

Professional Insurance Brokers, Inc.

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Application for Environmental Engineers Professional Liability Coverage

1. Principal Firm Name: _____

Contact Name: _____

Contact email: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Partnership ☐ Corporation ☐ LLC ☐ Sole Proprietor ☐

Year Firm was established: _____

2. Indicated the number of staff in each category:

Architects or Environmental Engineers: _____ Clerical/Accounting: _____

Draftsmen/Technicians/Inspectors/Surveyors: _____ Administrative: _____

General Engineers other than above: _____ Other: _____

Geologists or Hydro geologists: _____ Total Number of Staff: _____ Principals: _____

Number of all employees that are:

Full Time _____ Part Time _____ Temporary/leased _____

3. Describe the nature of your firm's practice.

4. Does your firm have an in-house program of continuing education for professional employees? This included attendance at AIA/NSPE/PEEP sponsored seminars and similar functions. Ye☐ **No**☐

5. Specify your firm's clientele. The total must equal 100%.

A. Commercial: _____% D. Contractors: _____% G. Design Professionals: _____%
B. Developers: _____% E. Governmental: _____% H. Industrial: _____%
C. Utilities: _____% F. Residential Multi Family: _____% I. Residential Single Family: _____%
Other: _____%

6. Please provide percentage of gross revenue derived from the following operation.

Above Ground Storage Tank Installation: _____%	Regulatory Compliance/Permitting: _____%
Lab-packing/Drum Handling: _____%	Industrial Hygiene/Health & Safety: _____%
Industrial Cleaning: _____%	Analytical Laboratories: _____%
Tank Cleaning: _____%	Lead & Asbestos Consulting: _____%
Soil Excavation-petroleum: _____%	Remediation Oversight: _____%
Thermal Treatment: _____%	Remedial Design: _____%
Civil Engineering: _____%	Hydrogeological Investigations: _____%
Drilling: _____%	Sampling: _____%
Emergency Response: _____%	Bioremediation: _____%
Soil Remediation: _____%	Asbestos Remediation: _____%
Mold Remediation: _____%	Mold Evaluation: _____%
Hazardous Waste Cleanup: _____%	Lead Based Paint Remediation: _____%
Geotechnical Engineering: _____%	Underground Storage Tank Testing: _____%
Underground Storage Tank Installation: _____%	Underground Storage Tank Removal: _____%
Home Heating Oil Tank Removal: _____%	Underground Oil Tank Installation: _____%
Phase 1 Environmental Assessments: _____%	Process Engineering: _____%
Soil Testing: _____%	Material Testing: _____%
Pesticide/herbicide application: _____%	Phase II & Phase II Environmental Assessments: _____%
Demolition (describe): _____%	
Other (describe) : _____%	
Project Management Training (describe): _____%	

General Consulting (describe): _____ %

Phase II & Phase II Environmental Assessments: _____ %

7. Project Type

Airport Facilities: _____ %

Hotels/Motels: _____ %

Petro/Chemical: _____ %

Recreational Sports: _____ %

Assisted Living Facilities: _____ %

Jails/Justice: _____ %

Potable Water Systems: _____ %

Amusement rides: _____ %

Tunnels: _____ %

Parking Structures: _____ %

Churches/Religious: _____ %

Utilities: _____ %

Airport Terminals: _____ %

Residential single family custom: _____ %

Condos: _____ %

Apartments: _____ %

Libraries: _____ %

Dams: _____ %

Roads/Highways: _____ %

Bridges: _____ %

Dormitories: _____ %

Office Building/Banks: _____ %

Water/Wastewater treatments: _____ %

Warehouse: _____ %

Schools/Colleges: _____ %

Storm Water Systems: _____ %

Shopping centers: _____ %

Real Estate Development: _____ %

Water/sewer pipeline: _____ %

Pools/playgrounds/parks: _____ %

Industrial Waste Treatments: _____ &

Hospitals/healthcare: _____ % other: _____ %

8. Does the applicant use a standard written contract with clients? Yes ☐ No ☐

Does this contract include a limitation of liability clause? Yes ☐ No ☐

Percentage of verbal agreements: _____ % Percentage of Client's contract form: _____ %

9. Does the applicant use sub consultants? Yes ☐ No ☐

10. Applicant's gross revenue of the last three years

Current Year: _____

1st prior Year

2nd Prior Year

Studies and reports: _____

All other billing: _____

Sub Consultants: _____

Total Billings \$ _____

\$ _____

\$ _____