



130 VANTIS, SUITE 250, ALISO VIEJO, CA 92656 - LIC # 0C79875  
PHONE: 800.992.6999 FAX: 800.999.3987

**New Business Application**  
For ANALYTICAL, LABORATORIES  
OR TESTING

FEDERAL ID# \_\_\_\_\_

Answer all questions, and if necessary, use separate exhibits.

1. Specify the trading style or corporate name of each proprietor, firm or organization, including any predecessor in business, for whom coverage is desired (hereinafter collectively referred to as "the Applicant"): \_\_\_\_\_

2. Street Address \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Specify the date that the Applicant initially commenced operations: \_\_\_\_\_  
mo/day/yr

4. The Applicant is a    Proprietorship    Corporation    Other(specify): \_\_\_\_\_

5. If the trading style or corporate name of the Applicant has changed or if there has been any acquisition, consolidation, merger, dissolution, reformation or other change in business structure, provide full particulars by listing each proprietorship, firm or organization in chronological order. Specify the exact date of such acquisition, consolidation, merger, dissolution, reformation or other change. \_\_\_\_\_

6. Specify the total number of staff as follows:

- (a) Scientists: \_\_\_\_\_
- (b) Engineers: \_\_\_\_\_
- (c) Geologists or Hydrogeologists: \_\_\_\_\_
- (d) Industrial Hygienists, Toxicologists, CIHs or CSPs: \_\_\_\_\_
- (e) Technicians: \_\_\_\_\_
- (f) Clerical and Accounting Employees: \_\_\_\_\_
- (g) Administrative Management: \_\_\_\_\_
- (h) Other: Specify \_\_\_\_\_  
Total: \_\_\_\_\_
- (i) Number of Principals (included in above listing): \_\_\_\_\_

Coverages:	_____ E&O	_____ CGL/E&O	
Limit of Liability:	_____ \$1,000,000	_____ \$1,000,000/\$2,000,000	_____ Other _____
SIR: _____	Proposed Effective Date of Policy: _____		

7. TYPE OF SERVICE - Indicate proportion of work in which the Applicant engages. The total must equal 100%:

SERVICES PROVIDED:	% Gross Income	% Performed by Subcontractors
CLASSIFICATION		
A. Construction Material Testing	_____	_____
B. Soil & Geotechnical Testing (not environmental)	_____	_____
C. Water Sampling and Testing (not environmental)	_____	_____
D. Waste Water Analysis	_____	_____
E. Air Sampling and Testing	_____	_____
F. Mechanical Testing	_____	_____
G. Forensic Testing	_____	_____
H. Chemical Testing	_____	_____
I. Biological Testing (please explain) _____	_____	_____
J. Medical Device Testing	_____	_____
K. Diagnostic Medical Testing	_____	_____
L. Drug Testing	_____	_____
M. Blood Testing	_____	_____
N. Product Testing and/or Certification	_____	_____
O. Noise Level Analysis	_____	_____
P. Asbestos Containing Building Materials Analysis	_____	_____
Q. Lead Based Paint Analysis	_____	_____
R.1. Air Monitoring (environmental)	_____	_____
R.2. Water or Soil Testing (environmental)	_____	_____
S. Point Source Monitoring	_____	_____
T. Waste Characterization	_____	_____
U. Data Analysis or Review	_____	_____
V. Expert Witness Testimony	_____	_____
W. Drilling for Sampling or Monitoring Wells	_____	_____
X. Mobile On-Site Laboratory Analysis	_____	_____
Y. Other (please list) _____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	100%	_____

8. Specify the approximate percentage of services provided by the Applicant for each of the following categories of clientele. The total must equal 100%.

(a) Commercial:	_____ %	(f) Industrial:	_____ %
(b) Contractors:	_____ %	(g) Institutional:	_____ %
(c) Design Professionals:	_____ %	(h) Utilities:	_____ %
(d) Developers:	_____ %	(i) Condominium Associations:	_____ %
(e) Governmental:	_____ %	(j) Other(specify):	_____ %

9. Does the Applicant perform on site drilling or soil sample boring? \_\_\_\_Yes \_\_\_\_No. If "Yes", provide full particulars.

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10. If the Applicant performs product safety analysis, certification or evaluation, please attach a list of products tested and customers.

11. Does the Applicant allow clients, other parties, to use the name of the Applicant in the client's brochure, advertising, promotional material, labels or certifications? \_\_\_\_Yes \_\_\_\_No. If "Yes" , provide full particulars. \_\_\_\_\_

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12. Does the Applicant make recommendations based on test results?  Yes  No. If "Yes", provide full particulars.

13. How long does the Applicant maintain records of testing analysis and reports? \_\_\_\_\_

14. Does the Applicant store hazardous materials?  Yes  No. If "Yes", please provide full particulars. \_\_\_\_\_

15. Please describe sample and hazardous materials disposal protocol. \_\_\_\_\_

16. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed, employed or otherwise controlled by any other person, firm, or organization (whether directly or indirectly)?  Yes  No. If "Yes," provide full particulars and describe any interrelationship: \_\_\_\_\_

17. Does one client represent more than 50% of the Applicant's total volume?  Yes  No. If "Yes," provide full particulars and describe any interrelationship: \_\_\_\_\_

18. Gross Receipts: Gross Receipts shall be defined as the Applicant's exact dollar amount of gross revenue less interest income, rental income accrued from owned real estate, income accrued from participation in any joint venture. Explain a variance from year to year greater than 25%.

Third Last Fiscal Year	From: _____ To: _____	Gross Receipts: \$ _____
Second Last Fiscal Year	From: _____ To: _____	Gross Receipts: \$ _____
Immediate Past Fiscal Year	From: _____ To: _____	Gross Receipts: \$ _____
Projection for Current Fiscal Year	From: _____ To: _____	Gross Receipts: \$ _____

19. SUBLET SERVICES:

(a)  % of operations that are subcontracted?

(b) Are certificates of insurance from subcontractors kept on file?  Yes  No

(c) Are certificates of insurance reviewed?  Yes  No

(d) Describe minimum insurance requirements for the Applicant's subcontractors:

General Liability \$ \_\_\_\_\_

Automobile Liability \$ \_\_\_\_\_

Professional Liability \$ \_\_\_\_\_

(e) Are all subcontractors hired under written contract? \_\_\_\_ Yes \_\_\_\_ No

(f) Do standard contracts contain indemnification provisions in favor of the Applicant? \_\_\_\_ Yes \_\_\_\_ No

(g) Provide a description of services subcontracted. \_\_\_\_\_

(h) What is the estimated cost of subcontracted work for the next fiscal year? \_\_\_\_\_

20. CURRENT INSURANCE COVERAGE: NONE: \_\_\_\_

A. Commercial General Liability \_\_\_\_ Occurrence \_\_\_\_ Claims Made None: \_\_\_\_

(1) Carrier: \_\_\_\_\_ (2) Limit of Liability: \_\_\_\_\_

(3) Deductible: \_\_\_\_\_ (4) Premium: \_\_\_\_\_

(5) Expiration Date: \_\_\_\_\_ (6) Retroactive Date: \_\_\_\_\_

B. Professional Liability None: \_\_\_\_

(1) Carrier: \_\_\_\_\_ (2) Limit of Liability: \_\_\_\_\_

(3) Deductible: \_\_\_\_\_ (4) Premium: \_\_\_\_\_

(5) Expiration Date: \_\_\_\_\_ (6) Retroactive Date: \_\_\_\_\_

21. Has any carrier ever refused to renew or instigated cancellation with respect to a liability policy issued to the Applicant, a predecessor in business, or a person, firm or organization for whom the Applicant has assumed the liabilities or has a liability policy issued to any of the aforementioned ever been canceled at the instigation of any premium finance company?

\_\_\_\_ Yes \_\_\_\_ No. If "Yes," provide full particulars: \_\_\_\_\_

22. HEALTH & SAFETY: Does the Applicant have a formal Health & Safety program in place? \_\_\_\_ Yes \_\_\_\_ No. If "Yes," please answer the following:

(a) Who is the corporate officer in charge of this program: \_\_\_\_\_  
Please provide this resume.

(b) How is employee training performed? \_\_\_\_\_

23. BUSINESS PRACTICES: Does the Applicant use a standard written contract with its clients? \_\_\_\_ Yes \_\_\_\_ No. If "Yes", please answer the following:

(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        | _____ Limitation of Consequential Damages |
| _____ Subsurface Structure Clause | _____ Ownership of Documents Clause       |
| _____ Detailed Scope of Services  | _____ Sample Disposal Clause              |

(c) What percentage of your projects are contracted using:

- (i) The Applicant's standard contract: \_\_\_\_\_ %
- (ii) A letter of agreement: \_\_\_\_\_ %
- (iii) A client's contract form: \_\_\_\_\_ %
- (iv) Verbal agreement: \_\_\_\_\_ %
- (v) Other \_\_\_\_\_ %

**IN PROVIDING RESPONSES TO QUESTIONS 24 THROUGH 29 INCLUSIVE, THE SIGNATORY AFFIRMATIVELY WARRANTS, UNLESS OTHERWISE STATED HEREIN, THAT A FULL INQUIRY OF ALL THE APPLICANT'S PRINCIPALS, PARTNERS, DIRECTORS, OFFICERS AND EMPLOYEES HAS BEEN MADE WITH RESPECT TO EACH OF THESE QUESTIONS. FURTHERMORE, THE AFOREMENTIONED QUESTIONS ARE INTENDED TO ELICIT A FACTUAL RESPONSE WITHOUT SUBJECTIVE INTERPRETATION THERETO AS TO THE APPLICANT'S ACTUAL OR PROSPECTIVE LIABILITY. THE SIGNATORY UNDERSTANDS AND AGREES THAT SUCH RESPONSES AS AFOREMENTIONED, SHALL BE CONSIDERED BY THE COMPANY TO BE WARRANTIES AND FURTHER UNDERSTANDS AND AGREES THAT THE COMPANY MAY ELECT TO EXCLUDE ANY ACTUAL, ALLEGED OR PROSPECTIVE LIABILITY OF THE APPLICANT ARISING OUT OF ANY CIRCUMSTANCES DISCLOSED UNDER THE AFOREMENTIONED QUESTIONS, IN THE EVENT THAT COVERAGE IS EFFECTED.**

24. Is the Applicant aware of actual, alleged or suspected defective, inadequate or otherwise faulty analysis, testing, reporting or audit that has not been remedied to the full satisfaction of all parties?  Yes  No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier: \_\_\_\_\_

25. Is the Applicant aware of any injury sustained by a person or damage occurring to tangible property (including fire or storm damage) having happened at the Applicants premises or at a project site during the immediate past five (5) years?  Yes  No. If "Yes," provide full particulars and indicate if the circumstance has been reported to the Applicant's liability carrier: \_\_\_\_\_

26. Has a claim (defined for the purpose of this question as a written or oral demand for money, services or the remedying of an alleged defect) ever been made against the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liability?  Yes  No. If "Yes," provide full particulars and indicate if the claim has been reported to the aforementioned's liability carrier: \_\_\_\_\_

27. Other than as may have been answered in the foregoing, has the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liabilities, ever reported a circumstance to a liability carrier that was not a claim (as defined in question 26) at the time of reporting?  Yes  No. If "Yes," provide full particulars: \_\_\_\_\_

28. Other than as may have been answered in the foregoing, is the Applicant aware of a circumstance that would cause a person (having sufficient facts taken alone or by compelling inference) to reasonably infer that a claim (as defined in question 26) could arise therefrom?  Yes  No. If "Yes," provide full particulars: \_\_\_\_\_

29. Is the Applicant owed any amount of compensation that is more than one hundred and twenty (120) days past due, regardless of the reason for non-payment?  Yes  No. If "Yes," provide full particulars: \_\_\_\_\_

30. Is the Applicant agreeable to promissory warranting that he will pursue the use of a Mandatory Arbitration Agreement when contracting to provide services?  Yes  No.

**THE FOLLOWING ATTACHMENTS MUST BE INCLUDED WITH THE SUBMISSION**

- 31. Attach a complete description of the Applicant's client services provided.
- 32. Attach a resume for each of the Applicant's principals, partners, directors or officers and any other key personnel.
- 33. Attach a copy of the Applicant's most recent financial statement (balance sheet and income statement). Attach Pro Forma statements, if applicable. Please include information on the Applicant's line of credit.
- 34. Attach a statement of qualifications (SOQ) including QA/QC and chain-of-custody procedures.
- 35. Attach a copy of the Applicant's standard contract used with its clients and a copy of the standard contract used with subcontractors.
- 36. Attach a copy of the Applicant's Corporate Health & Safety Program.

The signatory hereto being authorized and acting on behalf of the Applicant, affirmatively warrants that he has read all questions contained herein and after making specific inquiry (wherein warranted), represents that the answers given with respect to the foregoing questions are true, with no misrepresentations, omissions or other concealment of fact.

Should the signatory become aware of any change or omission relative to the information provided herein subsequent to the completion of this application and precedent to the effecting of insurance, the undersigned promissorially warrants that he will submit to Freberg Environmental, Inc. supplementary advice specifying such change or omission. Notwithstanding the immediate foregoing, however, the signatory further promissorially warrants that he will inform Freberg Environmental, Inc. of any change or omission with respect to the answers given in questions 1, 16, 17, 18 and 30 of this application at any time subsequent to the completion thereof, provided insurance has been effected. It is agreed that the duty imposed upon the signatory by virtue of the foregoing promissory warranties, shall be nondelegable. It is further agreed that this application shall be the basis of any insurance as may be subsequently effected by Freberg Environmental, Inc. and that Freberg Environmental, Inc. will rely upon the veracity of all responses thereto in causing such insurance to be effected. It is further understood and agreed that all representations and warranties made to Freberg Environmental, Inc. also are made to the issuing carrier.

It is finally agreed that the completion of this application neither obligates the Applicant to purchase insurance nor binds Freberg Environmental, Inc. or the issuing carrier to effect insurance.

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<b>SIGNED</b>	<b>TITLE</b>	<b>DATE</b>
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**TO BE COMPLETED BY INSURANCE AGENT**

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you hold a surplus lines license?  Yes  No License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_