

## TECHNICAL CONSULTANTS SUPPLEMENTAL APPLICATION

1. Please complete the following columns with regard to any consulting services that have been or will be provided.

	ANNUAL REVENUES	
	% Last Fiscal Year	Est % Next Fiscal Year
___ Medical Products	_____	_____
___ Drug Screening	_____	_____
___ Asbestos (please complete Question #5)	_____	_____
___ PCB, Radon or Pesticide/herbicide	_____	_____
___ Hazardous waste site	_____	_____
___ Exhaust air stack	_____	_____
___ Flood plain/estuary or wetland	_____	_____
___ Environmental Impact Studies	_____	_____
___ Environmental site assessments	_____	_____
___ Ventilation systems	_____	_____
___ Fuel and chemical spills	_____	_____
___ Waste and waste water	_____	_____
___ Ground and surface water	_____	_____
___ Underground storage tank(s)	_____	_____
___ Hazard communications and "right-to-know programs"	_____	_____
___ Regulatory compliance and permits	_____	_____
___ Recycling	_____	_____
___ Training programs (please attach a full explanation)	_____	_____
___ Other (please explain): _____	_____	_____
_____	_____	_____
Total	100%	100%

2. Does your firm provide any removal or clean-up services? ( ) YES ( ) NO

3. Does your firm provide engineering or design services? ( ) YES ( ) NO

4. Does the applicant hold a patent for any product, service, etc.? ( ) YES ( ) NO

If YES, please provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Asbestos Work

Please indicate areas and gross receipts for work performed in the following:

___ Asbestos Identification or Inspection	_____
___ Asbestos laboratory and analysis	_____
___ Asbestos air monitoring at job site	_____
___ Asbestos abatement designs	_____
___ Industry standards	_____
___ Original designs	_____
___ Asbestos removal project management	_____
___ Non-asbestos toxicology/Industrial hygiene work	_____

6. Laboratory Services

Please indicate the following:

Percentage of work performed by own laboratory: \_\_\_\_\_%

Please attach your current laboratory license/certificate.

Percentage of work performed by outside laboratory: \_\_\_\_\_%

Is your principal outside laboratory licensed/certified? ( ) YES ( ) NO

If so, by whom? \_\_\_\_\_

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of person authorized  
to execute on behalf of the Applicant

Please Note:

All services or operations by the Applicant are not automatically covered under any policy issued pursuant to this Supplemental Application. The service or operations to be provided coverage is an underwriting decision by the insurer. Please consult with your broker and carefully review any policy and endorsements which may be issued pursuant to this Supplemental Application.