insureds on the policy. Please list any ownership/relationship information:

PRIOR LIABILITY COVERAGE (LAST 3 YEARS)

Type of Coverage	Carrier	Effective Date	Retroactive Date	Limits of Liability	Deductible/SIR	Gross Annual Revenue
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Has any policy or coverage been declined, cancelled, and/or non-renewed during the prior 3 years? Yes No
 If yes, please provide a detailed explanation.

C. HISTORY OF COMPANY

- 1. Years Performing Services to be Covered by this insurance policy . Yes No
- 2. Is work done through or by any affiliated or related company(s)? If yes, please explain. Yes No
- 3. Is the Applicant or any affiliated, related predecessor entity currently involved with sharing office space, use of employees, co-mingling of affiliated or related operations of any kind? If yes, please explain. Yes No
- 4. Is the Applicant a successor of any other business? If yes, please list predecessor. Yes No
- 5. Is the Applicant directly or indirectly controlled, owned, or otherwise managed by another party? If yes, please explain. Yes No
- 6. Does the Applicant directly or indirectly control, own, or otherwise manage any other entity? If yes, please explain. Yes No

D. GROSS ANNUAL REVENUE (HISTORICAL)¹

¹Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

1. Please list your Total Gross Annual Revenues for the preceding 3 years:

1st Prior Year	\$	
2nd Prior Year	\$	
3rd Prior Year	\$	_____

- 2. What percentage of the time do you work without a written contract? _____ %
- 3. Does the Applicant directly or indirectly perform work on residential properties? Yes No
 If yes, what percentage of the Applicant's overall sales is associated with residential work? _____ %
- 4. Do you ever work with subcontractors? Yes No

If yes, please answer the following questions:

- a. Are all subcontractors licensed and accredited? Yes No
- b. Do you maintain current certificates of insurance from all subcontractors? Yes No
- c. Is a standard written contract used with the Applicant's clients/or subcontractors? Does that contract include Hold Harmless and Limitation of Liability clauses? Yes No
- d. What are the minimum limits of liability required of your subcontractors?
- e. What percentage of the time are you added as an additional insured on the subcontractor's policy? %

E. GROSS ANNUAL REVENUE (FOR THE NEXT 12 MONTH PERIOD)

Please list your Estimated Gross Annual Revenue including any subcontracted work for the next 12 months under the applicable categories below. Gross Annual Revenue includes the total of all receipts, invoices, and/or billing without deductions of any kind.

Services Provided	Gross Revenue	% Sub-contracted (if any)
AIR MONITORING	\$	%
ENVIRONMENTAL COMPLIANCE	\$	%
ENVIRONMENTAL EXPERT WITNESS	\$	%
ENVIRONMENTAL FEASIBILITY STUDIES	\$	%
ENVIRONMENTAL IMPACT STUDIES	\$	%
ENVIRONMENTAL LABORATORIES	\$	%
ENVIRONMENTAL LITIGATION SUPPORT	\$	%
ENVIRONMENTAL MANUAL PREPARATION	\$	%
ENVIRONMENTAL PERMITTING	\$	%
ENVIRONMENTAL REMEDIAL INVESTIGATION	\$	%
ENVIRONMENTAL SAMPLING	\$	%
GEOTECHNICAL CONSULTING	\$	%
GEOPHYSICAL CONSULTING	\$	%
HAZARDOUS MATERIALS CONSULTING	\$	%
INDOOR AIR QUALITY CONSULTING	\$	%
INDUSTRIAL HYGIENE/HEALTH & SAFETY CONSULTING	\$	%
MOLD CONSULTING SERVICES ¹	\$	%
PHASE I-ESA	\$	%
PHASE II- ESA	\$	%
PHASE III- ESA	\$	%
RADON TESTING	\$	%
SAFETY TRAINING	\$	%
UNDERGROUND STORAGE TANK TESTING	\$	%
WETLANDS CONSULTING	\$	%
WILDLIFE STUDIES	\$	%
TOTAL Revenue Environment Consulting	\$	100%

NOTE: Items marked with a ¹ above for Mold Contractors/Consultants. If Applicant performs any of these services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

Services Provided	Gross Revenue	% Sub-contracted (if any)
ASBESTOS ABATEMENT CONTRACTING	\$	%
ENVIRONMENTAL DRILLING (NOT OIL/GAS)	\$	%
ENVIRONMENTAL EMERGENCY RESPONSE CONTRACTING (SPILL CLEAN-UP)	\$	%
GROUNDWATER REMEDIATION CONTRACTING	\$	%
HAZARDOUS MATERIAL CLEAN-UP CONTRACTING	\$	%
ILLEGAL DRUG LAB CLEAN-UP CONTRACTING	\$	%
LANDFILL CONSTRUCTION CONTRACTING	\$	%
LEAD-BASED PAINT ABATEMENT CONTRACTING	\$	%
LIQUID WASTE REMEDIATION CONTRACTING	\$	%
MEDICAL WASTE PICKUP	\$	%
MEDICAL WASTE REMEDIATION CONTRACTING	\$	%
MOLD CONTRACTING SERVICES ¹	\$	%
MOLD, FIRE, WATER, OR STORM DAMAGE RESTORATION CONTRACTING ¹	\$	%
PCB LIGHT BALLAST REMOVAL	\$	%
PCB REMOVAL/REMEDICATION CONTRACTING	\$	%
RADON MITIGATION CONTRACTING	\$	%
SERVICE STATION CONTRACTING-AST INSTALLATION	\$	%
SERVICE STATION CONTRACTING-AST REMOVAL CONTRACTING	\$	%
SERVICE STATION CONTRACTING-BUILDING, CONSTRUCTION, CONCRETE, ELECTRIC)	\$	%
SERVICE STATION CONTRACTING- FUEL SYSTEM EQUIPMENT INSTALLATION SERVICE & MAINTENANCE (NON-TANK)	\$	%
SERVICE STATION CONTRACTING-STORAGE TANK & PART SALES (NO INSTALLATION)	\$	%
SERVICE STATION CONTRACTING-STORAGE TANK & PIPE CLEANING CONTRACTING	\$	%
SERVICE STATION CONTRACTING-UST INSTALLATION CONTRACTING	\$	%
SERVICE STATION CONTRACTING-UST REMOVAL	\$	%
SOIL REMEDIATION CONTRACTING-BIOREMEDIATION	\$	%
SOIL REMEDIATION CONTRACTING-(OTHER THAN PETROLEUM CONTAMINATED SOIL)	\$	%
SOIL REMEDIATION CONTRACTING-(PETROLEUM CONTAMINATED SOIL)	\$	%
TRUCKING-HAZARDOUS MATERIAL	\$	%
WASTE INCINERATION	\$	%
WASTEWATER TREATMENT SYSTEM INSTALL/MAINTENANCE	\$	%
WATER EXTRACTION CONTRACTING	\$	%
WETLANDS CONTRACTING	\$	%
TOTAL Revenue Environmental Contracting	\$	100%

NOTE: Items marked with a ¹ above for Mold Contractors/Consultants. If Applicant performs any of these services, a Supplemental Mold Contractors/Consultants Addendum MUST BE COMPLETED and ATTACHED for coverage consideration.

Services Provided	Gross Revenue	% Sub-contracted (if any)
AIRCRAFT REFUELING	\$	%
CARPENTRY	\$	%
CARPET/FLOOR COVERING INSTALLATION	\$	%
CLEARING OF LAND/GROUNDSKEEPING	\$	%
CONCRETE	\$	%
CRIME SCENE CLEAN-UP	\$	%
DEMOLITION-NON-STRUCTURAL	\$	%
DEMOLITION-STRUCTURAL-UNDER 3 STORIES	\$	%
DEMOLITION-STRUCTURAL-OVER 3 STORIES	\$	%
DRYWALL/GYPSUM WALLBOARD INSTALL/REPAIR	\$	%
ELECTRICAL INCLUDING ELECTRONICS (INSTALL/REPAIR)	\$	%
EXCAVATION (NON-CONTAMINATED SOILS)	\$	%
FIRE SUPPRESSION SYSTEMS (INSTALL/MAINTAIN)	\$	%
FOUNDATION	\$	%
GENERAL CONTRACTING-BUILD BACK/RESTORATION	\$	%
GENERAL CONTRACTING-DEMOLITION-INTERIOR ONLY	\$	%
GENERAL CONTRACTING-DEMOLITION-UNDER 2 STORIES	\$	%
GENERAL CONTRACTING-DEMOLITION-OVER 2 STORIES	\$	%
GENERAL CONTRACTING-EXCAVATION	\$	%
GENERAL CONTRACTING-INSULATION INSTALLATION	\$	%
GENERAL CONTRACTING-DRILLING-NON-ENVIRONMENTAL (NON-OIL/GAS)	\$	%
GENERAL CONTRACTING-NON-HAZARDOUS MATERIAL	\$	%
GRADING OF LAND	\$	%
HVAC	\$	%
MASONRY	\$	%
MODULAR CONSTRUCTION	\$	%
PAINTING	\$	%
PAVING/ASPHALT APPLICATION	\$	%
PLANT REPAIR/MAINTENANCE INCLUDING JANITORIAL	\$	%
PLUMBING	\$	%
ROOFING	\$	%
STEEL ERECTION-NON-STRUCTURAL	\$	%
STEEL ERECTION-STRUCTURAL	\$	%
STREET & ROADS INCLUDING ICE & DIRT	\$	%
TANK/PIPE CLEANING	\$	%
TRANSPORTATION-MEDICAL WASTE/BIOHAZARD	\$	%
TRANSPORTATION-REFUSE/TRASH	\$	%
TRUCKING-NON- HAZARDOUS MATERIAL	\$	%
WEATHERIZATION	\$	%
WELDING	\$	%
TOTAL Revenue Non-Environmental Contracting	\$	100%

NOTE: Any Applicant interested in obtaining coverage for mold claims which may arise from Applicant's contracting operations (claims made) MUST COMPLETE and ATTACH Mold Application.

F. COMPANY PROFILE

Personnel					
Please list the TOTAL personnel by area of expertise and highest degree obtained. Add designations as necessary.					
Designation	#	Highest Degree Obtained	Env. Consultant	Env. Contractor	Non- Env. Contractor
CERTIFIED INDUSTRIAL HYGIENIST (CIH)					
INDUSTRIAL HYGIENIST					
MICROBIOLOGIST/TOXICOLOGIST					
PROFESSIONAL ENGINEER (PE)					
CERTIFIED SAFETY PROFESSIONAL (CSP)					
GEOLOGIST/HYDROGEOLOGIST					
PROJECT MANAGER/ENV.					
CHEMIST/BIOLOGIST					
ARCHITECT					
SUPERVISOR/ FOREMAN					
DRAFTSMAN					
TECHNICIAN (WITH ENV. CERTIFICATES.)					
WORKER					
OTHER					

Projects			
By revenue, list 3 to 5 of your largest projects in the preceding three years.			
Revenue	Service Provided	Project Name	Client
\$			
\$			
\$			
\$			
\$			

1. Is more than 50% of Applicant's work performed for any one client? Yes No
If yes, please identify client and service provided.
2. Is more the 50% of Applicant's work performed in any one particular location? Yes No
If yes, please identify location.
3. Does Applicant provide services or perform work in any of the 5 boroughs of New York City (Bronx, Brooklyn, Queens, Staten Island, Manhattan) Nassau, Westchester, or Erie County New York? Yes No
If yes, please describe services provided and percentage (%) of revenue generated from those services. %

Project Revenue by Client Type

Please complete the percentage(%) of revenue attributable to the following client types

Client Type	% of Revenue	Client Type	% of Revenue
COMMERCIAL		INDUSTRIAL	
OFFICE	%	MANUFACTURING	%
SCHOOLS	%	REFINERIES	%
HOSPITALITY	%	PIPELINE	%
RETAIL	%	CHEMICAL PLANTS	%
WAREHOUSE	%	POWER/ENERGY	%
CHURCHES	%	WASTEWATER TREATMENT	%
CONVENTION	%	RECYCLING	%
ARENAS	%	OTHER	%
TRANSPORT CENTERS	%	GOVERNMENTAL	
OTHER	%	FEDERAL	%
HEALTHCARE		STATE/LOCAL	%
HOSPITALS	%	OTHER	%
NURSING HOMES/ASSISTED LIVING	%	INFRASTRUCTURE	
AMBULATORY/OUTPATIENT	%	AIRPORTS	%
OFFICES	%	ROADS	%
OTHER	%	BRIDGES	%
RESIDENTIAL		TUNNELS	%
APARTMENTS	%	NUCLEAR	%
CONDOMINIUMS	%	LANDFILLS	%
DORMITORIES	%	HARBORS/PORTS	%
SINGLE FAMILY	%	MASS TRANSIT	%
PRISONS	%	RAILROADS	%
OTHER	%	PARKING STRUCTURES	%
		OTHER	%

G. GENERAL INFORMATION

- Is the Applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him the firm, his predecessors in business, any of the present or past partners or officers, or any staff member and/or has any staff member and/or has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please provide full details on each incident:

- While we attempt to make this application comprehensive, we invite the Applicant to list below any other items(s) which you feel could be important for Markel to consider prior to making a coverage determination.

FRAUD WARNINGS:

Notice to Arkansas and West Virginia Applicants: 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.

Notice to Colorado Applicants: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: 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.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: 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.

Notice to Maine Applicants: 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.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: 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.

Notice to New York Applicants: 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.

Notice to Ohio Applicants: 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.

Notice to Oklahoma Applicants: 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.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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.

Notice to Tennessee, Virginia and Washington Applicants: 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.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.

WARRANTY STATEMENT

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

Signature

Print Name

Title

Date