



TESTING LABORATORIES SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT SERVICES & RECEIPTS

	<u>Yes</u>	<u>No</u>	<u>Percentage</u>
a. Soil & Geotechnical Engineering	[]	[]	_____ %
b. Mechanical Testing	[]	[]	_____ %
c. Construction Materials Testing	[]	[]	_____ %
d. Non-Destructive Testing	[]	[]	_____ %
e. Forensic	[]	[]	_____ %
f. Chemical Testing	[]	[]	_____ %
g. Pesticides or Herbicides Testing.....	[]	[]	_____ %
h. Explosive Testing	[]	[]	_____ %
l. Biological Testing	[]	[]	_____ %
j. Diagnostic Medical Testing	[]	[]	_____ %
k. Drug Testing.....	[]	[]	_____ %
l. Product Testing/Evaluation/Research.....	[]	[]	_____ %
m. Environmental/Pollution Testing	[]	[]	_____ %
(i) Asbestos Material Surveys	[]	[]	_____ %
(ii) Potable Water Analysis	[]	[]	_____ %
(iii) Ground Water Analysis.....	[]	[]	_____ %
(iv) Waste and Waste Water Analysis	[]	[]	_____ %
(v) Air Quality Analysis.....	[]	[]	_____ %
(vi) Hazardous Water Testing.....	[]	[]	_____ %
(vii) Environment Related Soil Analysis.....	[]	[]	_____ %
(viii)Hazardous Waste Site Testing or Assessment	[]	[]	_____ %
(ix) Underground Storage Tank Testing	[]	[]	_____ %
n. Other _____ (Specify).....	[]	[]	_____ %

2. TESTING OPERATIONS

- a. Do you perform tests for parent company(ies), affiliated subsidiary(ies) or associated company(ies)... [] Yes [] No
 If yes, please attach a complete description of these activities.
- b. Do you perform the following tests:
- | | <u>Yes</u> | <u>No</u> | <u>Percentage</u> |
|---|------------|-----------|-------------------|
| (i) Product Development Research?..... | [] | [] | _____ % |
| (ii) Prototype Fabrication Research?..... | [] | [] | _____ % |
| (iii) Final Production Research? | [] | [] | _____ % |
| (iv) Product Sales Research?..... | [] | [] | _____ % |
| (v) Quality Control Testing? | [] | [] | _____ % |

If **Yes** to any of the above, please attach a list of clients and products with a specific description of the research services performed. Specifically indicate if your name appears on the client's labeling or in any promotional material as a certification or approval of the product.

- c. Do you ever interpret test results or make any recommendations based on test results?..... [] Yes [] No
If Yes, please attach a description of the work.
- d. If you engage in asbestos surveys or provide testing services on asbestos abatement projects, attach a specific description of these services, i.e., site evaluation, monitoring, development of abatement specifications, etc.
IF NONE, CHECK NONE [].
- e. 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, provide a list of projects where such services were performed and a specific description of services.
IF NONE, CHECK NONE [].
- f. Do you have a formal quality control or quality assurance program in effect?..... [] Yes [] No
Please attach a table of contents elaborating on your QA-QC program elements.

3. ADDITIONAL INFORMATION

Please attach:

- (i) Sample Test report
- (ii) Sample contract between you and client.

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

Name of Applicant*

Title (Officer, partner, etc.)

Signature of Applicant

Date

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.