



**APPLICATION FOR
INDEPENDENT TESTING LABORATORIES
PROFESSIONAL LIABILITY INSURANCE APPLICATION
(Claims Made Basis)**

NOTE:

In applying for coverage on claims made basis, the Applicant agrees that if coverage is eventually provided and in the event of covered losses, he will be required to be defended by the Company's appointed Attorneys and that the deductible shall apply to loss and including (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If, however, the Applicant elects to handle a claim without in any way involving the Company or the Company's appointed Attorneys, then no coverage for such a claim is afforded the Applicant under the Policy.

1. Name of **Applicant**: _____

2. Address: _____

Street
City
State
Zip Code
3. Address of all **Branches**: _____

Street
City
State
Zip Code
4. Specify the exact date upon which the Applicant was initially **established, formed** or **incorporated**: _____

mo day yr
5. The Applicant is a **Proprietorship** **Partnership** **Corporation** **Other** (specify): _____

6. If the name or trading style of the Applicant has ever **changed** or if there has ever 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.
7. a. Briefly describe the firm's **general business practices and operations**: _____

- b. Specify the **approximate percentage of the following services** provided by the Applicant (including services sublet to consultants) relative to total contract revenue or gross fees. The total must equal 100%.

1) Soil & Geotechnical Sampling, Analysis or Testing	_____ %	13) Drum/Container Sampling or Testing	_____ %
2) Mechanical Testing	_____ %	14) Aquatic Toxicology Testing or Sampling	_____ %
3) Construction Materials Testing	_____ %	15) Pesticides or Herbicides Testing	_____ %
4) Non-Destructive Testing	_____ %	16) Explosives Testing	_____ %
5) Forensic Testing	_____ %	17) Product Testing	_____ %
6) Asbestos Sampling or Testing	_____ %	18) Product Development Research/ Prototype Fabrication Research/ Product Sales Research or Quality Control Testing	_____ %
7) Environmental/Pollution Sampling or Testing	_____ %	19) Diagnostic Medical Testing	_____ %
8) Chemical Sampling or Testing	_____ %		
9) Biological Sampling or Testing	_____ %		

10) Ocean graphic/Hydrological Studies, Sampling or Testing	_____ %	20) Drug Testing	_____ %
11) Air and Dust Sampling or Testing	_____ %	21) AIDS Testing	_____ %
12) Stack Sampling or Testing	_____ %	22) Other (please specify)	_____ %
		23) _____	_____ %
		24) _____	_____ %
			_____ %
			Total: _____ %

c. Using the Applicant's fiscal year, please specify the exact contract revenues or gross fees accrued from providing services shown in 7b above.

Past 12 Months	Current 12 Months	Estimated Next 12 Months
From _____ to _____	From _____ to _____	From _____ to _____
\$ _____	\$ _____	\$ _____

d. What percentage of total revenues or gross fees is derived from professional services rendered as:
 Primary Professional _____ % Sub-professional _____ %

e. Does the Applicant foresee any **substantial change** in the professional services shown in Question 7b during the next twelve months? Yes No If yes, please describe these changes.

f. During the immediate past fiscal year, did the Applicant **derive more than 50% of its contract revenue or gross fees** from any one single client? Yes No If yes, please give details.

8. a. **Principals Qualifications**

Name of Principal	Type of Prof. Registered	Education Degree	Date and Place Degree Acquired	Years With Firm

b. **Total Personnel:**

- i) Principals as above _____
 - ii) Total number of Professionally Registered Personnel _____
 - iii) Total number of technical personnel not professionally registered _____
 - iv) Total number of field personnel _____
 - v) Total number of clerical and accounting employees _____
 - vi) Total number of administrative employees _____
 - vii) All others (describe) _____
- Total: _____

c. Is any individual or principal **employed** by or an **officer** of any other firm, organization, political body or sub-division thereof? Yes No If yes, please give full details.

d. Please provide **resumes** of all the Professional Registered Personnel (including Principals).

10. States in which the Applicant or Principals and Professionally registered Personnel are **licensed**: _____

11. Does the Applicant perform professional services outside the United States? Yes No If yes, please give details. _____
12. Have any of those listed in Question 8 ever been the subject of disciplinary investigation or action as a result of their professional activities? Yes No If yes, give details. _____

13. Does the Applicant or any officer or spouse of such officer have an ownership interest in any project for which professional services are being rendered or are to be rendered by the Applicant? Yes No If yes, please give details. _____
14. a. Does the Applicant or any subsidiary, parent or otherwise related entity **engage in manufacturing, fabrication or real estate development**? Yes No If yes, please give details.
- b. 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 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 on a separate Exhibit.
15. Does the Applicant participate in any Joint Ventures? Yes No If yes, please attach copies of Joint Venture Agreement(s). Is coverage for such Agreement(s) desired? Yes No
16. Specify the percentage of the Applicant's **contract revenue or gross fees attributable to the following type of client** for the immediate past fiscal year:
- | | | |
|--|--------|--------------|
| a. Federal Government and any Agency thereof | _____ | % |
| b. State, County or Local Government and Agency thereof | _____ | % |
| c. Real Estate Developers | _____ | % |
| d. Financial Institutions | _____ | % |
| e. Design Professionals or Environmental Engineers Consultants | _____ | % |
| f. Other Private or Public Held Corporations | _____ | % |
| g. Other Individuals, Partnerships or Joint Ventures | _____ | % |
| h. Other (specify) _____ | _____ | % |
| | _____ | % |
| | _____ | % |
| | Total: | <u>100</u> % |
17. a. Does the Applicant maintain or use any mobile laboratory equipment? Yes No If yes, please attach an equipment listing and describe operating procedures on a separate Exhibit
- b. How is Applicant's test equipment calibrated and how often? _____

- c. What care and measures are taken by the Applicant to ensure the quality and accuracy of the results of testing performed in the field laboratory? Please describe on a separate Exhibit.
- d. What approximate percentage of the contract revenue or gross fees shown in answer to Question 7c above for the past 12 months was derived from testing performed in the field laboratory? _____ %
18. a. Please attach a copy of Applicant's Standard Terms and Conditions or Contract utilized for providing professional services.
- b. Please attach a brief description of applicant's Chain of Custody policy. Including any sample forms.

- c. Does Applicant provide forensic storage? Yes No How does the Chain of Custody issue effect forensic storage? _____
- d. What other forms of storage are provided? _____
- e. What storage and/or backup systems are in place to assure protection of same? _____

19. Does the Applicant perform sampling work? Yes No If yes, please give details. Include names/titles of persons doing sampling, kinds of samples collected and a brief outline of procedures. _____

- 20. a. Does the Applicant **utilize independent consultants** such as chemists, hydrologists, ecologists, etc? Yes No If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors or consultants.
- b. Is evidence of professional liability insurance from such independent consultants contractually required by you? Yes No
- c. Does your contract with such independent contractor contain an "indemnification" or a "hold harmless" provision? Yes No If yes, please attach a copy of your standard form of agreement you utilize to contract with such independent consultants.

- 21. a. Does the Applicant have a formal quality control or quality assurance program in effect? Yes No If yes, attach a copy of your QA-QC program.
- b. Please describe on a separate Exhibit:
 - i) What documentation is maintained to evidence adherence to the QA/QC program?
 - ii) How is the applicant's QA/QC program applied and monitored in your field laboratories?
 - iii) What storage and backup system is utilized by you to protect such documentation from being destroyed by fire or other perils?
- c. Please outline Applicant's policy as respects continuing education of employees and their attendance at loss prevention seminars organized by your accredited organizations such as ALAA/ACIL.
- d. Please list Applicant's accreditations and/or approvals and list Professional Associations you belong to. _____

22. Does the Applicant **currently carry general liability and umbrella liability insurance**? Yes No If yes, please provide full particulars relative to the present policies.

	General Liability	Umbrella Liability
a. Carrier:	_____	_____
b. Limit of Liability:	_____	_____
c. Anniversary Date:	_____	_____

23. a. Does the Applicant currently carry professional liability insurance? Yes No If yes, provide full particulars of insurance carried for the past five years.

<u>Company</u>	<u>Policy No.</u>	<u>Limits</u>	<u>Deductible</u>	<u>Period (Including Dates)</u>	<u>Premium</u>
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b. Specify the **exact date** upon which professional liability insurance for the Applicant was initially placed in force and continuously maintained: _____
mo day yr

24. Has any application for similar insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been **declined** or has any such insurance ever been **cancelled** or **renewal refused**? Yes No If yes, please give details: _____

***Important information required to obtain “Prior Acts” coverage as well as qualify the Applicant for insurance.**

As used in the questions below, the term “claim” shall have the following meaning:

The word “**claim**” means a demand received by the Applicant for money or services, including the services of suit or institution of arbitration proceedings against the Applicant.

25. a. Have any **claims been made** during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the Applicant or to the knowledge of the Applicant against any past partners, past officers or past directors of the Applicant? Yes No If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement:

b. Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) **aware of any circumstances, incidents, situations or accidents** that have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes No If yes, give full details similar to Question 25a and also indicate if the circumstance, incident, situation or accident has been reported to the Applicant’s professional liability insurer:

c. Other than as may have been answered in the foregoing, please provide the following responses with respect to projects where the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) under contract has performed, worked or provided services, irrespective of whether performed by the Applicant or by others on behalf of the Applicant, during the past five years:

i) Is the Applicant **owed compensation** that any party refuses to pay or is unable to pay, either in whole or in part, for any reasons whatsoever? This question shall include, but is not limited to, any claim that the Applicant has pursued or anticipates pursuing involving "extras" allegedly owed him. Yes No If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability insurer: _____

ii) Is the Applicant **aware of any deficiencies in work** where he performed professional services or deficiencies in work by others for whom the Applicant is legally responsible and which exceed without offset or counterclaim \$10,000 in amount during the last five years? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability insurer: _____

iii) Is the Applicant **aware or has the Applicant received notice of any disputes** with respect to professional services performed by or on behalf of the Applicant and which exceed without offset or counterclaim \$10,000 in amount during the last five years? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability insurer: _____

iv) Has the Applicant **testified in or provided expert testimony** in any disputes, proceedings where claim has been made or suit filed against any party to the work or project where the Applicant(s) provided professional services during the last five years for sum(s) in excess of \$10,000? Yes No If yes, give full particulars and indicate if this circumstance has been reported to the Applicant's professional liability insurer: _____

It is agreed that if there be knowledge of any fact, circumstance, incident, situation or accident or other matter which subsequently results in claim being made against the Applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.

26. Attach a complete description of each of the **Applicant's ten largest jobs** in the last five years. Specify the name of client, services provided, gross accrued revenues or fees and the date services were completed or will be completed.

27. Attach a copy of each of the **Applicant's current brochures** and include any other current literature advertising his capabilities.

28. Attach a copy of the Applicant's most recent **financial statement**.

29. **Coverage requested:**

Limit: \$ _____ Deductible: \$ _____

Effective from _____ to _____

The Applicant accepts notice that any Policy which may be issued will apply on a "claims made" basis.

I/WE HEREBY DECLARE that the above statements and particulars are true and that no material facts have been suppressed or misstated and that at the present time I/WE have no reason to anticipate any claim being brought against me/us for any error of, or omission on the part of me/us or any Insured, and agree that this Application Form shall be the basis of any Policy of Insurance which may be issued by the Company and shall be deemed a part thereof, one signed copy will be attached to the Policy if issued. Should the Applicant become aware of any circumstance subsequent to the completion of the application, he agrees that he will submit to Professional Underwriters Agency, Inc. supplementary advices conveying any pertinent information or change so derived, and Professional Underwriters Agency, Inc. may alter any quotation previously given.

In the absence of subsequent advices to Professional Underwriters Agency, Inc. to the contrary it will be assumed by Professional Underwriters Agency, Inc. that there is no additional pertinent information or change.

Signature of Owner, Partner, Officer _____

Title: _____

Date: _____

Signing this form does not bind the Applicant or the Company to complete the insurance.