

# Roush Insurance Services, Inc.

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## ENGINEERS, CONSULTANTS, TESTING FIRMS & LABORATORIES APPLICATION

APPLICANT		DATE
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	WEB ADDRESS	
Applicant is an: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER		
<b>PLEASE SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THIS APPLICATION:</b>		
1) Statement of Qualifications (SOQ) including resumes. 2) Most recent income statement and balance sheet. 3) Three years of currently valued loss runs. 4) Project Descriptions – Supplemental Page or Form 254.		
COVERAGE REQUESTED: <input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business	PROPOSED EFFECTIVE DATE:	
LIMITS OF LIABILITY & DEDUCTIBLE	Limits Requested: Deductible Requested:	
COMMERCIAL GENERAL LIABILITY	Retroactive date __/__/__	
CONTRACTOR'S POLLUTION LIABILITY	Retroactive date __/__/__	
PROFESSIONAL LIABILITY	Retroactive date __/__/__	
<b>Applicant's History</b>		
Date Established:		
1. Have there been any mergers, acquisitions, consolidations or dissolution? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> Parent Company <input type="checkbox"/> Other Related Entities (If yes, explain):		
3. Do you share employees (if yes, explain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Prior Liability Carrier Information</b>		
Commercial General Liability	Contractors Pollution Liability	Professional Liability
None: _____	None: _____	None: _____
Occurrence      Claims Made	Occurrence      Claims Made	Occurrence      Claims Made
Carrier _____	Carrier _____	Carrier _____
Limit of Liability _____	Limit of Liability _____	Limit of Liability _____
Deductible _____	Deductible _____	Deductible _____
Premium _____	Premium _____	Premium _____
Expiration Date _____	Expiration Date _____	Expiration Date _____
Retroactive Date _____	Retroactive Date _____	Retroactive Date _____
4. Has any carrier ever cancelled or refused to renew a policy issued to the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details below)		
_____		

**5. Staff: please specify the total number of staff**

- |  |       |   |       |
|--|-------|---|-------|
| a. 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: _____                                     | _____ |
|  |       | Total:  | _____ |
|  |       | i. Number of Principals (included in listing above) | _____ |

Please attach all key person's resumes, certifications and licenses.

**6. Specify the approximate percentage of services provided by the Applicant for each of the following categories of Clientele.**

- |                         |        |                                |        |
|-------------------------|--------|--------------------------------|--------|
| a. Commercial           | _____% | f. Industrial                  | _____% |
| b. Contractors          | _____% | g. Residential – Single Family | _____% |
| c. Design Professionals | _____% | h. Residential – Multi Family  | _____% |
| d. Developers           | _____% | i. Utilities                   | _____% |
| e. Governmental         | _____% | j. Other: _____                | _____% |

**Business Practices**

7. Does the Applicant use a standard written contract with its clients:  Yes  No (If yes, please answer the following & include a copy of your standard contract)

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:

- |                                  |        |
|----------------------------------|--------|
| The Applicants standard contract | _____% |
| A letter of agreement            | _____% |
| A client's contract form         | _____% |
| Verbal agreement                 | _____% |
| Other: _____                     | _____% |

8. Are subconsultants and subcontractors hired under a written, standard subcontract?  
 Yes  No (Please attach a copy)

9. Do you have established relationships with sub-contractors?  
 Yes  No

10. How do you select your subcontractors?

Describe the minimum insurance requirements:

- |                                 |          |
|---------------------------------|----------|
| General Liability               | \$ _____ |
| Professional Liability          | \$ _____ |
| Contractors Pollution Liability | \$ _____ |

11. How are non-standard client agreements reviewed?

- Attorney: Outside       Attorney: In-house       Staff (Please Describe)

12. Does your firm have written quality control procedures? (If yes, please include the table of contents with this application)  Yes  No

**Business Practices - continued**

13. Does your firm have a written health and safety procedures? (If yes, please include the table of contents with this application)  Yes  No

14. Does your firm have an in-house continuing education program? (If yes, please describe)  Yes  No  
 If no, please describe how your professional receives continuing education / training:

**Gross Revenue**

15. Enter firm's gross revenue for the last three policy years below:

\$ \_\_\_\_\_ Estimated gross revenue for the upcoming policy year

\$ \_\_\_\_\_ 1<sup>st</sup> prior policy year's revenue

\$ \_\_\_\_\_ 2<sup>nd</sup> prior policy year's revenue

16. Percentage subcontracted to others \_\_\_\_\_% Describe services below \_\_\_\_\_

17. Detail geographical extent of operations: % Domestic: \_\_\_\_\_ % Foreign: \_\_\_\_\_

Please provide geographical locations of all foreign projects:

**18. Please provide percentage of gross revenue derived from the following operations:**

**Services (amounts to equal 100%)**

Architecture	_____%	Landscape Design	_____%
Bridge & Elevated Highway	_____%	Mechanical Engineering	_____%
Chemical Engineering	_____%	Mechanical Testing	_____%
Chemical Testing	_____%	Mining Engineering	_____%
Civil Engineering	_____%	Mobile On-Site Laboratory	_____%
Construction Materials Testing	_____%	Noise Level Analysis	_____%
Construction Supervision/Management	_____%	Noise Level Engineering	_____%
Dams & Reservoirs	_____%	Nuclear Engineering	_____%
Electrical Engineering	_____%	Petroleum Engineer	_____%
Environmental Engineering	_____%	Process Engineering	_____%
Expert Witness Testimony	_____%	Product Testing	_____%
Fluid Auditing	_____%	Safety Training & Consulting	_____%
Forensic Testing	_____%	Slope Stabilization	_____%
Geology	_____%	Soil Engineering	_____%
Geotechnical Engineering	_____%	Soil Testing	_____%
Green Building/Energy Efficiency	_____%	Structural Engineering	_____%
HVAC Engineering	_____%	Surveying	_____%
HVAC Testing or Inspection	_____%	Technical Manual/Program Review	_____%
Hydrology	_____%	Other (please describe)	_____%
Industrial Hygiene / Health & Safety	_____%		

### Claims, Circumstances, Incidents & Loss History

19. Has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities?  Yes  No

If yes, please provide details. (Use additional paper if necessary.)

- Date when claim, suit or notice was made
- Date the act, error, omission for occurrence that gave rise to the claim, suit or notice was committed
- Name of the claimant
- Nature of the claim, suit or notice
- Amount of payments made to date (including claims expenses) if open
- Amount of reserves established
- Final disposition (including amount of any settlement payment if closed)

20. Is any member of your firm or a related entity aware of any circumstances that could result in a claim, suit or notice of incident being brought against them?  Yes  No

If yes, please provide details on the same basis as the above requirements. (Use additional paper if necessary.)

21. Has any member of your firm, predecessor or any entity your firm wholly or partly owns, manages and/or controls ever been the subject of a disciplinary action as a result of their professional activities?  Yes  No

If yes, please provide details. (Use additional paper if necessary.)

### FRAUD WARNING

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false 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 CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**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 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer files a statement or claim or an application containing 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 LOUISIANA 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 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, 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 may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 an 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 a 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 makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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 a 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.

**NOTICE TO TENNESSEE 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 TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO VIRGINIA 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 ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated and further acknowledges that the answers provided herein are based on reasonable inquiry and/or investigation.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent / Broker Name: \_\_\_\_\_

**FREBERG ENVIRONMENTAL, INC.**  
**INSURANCE PROGRAM MANAGERS**

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**PROJECT DESCRIPTION - SUPPLEMENTAL PAGE**

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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: