

TESTING LABORATORIES

PROFESSIONAL LIABILITY INSURANCE

This Supplement which should be submitted along with the Application for Architects and Engineers Professional Liability Insurance is to be used for describing the business activities of Testing Laboratories.

1. Name of Firm: _____ Date Established: _____
2. Address: _____ County: _____

3. Branch Office Address(es): _____
4. Phone: (____) _____ Fax: (____) _____
E-Mail: _____ Website: _____
5. Firm is: Corporation Partnership Sole Proprietorship Joint Venture
- A. Please indicate which of the following testing laboratory or related services are performed by your firm, estimating the percentage of revenue of each for the next 12 months: **Total should equal 100%.**

Soil & Geotechnical Engineering	%	Asbestos Monitoring or Abatement	%	Product Testing	%
Mechanical Testing	%	Environmental/Pollution Testing	%	Evaluation Certification	%
Construction Materials Testing	%	Chemical Testing	%	Medical Testing	%
Non Destructive Testing	%	Biological Testing	%	Other (please describe) _____	%
Forensic	%			_____	

- B. Any product safety analysis or evaluation is performed by your company as indicated in A, please list products tested and customers:

- C. Does your Company's name appear on other companies' labels as a certification or approval of the product? Yes No

If yes, please provide details of the product(s) involved and contractual agreements.
Please use a separate sheet.

- D. Please provide the total number of Scientists, Technicians, & Engineers _____

Must be signed by Owner, Partner, or Officer.

Print or Type Your Name

Title

Signature of Applicant

Date