

New Business Application For ENVIRONMENTAL ENGINEERS, CONSULTANTS OR CONTRACTORS

Answer all questions, and if necessary, use separate exhibits.

FEDERAL ID#

1. Applicant (including all subsidiary companies)

2. Street Address City State Zip
Phone Fax

3. Specify the date that the Applicant initially commenced operations or was formed or incorporated:

4. The Applicant is a: Proprietorship Corporation LLC Other mo/yr

5. Specify the total numbers of staff as follows:

a. Architects or Environmental Engineers:	e. Draftsmen, Technicians, Inspectors, Surveyors:
b. General Engineers other than above:	f. Clerical and Accounting Employees:
c. Geologists or Hydrogeologists:	g. Administrative Management:
d. Industrial Hygienists, Toxicologists, CIHs or CSPs Project Managers:	h. Other: Specify
	Total:
	i. Number of Principals (included in above listing):

6. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele. The total must equal 100%

a. Commercial	%	f. Industrial	%
b. Contractors	%	g. Institutional	%
c. Design Professionals	%	h. Utilities	%
d. Developers	%	i. Condominium Assoc	%
e. Governmental	%	j. Other:	%

<u>COVERAGES</u>					
Commercial General Liability		Contractors Pollution Liability		Professional Liability	
Claims Made	Occurrence	Claims Made	Occurrence		
LIMIT OF LIABILITY					

7. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether

directly or indirectly or is the Applicant wholly or partly owned, operated, managed, employed or otherwise controlled by any other person, firm, or organization (whether directly or indirectly)? Yes No If "Yes," provide full particulars and describe any interrelationship:

8. **TYPE OF SERVICE** - Indicate proportion of work in which the Applicant engages. The total must equal 100%

SERVICES PROVIDED		SERVICES PROVIDED	
CLASSIFICATION	% Gross Income	CLASSIFICATION	% Gross Income
A. Superfund Remediation Contracting		R.2. Grading-General Site Work (O/T Environmental)	
B. Waste Brokerage		S. Remedial Investigation	
C. Landfill Liner Installation		T. Feasibility Studies	
D. Remedial Design (without Implementation)		U. Environmental Audits (Phase I)	
E. Ground Water Treatment		V. Laboratory Analysis	
F. Soil/Water Testing (Phase II)		W. Asbestos Building Surveys	
G. Sewage Treatment		X. Environmental Risk Assessments	
H. Water Treatment		X.1. Supervision/Observation/Inspection of Construction	
I. Underground Tank Testing		X.2. Work in Connection with Foundations	
J. Tank Removal		X.3. Training/Education	
K. Tank Design/Installation		X.4. Regulatory Compliance	
L. Drilling - Sampling or Monitoring Wells		X.5. Environmental Permitting/Applications	
M. Emergency Response Contractors		X.6. Wetland Studies	
N. Industrial Cleaning		X.7. Plant and Animal Population Studies	
O. Mobile Incineration		X.8. Expert Witness Testimony	
P. On-Site Remediation		X.9. Other (please list)	
Q. Removal and Disposal			
R.1. Excavation (O/T Environmental)			
			TOTAL 100%

9. Has, is or does the Applicant anticipate providing any services or operations relative to:

(a) Projects for which the Applicant or a directly or indirectly related person, firm or organization, participates as a real estate developer and/or maintains a temporary or permanent equity interest? Yes No; (or)

(b) Projects for which the Applicant, a directly or indirectly related person, firm or organization or others licensed by any of the aforementioned, manufactures, sells or otherwise distributes any goods, components, products or processes that are incorporated therein? Yes No; (or)

(c) Projects for which Applicant or organization, acts as a general-residential contractor by performing or subletting any residential construction? Yes No.

If the answer to any of the foregoing questions is "Yes," provide full particulars:

10. Does one client represent more than 50% of the Applicant's total volume? Yes No. If "Yes," provide full particulars and describe any interrelationship:

11. Applicants total gross revenue. Explain a variance from year to year greater than 25%.

Third Last Fiscal Year		Second Last Fiscal Year		Immediate Past Fiscal Year		Projection for Current Fiscal Year	
From:	To:	From:	To:	From:	To:	From:	To:
GROSS RECEIPTS		GROSS RECEIPTS		GROSS RECEIPTS		GROSS RECEIPTS	
\$		\$		\$		\$	

12. SUBLET SERVICES:

(a) ___% of operations in Question 11 that are subcontracted?

(b) Are certificates of insurance from subcontractors kept on file? Yes No

(c) Describe minimum insurance requirements for the Applicant's subcontractors:

GENERAL LIABILITY	AUTOMOBILE LIABILITY	CONTRACTORS POLLUTION LIABILITY	PROFESSIONAL LIABILITY
\$	\$	\$	\$

(d) Are all subcontractors hired under written contract? Yes No

(e) Do standard contracts contain indemnification provisions in favor of the Applicant? Yes No

(f) Provide a description of services subcontracted.

(g) What is the estimated cost of subcontracted work for the next fiscal year?

13. CURRENT INSURANCE COVERAGE:

NONE:

Commercial General Liability	Contractors Pollution Liability	Professional Liability
None: Occurrence Claims Made 1) Carrier: 2) Limit of Liability: 3) Deductible: 4) Premium: 5) Expiration Date: 6) Retroactive Date:	None: Occurrence Claims Made 1) Carrier: 2) Limit of Liability: 3) Deductible: 4) Premium: 5) Expiration Date: 6) Retroactive Date:	None: 1) Carrier: 2) Limit of Liability: 3) Deductible: 4) Premium: 5) Expiration Date: 6) Retroactive Date:

14. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities or has a liability policy issued to any of the aforementioned ever been canceled at the instigation of any premium finance company? Yes No. If "Yes," provide full particulars:

15. HEALTH & SAFETY: Does the Applicant have a formal Health & Safety program in place? Yes No. If "Yes," please answer the following:

(a) Who is the corporate officer in charge of this program:
Please provide this resume.

(b) How is employee training performed?

(c) Does the Applicant have a confined space protocol? Yes No. If "Yes," please describe:

16. **BUSINESS PRACTICES:** Does the Applicant use a standard written contract with its clients? Yes No.
If "Yes", please answer the following:

(a) Does the form contain a limitation of liability clause? Yes No. If "Yes," to what extent is liability limited?

(b)	Does the form contain any of the following	
	Hold Harmless Clause	Right of Entry Clause
	Undiscovered Hazardous Materials Clause	Limitation of Consequential Damages
	Subsurface Structure Clause	Ownership of Documents Clause
	Detailed Scope of Services	

(c) What percentage of your projects are contracted using:

(i) The Applicant's standard contract:	%
(ii) A letter of agreement	%
(iii) A client's contract form:	%
(iv) Verbal agreement:	%
(v) Other:	%

IN PROVIDING RESPONSES TO QUESTIONS 17 THROUGH 22 INCLUSIVE, THE SIGNATORY AFFIRMATIVELY WARRANTS, UNLESS OTHERWISE STATED HEREIN, THAT A FULL INQUIRY OF ALL THE APPLICANT'S PRINCIPALS, PARTNERS, DIRECTORS, OFFICERS AND EMPLOYEES HAS BEEN MADE WITH RESPECT TO EACH OF THESE QUESTIONS. FURTHERMORE, THE AFOREMENTIONED QUESTIONS ARE INTENDED TO ELICIT A FACTUAL RESPONSE WITHOUT SUBJECTIVE INTERPRETATION THERETO AS TO THE APPLICANT'S ACTUAL OR PROSPECTIVE LIABILITY. THE SIGNATORY UNDERSTANDS AND AGREES THAT SUCH RESPONSES AS AFOREMENTIONED, SHALL BE CONSIDERED BY THE COMPANY TO BE WARRANTIES AND FURTHER UNDERSTANDS AND AGREES THAT THE COMPANY MAY ELECT TO EXCLUDE ANY ACTUAL, ALLEGED OR PROSPECTIVE LIABILITY OF THE APPLICANT ARISING OUT OF ANY CIRCUMSTANCES DISCLOSED UNDER THE AFOREMENTIONED QUESTIONS, IN THE EVENT THAT COVERAGE IS EFFECTED.

17. Is the Applicant aware of actual, alleged or suspected defective, inadequate or otherwise faulty assembly, erection, excavation, fabrication, installation, survey or audit that has not been remedied to the full satisfaction of all parties?
Yes No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier:

18. Is the Applicant aware of any injury sustained by a person or damage occurring to tangible property (including fire or storm damage) having happened on a project during the immediate past five (5) years? Yes No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier:

19. Has a claim (defined for the purpose of this question as a written or oral demand for money, services or the remedying of an alleged defect) ever been made against the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liability? Yes No. If "Yes," provide full particulars and indicate if the claim has been reported to the aforementioned's liability carrier:

20. Other than as may have been answered in the foregoing, has the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liabilities, ever reported a circumstance to a liability carrier

that was not a claim (as defined in question 20) at the time of reporting? Yes No. If "Yes," provide full particulars:

21. Other than as may have been answered in the foregoing, is the Applicant aware of a circumstance that would cause a person (having sufficient facts taken alone or by compelling inference) to reasonably infer that a claim (as defined in question 20) could arise therefrom? Yes No. If "Yes," provide full particulars:

22. Is the Applicant owed any amount of compensation that is more than one hundred and twenty (120) days past due, regardless of the reason for non-payment? Yes No. If "Yes," provide full particulars:

THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THE SUBMISSION

23. Attach a brief description of each of the Applicant's ten most recently completed jobs. Specify the project name, client, services provided, value of completed project gross revenue and the date the project was completed. (Form 254 may be substituted). You may use the **Project Description Supplement** provided on page 7 of this application.

24. Attach a **resume** for each of the Applicant's principals and any other key personnel.

25. Attach a copy of the Applicant's most recent **financial statement** (balance sheet and income statement). Attach Pro Forma statements, if applicable. Please include information on the Applicant's line of credit.

26. If the trading style or corporate name of the Applicant has changed or if there has been any acquisition, consolidation, merger, dissolution, reformation or other change in business structure, provide full particulars by listing each proprietorship, firm or organization in chronological order. Specify the exact date of such acquisition, consolidation, merger, dissolution, reformation or other change.

27. Attach a statement of qualifications (SOQ) including QA/QC if applicable.

29. Attach a copy of the Applicant's **standard contract** used with its clients and a copy of the standard contract used with subcontractors.

REQUIRED FRAUD WARNINGS

Florida 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.

New York 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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Ohio Any person who, with intent to defraud or knowing that he/she 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.

Colorado 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Kentucky

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.

The signatory hereto being authorized and acting on behalf of the Applicant, affirmatively warrants that he has read all questions contained herein and after making specific inquiry (wherein warranted), represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorily warrants that he will submit to Freberg Environmental, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorily warrants that he will inform Freberg Environmental, Inc. of any change or omission with respect to the answers given in questions 1, 9, 10, 11 and 24 of this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Freberg Environmental, Inc. and that Freberg Environmental, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Freberg Environmental, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds Freberg Environmental, Inc. or the issuing carrier to effect insurance.

SIGNED

TITLE

DATE

TÔ BE COMPLETED BY INSURANCE AGENT

Agent's Name:

Address:

Phone:

Fax:

Do you hold a surplus lines license?

Yes

No

License No.

Expiration Date:

PROJECT DESCRIPTION - SUPPLEMENTAL PAGE

1	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
2	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
3	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
4	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
5	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
6	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
7	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue	Project Completion Date:
8	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue:	Project Completion Date:
9	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue:	Project Completion Date:
10	Project Name/Client
Services Provided:	
Value of Completed Project Gross Revenue:	Project Completion Date:

Supplementary Page

Please reference the number of the question to which these responses apply.