	DUAL COMMERCIAL LLC APPLICATION FOR ENVIRONMENTAL CONSULTANTS AND CONTRACTORS

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. List all states where operations are performed _____
    _____

14. Foreign Work?   Yes_____   No_____   If Yes, please give full details:_____
    _____

15. Please indicate the approximate percentage of work under each heading:
    Residential: _____
    Commercial: _____
    Industrial: _____
    Governmental: _____
    Other (Describe): _____

16. Does any one contract or client represent more than 50% of annual work?   Yes_____   No_____   If yes, please give details:_____
_____
_____

17. Does the Applicant work with other firms in Joint Ventures? Yes_____ No_____ Provide complete details:_____
_____
_____

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

Commercial General Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

Pollution/Professional Liability

Carrier	Premium	Limit	Deductible	Policy Term	Retroactive Date

19. 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.

20. 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:_____
_____

21. 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.

22. 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.

23. Has any insurer cancelled or refused to renew any similar insurance during the past five years?_____

24. 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