



APPLICATION
ANALYTICAL TESTING LABORATORY ERRORS AND OMISSIONS INSURANCE
CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS												
1. Full name and address of Applicant.	1.												
2. Address(es) of Branch Office(s).	2.												
3. Date Established.	3. _____												
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.												
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Professional Staff; c) Other Employees (Secretaries, Clerks, etc.).	5. <table border="0"> <tr> <td></td> <td align="center"><u>Full Time</u></td> <td align="center"><u>Part Time</u></td> </tr> <tr> <td>a)</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>b)</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td>c)</td> <td align="center">_____</td> <td align="center">_____</td> </tr> </table>		<u>Full Time</u>	<u>Part Time</u>	a)	_____	_____	b)	_____	_____	c)	_____	_____
	<u>Full Time</u>	<u>Part Time</u>											
a)	_____	_____											
b)	_____	_____											
c)	_____	_____											
6. a) Furnish the following information on all principals and key employees:	6. a)												
<table border="0"> <tr> <td><u>Full Name</u></td> <td><u>No. Years Experience</u></td> <td><u>Professional Qualifications</u></td> <td><u>How Long a Principal</u></td> </tr> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>									
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b) Attach resumes of the principals and professional staff.	b)												
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a)	\$	_____										
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__	\$	_____										
	19__	\$	_____										
	19__	\$	_____										

QUESTIONS	ANSWERS												
<p>8. a) Furnish the percentage of the following non-environmental testing performed:</p> <p>1) Mechanical; 2) Construction Materials; 3) Forensic; 4) Chemical; 5) Biological; 6) Product; 7) Other _____ _____</p> <p>b) If any product safety analysis or evaluation is performed, furnish the products tested and the customers.</p>	<p>8. a)</p> <p style="text-align: center;"><u>%</u></p> <p>1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____</p> <p>Total 100%</p> <p>b)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;"><u>Product</u></th> <th style="width: 25%; text-align: center;"><u>Customer</u></th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Product</u>	<u>Customer</u>	1) _____	_____	_____	2) _____	_____	_____	3) _____	_____	_____
	<u>Product</u>	<u>Customer</u>											
1) _____	_____	_____											
2) _____	_____	_____											
3) _____	_____	_____											
<p>9. Furnish the percentage of the following environmental testing performed:</p> <p>a) Soil Analysis or Water Analysis; b) Air Quality Analysis; c) Asbestos Analysis; d) Hazardous Waste Analysis; e) Landfill Site Analysis; f) Other _____ _____</p>	<p>9.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____ d) _____ e) _____ f) _____</p> <p>Total 100%</p>												
<p>10. Furnish the names of the THREE largest clients and a description of the work performed for each.</p>	<p>10. <u>Client Name</u> <u>Work Performed</u></p> <p>1) _____ _____ 2) _____ _____ 3) _____ _____</p>												
<p>11. Furnish sample copies of the following:</p> <p>a) Brochures describing the Applicant's firm; b) The Applicant's letterhead.</p>	<p>11.</p> <p>a) _____ b) _____</p>												
<p>12. a) Does the Applicant's company name appear on other companies' labels as a certification or approval of the product?</p> <p>b) If "Yes," furnish full details of the product(s) involved and the contractual agreements.</p>	<p>12. a) YES/NO</p> <p>b) _____</p>												

QUESTIONS	ANSWERS
<p>13. a) Is a formal Quality Control or Quality Assurance program in effect?</p> <p>b) If "Yes," attach a copy of the program.</p>	<p>13. a) YES/NO</p> <p>b)</p>
<p>14. a) Is a Records Retention program in effect?</p> <p>b) If "Yes," describe the storage or backup systems used to assure protection of same.</p>	<p>14. a) YES/NO</p> <p>b)</p>
<p>15. a) Is a Loss Prevention program in effect?</p> <p>b) If "Yes," attach a copy of the program.</p>	<p>15. a) YES/NO</p> <p>b)</p>
<p>16. a) Does the Applicant or any subcontractor of the Applicant gather samples to be tested?</p> <p>b) If "Yes," furnish full details.</p>	<p>16. a) YES/NO</p> <p>b)</p>
<p>17. a) Does the Applicant provide consulting services?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>
<p>18. a) Is any work performed outside of the laboratory?</p> <p>b) If "Yes," furnish full details.</p>	<p>18. a) YES/NO</p> <p>b)</p>
<p>19. a) Does the Applicant make recommendations of any kind?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>

QUESTIONS	ANSWERS
<p>20. a) Furnish the following information about the general liability insurance carried by the Applicant:</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<p>20. a) Insurance Co. Policy Limit Expiration Date _____ \$ _____</p> <p>b) YES/NO</p>
<p>21. a) Does the Applicant, officers, or directors or their spouses have an ownership interest in any project for which any professional services are being or are to be rendered by the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>21. a) YES/NO</p> <p>b)</p>
<p>22. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>22. a) YES/NO</p> <p>b)</p>
<p>23. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>23. a) YES/NO</p> <p>b)</p>

QUESTIONS	ANSWERS																								
<p>24. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="1" data-bbox="142 464 1430 646"> <thead> <tr> <th><u>Insurer</u></th> <th><u>Policy No.</u></th> <th><u>Limits of Liability</u></th> <th><u>Deductible</u></th> <th><u>Premium</u></th> <th><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>24. a) YES/NO</p> <p>b) _____</p> <p>c) YES/NO</p> <p>d) _____</p>
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_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				
<p>25. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>25. a) YES/NO</p> <p>b) _____</p>																								
<p>26. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>26. a) YES/NO</p> <p>b) _____</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 																								

QUESTIONS	ANSWERS
<p>27. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <p>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</p> <p>2) Name of the potential Claimant;</p> <p>3) Estimated value;</p> <p>4) Brief description.</p>	<p>27. a) YES/NO</p> <p>b)</p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>
<p>28. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>28. a) YES/NO</p> <p>b)</p>
<p>29. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>29. YES/NO</p>
<p>30. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>30. a) \$ _____</p> <p style="text-align: center;">Each Claim/Aggregate</p> <p>b) \$ _____</p>

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

Name of Firm: _____

By: _____
(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

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