

Please address the final report to:

Protective Life Insurance Company, its subsidiaries  
and their successors and/or assigns

**NOTE:**

We require the information to be updated at least every 60 months. See Item 4 for insurance requirements. We reserve the right to alter or amend our approved vendor list at our sole discretion.

**ENVIRONMENTAL FIRMS  
Request for Approval**

Company Name: \_\_\_\_\_ (“Company”)

Company Representative: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

Address line 3: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Project Name & Location:

\_\_\_\_\_  
\_\_\_\_\_

Protective Loan Underwriter: \_\_\_\_\_

**For Lender Use Only**

**Reviewed By:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
Vice President, Construction Loans

**Date:** \_\_\_\_\_

**Approved for Phase**    I                    II                    Remediation

1. **Experience.** Please describe the company's experience in providing Phase I and Phase II Environmental Site Assessment reports (the "Reports") including an approximate number of reports prepared, how long the company or principals have been in the environmental business, a list of licensed engineers, geologists, hydrologists, chemists, and other environmental professionals on staff. Attach firm brochure and pertinent resumes.

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2. **Protocol.** Does the company use the most recent ASTM standards when preparing a Report? Do the Reports include at least an executive summary, a site inspection, interviews with property owners, chain of ownership search at the County Tax Assessor and Registrar of Deeds Offices, record checks of United States EPA files, record checks of State Dept. or Health and Environment files, assessment of geologic and hydrologic factors, findings and conclusions, and recommendations?

Comments: \_\_\_\_\_

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3. **References.** Please attach or list names, companies, addresses, and telephone numbers of references we may contact.

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4. **Insurance.** The company must demonstrate adequate coverage limits for professional liability underwritten by insurers acceptable to Protective's risk manager. By signing below, the company agrees to maintain the coverage limits set forth below continuously for 60 months from the date this form is submitted and is obligated to inform Protective Life Insurance Company of any reductions in coverage during such time. Failure to do so without proper written notification and our written approval could result in the company being removed from our list of approved vendors. Please attach an Accord Certificate of Liability Insurance ("Accord Certificate") detailing the following coverages:

- Comprehensive general liability with single limit of not less than \$1,000,000
- Professional liability insurance with E&O coverage of not less than \$1,000,000

Comments: \_\_\_\_\_

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5. **Liability.** Protective Life Insurance Company, its subsidiaries and their successors and/or assigns, relies on the information in the Reports in evaluating the environmental aspects of a site.

Protective Life Insurance Company, its subsidiaries and their successors and/or assigns, must be able to rely on this information. We do not accept any liability limitations which would reduce your professional liability to less than \$1,000,000 (or any greater amount stated on the Accord Certificate) for any of the reports addressed to or relied on by Protective Life Insurance Company, its subsidiaries and their successors and/or assigns.

If the Reports are not addressed to Protective Life, we require a reliance letter stating that Protective Life can rely on the information as stated in the report, in accordance with the above referenced liability requirements.

Does your company agree that Lender can rely on the information in the Company's Reports without any liability limitations except for the amount stated on the Accord Certificate, regardless of any limitations specified in the Reports or otherwise referenced therein? Yes\_\_\_\_\_ No\_\_\_\_\_

Comments:

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The below-signed individual certifies that he/she is the Company or is an authorized agent of the Company with the authority to execute this agreement and that information provided herein is true and accurate and that Protective Life Insurance Company, its subsidiaries and their successors and/or assigns, may rely on this information as being valid and in full force and effect.

\_\_\_\_\_  
Company Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_