

# Professional Insurance Brokers, Inc.

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## Application for Environmental Engineers Professional Liability Coverage

1. Principal Firm Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact email \_\_\_\_\_ Phone \_\_\_\_\_ fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ county \_\_\_\_\_ Partnership \_ Corp \_ LLC \_ Sole Prop

Year firm was established \_\_\_\_\_

2. Indicate the number of staff in each category:

Architects or Environmental Engineers \_\_\_\_\_ Clerical/Accounting \_\_\_\_\_

Draftsmen/Technicians/ \_\_\_\_\_ Administrative \_\_\_\_\_

Inspectors/Surveyors \_\_\_\_\_ Geologists or

General Engineers other than above \_\_\_\_\_ Hydrogeologists \_\_\_\_\_

Other \_\_\_\_\_ Total number of staff \_\_\_\_\_ Principals \_\_\_\_\_

D. Number of all employees that are: Full Time \_\_ Part Time \_\_ Temporary/leased \_\_

3. Describe the nature of your firm's practice

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4. Does your firm have an in-house program of continuing education for professional employees? This includes attendance at AIA/NSPE/PEEP sponsored seminars and similar functions. Yes \_\_\_\_\_ NO \_\_\_\_\_

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

a. Commercial _____%	d. Contractors _____%	f. Design Professionals _____%
b. Developers _____%	e. Governmental _____%	g. Industrial _____%
g. Utilities _____%	c. Residential multi family _____%	h. Residential single family _____%

other \_\_\_\_\_ %

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

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

**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	_____ %	Other	_____ %
Warehouses	_____ %	Schools/colleges	_____ %		
Storm Water Systems	_____ %	Real Estate Development	_____ %		
Water/Sewer Pipelines	_____ %	Hospitals/healthcare	_____ %		
Pools/playgrounds/Parks	_____ %	Shopping centers	_____ %		
		Industrial Waste Treatments	_____ %		
					_____ %

**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 \_\_\_\_\_

Are certificates of insurance required by subconsultants yes \_\_\_\_\_ no \_\_\_\_\_

**10. Applicant's gross revenue for the last three years**

	Current year _____	1 <sup>st</sup> prior year _____	2 <sup>nd</sup> prior year _____
Studies and reports	_____	_____	_____
All other billings	_____	_____	_____
Sub consultants	_____	_____	_____
Total billings	\$ _____	\$ _____	\$ _____