

**TESTING LABORATORY
SUPPLEMENTAL APPLICATION**



INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

1. Applicant name: _____

2. Year Established: _____

3. Please check the types of testing services performed and the percentage of gross revenue derived from each service:

Air Quality Testing	[] / _____%	Drug Testing	[] / _____%
Water Testing	[] / _____%	Forensic Drug Testing	[] / _____%
Product Safety Testing	[] / _____%	Explosives Testing	[] / _____%
Chemical Testing	[] / _____%	Biological Testing	[] / _____%
Geological Testing	[] / _____%	Diagnostic Medical Testing	[] / _____%
Mechanical Testing	[] / _____%	Environmental/Pollution	
Materials Testing	[] / _____%	Testing	[] / _____%
Medical Testing	[] / _____%	Asbestos Material Testing	[] / _____%
Hazardous Waste		Ground Water Testing	[] / _____%
Testing	[] / _____%	Underground Storage Tank	
Other:		Testing	[] / _____%
Describe: _____	[] / _____%		

4. Is any product safety analysis or evaluation performed? Yes No
 If "Yes", please describe in detail. _____

5. What percentage of Applicant's operation involves:

- a) Non-destructive testing: _____%
- b) Destructive testing: _____%

6. Does the Applicant determine sampling procedures for specimens to be tested, collect any specimens or perform off-premises investigations? Yes No
 If "Yes", please describe in detail. _____

7. Does the Applicant perform any research and development activities? Yes No
 If "Yes", please describe in detail. _____

8. Does Applicant or any subsidiary manufacture, sell, or distribute any product? Yes No
9. Does the Applicant or any employee provide testimony as an expert witness? Yes No
10. Does the applicant draw conclusions or make recommendations relative to EPA or Federal Regulation compliance? Yes No
11. How long does the Applicant retain tested samples? _____
12. Does the Applicant receive the samples directly from the client? Yes No
13. Please attach the following
a) Sample test report
b) Sample contract between Applicant and client
14. Please describe safeguards and quality control procedures in place to maintain accuracy/integrity of the sampled data: _____
15. Does the Applicant maintain a records retention program? Yes No
If "Yes", please describe in detail: _____
16. Is the applicant currently insured under a General Liability and/or Umbrella Policy? Yes No

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner _____
Print or Type Name and Title _____
Date (m-d-y)