

Protective Life Insurance Company, its subsidiaries
and their successors and/or assigns:
West Coast Life Insurance Company
Protective Life and Annuity Insurance Company

NOTE:

We require the information to be updated at least every 36 months. See Item 5 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 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

Approved By: _____

Date: _____

Approved for Phase **I** **II** **Remediation**

CC: Front Desk, File

1. **Experience.** Please describe the company's experience in providing Phase I and Phase II Environmental Site Assessment 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.

2. **Locations.** If the company has multiple offices, please include or attach a complete list of all office locations.

3. **Protocol.** Does the company use the most recent ASTM standards when preparing a Phase I and II Environmental Site Assessment? 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: _____

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

5. **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 36 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. Please attach an Accord Certificate of Liability Insurance 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: _____

6. **Liability.** Protective Life Insurance Company, its subsidiaries and their successors and/or assigns relies on the information in the site assessment 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 liability for professional malpractice to less than \$1,000,000 or a greater amount stated on the Accord Certificate. When the reports are prepared and addressed to another company, Protective Life requires a reliance letter stating that we can rely on the information as stated in the report, again without liability limitations.

Does your company agree with the above statement? Yes____ No____

Comments: _____

I certify, to the best of my knowledge, that information provided is true and accurate and that Protective Life Insurance Company, its subsidiaries and their successors and/or assigns may rely on this information for approval purposes.

Company Representative

Title: _____
Date: _____