



Architects & Engineers PROtectSM
Environmental Liability Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY, COLONY SPECIALTY INSURANCE COMPANY OR PELEUS INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
• For any information that exceeds the space provided, continue responses on your letterhead.
• This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant: [text box]

2. Does the Firm have any written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements? []Yes []No

3. Does the Firm have a written health and safety manual? []Yes []No

4. Does the Firm carry Contractors Pollution Liability coverage? []Yes []No

a. Name of Insurer: [text box]

b. Limit of Liability per claim: [text box]

c. Deductible/SIR/per claim: [text box]

d. Retroactive date (N/A if occurrence): [text box]

e. Annual premium: [text box]

5. Is the Firm, any related entity, or any predecessor firm responsible for the removal, disposal and/or transportation of hazardous waste materials? []Yes []No

If "Yes", please provide full details.

[text box]

6. a. Does the Firm, any related entity, or any predecessor firm subcontract the removal, disposal and/or transportation of hazardous waste materials? []Yes []No

b. If "Yes", do you require the subcontractor to name you as an additional insured on their pollution liability policy? []Yes []No

7. Does your General Liability policy contain a mold exclusion limitation? []Yes []No

8. Does the Firm, any related entity, or any predecessor firm own or lease any waste Treatment, Storage or Disposal (TSD) facility or landfill? []Yes []No

If "Yes", please provide full details.

[text box]

9. Does the Firm, any related entity, any predecessor firm, or any subcontractor have responsibility for selecting and contracting with a TSD facility or landfill? Yes No

If "Yes", please provide full details.

10. Does the Firm, any related entity, any predecessor firm, or any subcontractor get involved in asbestos, lead or mold abatement? Yes No

If "Yes", please provide full details.

11. Is the firm or any parent, subsidiary, related organization, or subcontractor engaged in actual construction, fabrication, erection, remediation, removal, or demolition? Yes No

If "Yes", please provide full details in the Additional Information section at the end of this application.

12. Does the Firm provide any services in connection with the transportation, treatment, storage, or disposal of hazardous materials? Yes No

If "Yes", please provide full details in the Additional Information section at the end of this application.

13. Does the Firm prepare site-specific health and safety plans for all projects involving known or possible toxic substances? Yes No

If "Yes", please provide full details in the Additional Information section at the end of this application.

14. Additional Information:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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