



**Leo**  
Risk Services

**Leo Risk Services, Inc.**  
**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 \_\_\_\_\_
  - b. Number of Engineers \_\_\_\_\_
  - c. Number of Field Personnel \_\_\_\_\_
  - d. Number of Supervisors \_\_\_\_\_
  - e. Number of Architects \_\_\_\_\_
  - 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 than 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

