

Professional Liability: Testing Laboratories Supplement

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UNDERWRITERS
Division of Specialty Program Group, LLC

The Applicant is applying for CLAIMS-MADE Professional Liability POLICY which, if issued, applies only to CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. The LIMIT OF LIABILITY available to pay DAMAGES will reduce and may be exhausted by the payment of CLAIM EXPENSES.

Applicant means all disclosed corporations, organizations or other entities, including subsidiaries, proposed for this coverage. Please complete all questions with an answer, if question is not applicable then answer with N/A.

1. Applicant Information:

Name of Applicant: _____

2. What percentage of the Applicant's revenues are derived from the following services:

Services	Annualized Revenues	Percentage
Biological Testing		
Chemical Testing		
Construction Materials Testing		
Diagnostic Medical Testing		
Drug Testing		
Environmental/Pollution Testing		
A. Air quality Analysis		
B. Asbestos Material Surveys		
C. Environmental Related Soil Analysis		
D. Ground Water Analysis		
E. Hazardous Water Testing		
F. Hazardous Waste Site Testing or Assessment		
G. Portable Water Analysis		
H. Underground Storage Tank Testing		
I. Waste and Waste Water Analysis		
Explosive Testing		
Mechanical Testing		
Non-Destructive Testing		
Pesticides or Herbicides Testing		
Product Testing/Evaluation/Research		
Soil & Geotechnical Engineering		
Other(Specify)		
Total		100%

3. Does Applicant perform test for a parent company, affiliated subsidiary or associate company:

No Yes (please provide a brief description of these activities)

4. How long does the Applicant retain tested samples? _____

5. Does Applicant interpret test results or make any recommendations based on test results:

No Yes (please provide a brief description of these activities)

6. Does Applicant have a formal quality control or quality assurance program in effect?

No Yes (please provide a brief description of program in place)

7. If you engage in any hazardous waste site work, hazardous waste testing, waste disposal profiles, landfill site testing/monitoring or any other activities which involve the handling, disposal, containment or cleanup of hazardous or toxic materials, please provide a list of projects where these activities are performed. Please specify each service provided: N/A

8. If you engage in asbestos abatement projects, please provide details of these services i.e.; site evaluation, monitoring, development of abatement specification, etc. N/A

FALSE INFORMATION

THIS SUPPLEMENT WILL BE ATTACHED TO AND BECOMES A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY

APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Signature: _____

Title: _____

Date: _____

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by an authorized representative.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.