

# Environmental Law – Supplemental Application For Lawyers Professional Liability Insurance Policy



**AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY**

**THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.**

Name of Applicant: \_\_\_\_\_

This document is part of the application for Lawyers Professional Liability Insurance Policy. Answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.

## ENVIRONMENTAL PRACTICE

### Part I: Attorneys

1. Please provide the following information for all Attorneys engaged in this specialty in the last five (5) years.

| Attorney Name | # of Years of Experience in the Specialty | % of Time Devoted to the Specialty |
|---------------|---|------------------------------------|
|               |   |                                    |
|               |   |                                    |
|               |   |                                    |

2. Please provide on a separate sheet(s) a short narrative explaining more fully the experience and type of work undertaken by each Attorney indicated in the chart above. Each narrative should include at least the following: the Attorney's prior experience with any federal, state, or private environmental agency, the number of years with such agency, the positions held at such agency, a description of the Attorney's duties at such agency, and a description of any current environmental designations.

3. Please provide the following information for the Applicant's ten (10) largest (in gross billable dollars) environmental clients during the past five (5) years:

| Name of Client | Services Provided* | Annual Gross Billable Revenue |
|----------------|--------------------|-------------------------------|
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |
|                |                    |                               |

**\* Service Provided:**

**L** - Pure Legal advice only (Please explain.)      **I** - Investigation      **O** - Opinions      **LI** - Litigation  
**C** - Contract negotiations      **E** - Environmental audits      **OT** - Other (Please explain.)

4. In the past five (5) years, has any one client represented fifty percent (50%) or more of the Applicants total gross billable hours? If YES, explain on a separate sheet.  Yes  No

5. Does the Applicant have a written risk management policy regarding its Environmental Practices, including due diligence procedures? If YES, please attach a copy of the policy.  Yes  No

6. Do any of the Applicants Attorney(s) perform site visits? If YES, on a separate sheet describe the Attorney's function on these site visits.  Yes  No

7. Does the Applicant use independent environmental contractors? If YES, on a separate sheet, attach a description of how they are utilized.  Yes  No

8. Does the Applicant use a standard contract for such independent contractors? If YES, attach a specimen of the standard contract.  Yes  No

**Part I: Attorneys cont'd...**

9. Does the Applicant insist that environmental investigations/audits conducted by outside consultants be completed prior to or contingent upon the Applicant representing the client?  Yes  No  
If NO, on separate sheet explain.
10. Does the Applicant define for the client the scope of the outside consultant's investigation/audit?  Yes  No
11. Does the Applicants Environmental Practice include services rendered in any of the following areas:  
Superfund \_\_\_\_\_% Mineral Rights \_\_\_\_\_% Underground Storage Tanks \_\_\_\_\_%

**Part II: Non-Attorney Employees**

Complete this section only if the Applicant employs non-Attorney employees who assist the Attorneys solely in the Environmental Practice.

1. a. Does the Applicant have employees assisting the Attorneys indicated in the chart in Question 1 above, who are designated as Environmental Analysts?  Yes  No  
i) If Yes, is this designation used on all correspondence signed by such employee?  Yes  No  
ii) Is the designation used in all instances where such employee is identified to clients and others outside the Applicant?  Yes  No  
b. Does the Applicant have any employees assisting the Attorneys indicated in the chart in Question 1 above, (aside from clerical) who are not designated as Environmental Analysts?  Yes  No
2. Does any Environmental Analyst render advice to clients?  Yes  No
3. Does any Environmental Analyst receive information from clients and/or interact with clients?  Yes  No
4. Is it the Attorney's responsibility to supervise and make appropriate use of the Environmental Analyst?  Yes  No

NOTE: If coverage is granted the following exclusion will be added to the policy:

Claims arising from environmental damage based upon or attributable to the Insured's intentional, willful, or deliberate noncompliance with any statute, regulation, ordinance, administrative complaint, notice of violation, notice letter, executive order, or instruction of any governmental agency.

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

**Required State Fraud Notices**

Notice to Arkansas Applicant: **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Notice to Colorado Applicant: **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 who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 Applicant: **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 fine. In addition, an insurer may deny insurance benefits if false information related to a claim was provided by the applicant.**

Notice to Florida Applicant: **Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Notice to Kentucky Applicant: **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 Applicant: **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 Applicant: **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 a denial of insurance benefits.**

Notice to New Jersey Applicant: **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 Applicant: **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 AND CRIMINAL PENALTIES.**

Notice of Ohio Applicant: **Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Notice to Oklahoma Applicant: **WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

Notice to Pennsylvania Applicant: **Any person who knowingly and with intent to defraud any 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 subjects such person to criminal and civil penalties.**

Notice to Vermont Applicant: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act.**

Notice to Applicants in all other states: **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.**

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal, Partner or President

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent

Name of Soliciting Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print) (Required in State of Iowa)