

c. Please provide gross receipts attributable to the following:

| <u>Service</u> | <u>Prior Year</u> | <u>Current Year</u> | <u>Projected Year</u> |
|---|-------------------|---------------------|-----------------------|
| Environmental studies, assessments, reports, audits | _____ | _____ | _____ |
| Remedial studies, investigations where firm is not involved in design | _____ | _____ | _____ |
| Site selection evaluation (real estate, waste) | _____ | _____ | _____ |
| Environmental permit preparation, submission | _____ | _____ | _____ |
| Remedial design with supervisory services | _____ | _____ | _____ |
| Remedial design without supervisory services | _____ | _____ | _____ |
| Project monitoring, management | _____ | _____ | _____ |
| General consulting | _____ | _____ | _____ |
| Laboratory services | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |
| Other (describe below): | | | |

d. Please provide the percentage of work performed for the following:

- | | | | |
|-----------------------------------|--------|--|--------|
| 1) Federal government | _____% | 4) Individuals, partnerships, joint ventures | _____% |
| 2) State government | _____% | 5) Contractors | _____% |
| 3) Private or public corporations | _____% | | |

4. HISTORY/CLAIMS

- a. Are you aware of any facts or circumstances, during the past 5 years, which may give rise to a claim?..... [] Yes [] No
If Yes, please describe on a separate sheet.
- b. Have any professional liability claim been made against you or any of your employees in the past 5 years?..... [] Yes [] No
If Yes, please describe on a separate sheet.
- c. Please list previous errors & omissions coverage for the past 4 years.

| Policy Period | Insurance Carrier | Limits of Liability | Premium | Deductible or S.I.R. |
|---------------|-------------------|---------------------|---------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

5. ADDITIONAL INFORMATION

Please include the following:

- _____ Most recent financial statement
- _____ Sample of client/subcontractor contract
- _____ Company marketing literature
- _____ Statement of qualifications or resumes of key personnel
- _____ Client reference and/or representative project listing

Please be as complete as possible when providing the above outlined information. This will enable the underwriter to provide the best possible terms and conditions.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.

Name of Applicant*

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

| | |
|--|---|
| | I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage. |
| | I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act. |

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.