



## TESTING LABORATORY E&O PROGRAM APPLICATION FOR ACIL MEMBERS

### WHAT YOU SHOULD KNOW ABOUT THIS APPLICATION:

- CLAIMS MADE POLICY  
This application is for a CLAIMS MADE POLICY. CLAIMS MADE coverage applies only to those claims that are first made during the policy period and result from wrongful acts committed AFTER the RETROACTIVE DATE stated in the policy, if issued.

- DEFINITIONS  
The words **We**, **Us** and **Our** whenever used in this application refer to the Insurance Company offering the claims made policy.

The words **You** and **Your** in this application refer individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1 above.

- DEDUCTIBLE  
The coverage **You** are applying for includes a deductible applying to each wrongful act and applies to any combination of damages and claim expenses.
- CLAIM EXPENSES WITHIN LIMIT  
The Policy form for which **You** are applying contains a provision that reduces the total limit of insurance stated in the policy by the amount of claim expenses paid by **Us**.
- APPLICATION FORMS PART OF POLICY  
**Your** submission of this application does not obligate **You** to buy insurance nor are **We** obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing **Your** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers which may have affected **Our** decision to offer or bind coverage could result in the offer being retracted or coverage being voided.

### RETURN APPLICATION AND ALL SUPPORTING DOCUMENTAION TO:

**Mr. Greg Gamble**  
**Director**  
**Frank Crystal & Company**  
**Financial Square**  
**32 Old Slip**  
**New York, NY 10005**

**Attn: ACIL Program**



**APPLICATION FOR TESTING LABORATORY PROGRAM**

**INSTRUCTIONS:**

The purpose of this application is not only to provide **Us** with underwriting and rating information, but more importantly, to help make certain **You** and **We** have a meeting of minds about what the policy, if issued, will cover and what it will not. Thank **You** for taking the time to provide **Us** with accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on **Your** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the firm.
4. Attach:
  - a) A recent brochure or similar materials describing activities or services;
  - b) **Your** most recent financial statement or annual report.
  - c) Copies of standard contracts **You** enter into with clients; and
  - d) Any other forms or materials which will provide the underwriter with information about the services **You** perform.

**PROPOSED INSURED (APPLICANT):**

1. \_\_\_\_\_

Name of **Your** firm:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code Telephone No.

2. **A.** Provide the date **Your** firm was established. \_\_\_\_\_

**B.** Geographic area in which **You** provide service(s)

- Local • Regional (Multi State) • National • International

3. Are you owned by, or affiliated with other companies, or do you have any subsidiaries?

- Yes • No

**A.** If yes, advise who they are.

**B.** For which of these do you wish to extend coverage.

4. **A.** Within the past five years, have **You** changed **Your** name, acquired any business, or have **You** merged or consolidated with any entity? • Yes • No

If yes, provide the following information (if more space is needed, advise by attachment)

Name of Entity	Date of Transaction	Type of Transaction (acquisition, merger or consolidation)
_____	_____	_____
_____	_____	_____



**B.** In any of the transactions listed in 4. A. above, did **You** assume the liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? • Yes • No

If yes, provide details of the liability(ies) assumed.

**5. A.** Provide the number of **Your**:

- principals, partners or officers \_\_\_\_\_
- technical personnel \_\_\_\_\_
- clerical personnel \_\_\_\_\_

**B.** List the qualifications of key personnel or attach experience resumes of each.

**C.** List professional societies and trade associations relating to the services to be insured in which **You** or any of **Your** officers are a member.

**D.** Do **You** have any certified or licensed professionals on staff? (i.e. architect, engineer, medical practitioner, attorney, CPA, actuary, or insurance agent or broker, etc.)

• Yes • No If yes, what services are they providing.

**OPERATIONS:**

**6. A.** Describe the services you provide that **You** wish to insure. (Attach company brochures, advertising materials, etc. that describe these services.)

**B.** Do **You** use independent contractors or subcontractors for the services described in A. above? • Yes • No If yes, describe the services they provide and the estimated percentage of time used.

**7.** Testing Laboratory Services **You** provide (must total 100%):

Environmental Lab Testing: _____	% Medical Diagnostic Testing
_____ % Air or Emissions	_____ % Products Testing
_____ % Asbestos	_____ % Construction Materials/Site
_____ % Soil	_____ % Pharmaceuticals Testing
_____ % Water	_____ % Biological Testing
_____ % Industrial Effluent Testing	_____ % Drug & Alcohol
_____ % Chemical Testing	_____ % Other (Specify)
_____ % Food Products Testing	_____
_____ % Clinical Trials	_____

**8.** Do **You** ever perform tests for affiliated entities or divisions of **Your** company?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, provide percentage of revenue these activities represent. \_\_\_\_\_ %

**9.** Do **You** perform environmental site sampling? \_\_\_\_\_ Yes \_\_\_\_\_ No



10. Do **You** perform environmental site assessments (Phase I)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what percent of **Your** total revenue does this represent? \_\_\_\_\_ %

11. Do **You** perform environmental remediation service or remediation planning services or consulting? (Phase III) \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what percent of **Your** total revenue does this represent? \_\_\_\_\_ %

12. Attach the following:

(a) Quality Control/Quality Assurance Manual

(b) Sample test report to client

13. Briefly describe **Your** five largest jobs or projects during the past five years.

	<u>Client</u>	<u>Revenue</u>	<u>Service(s) Performed</u>
1.			
2.			
3.			
4.			
5.			

14. A. What do **You** see as **Your** potential exposure to E&O claims?

B. What safeguards or procedures do **You** employ to avoid these claims or reduce these exposures?

15. A. Do **You** use a written contract or agreement describing the services **You** will provide?

• Yes • No

If yes, attach representative contracts, work orders, license agreements or letters of agreements **You** use with **Your** clients. If no, explain how you reach agreement with **Your** clients regarding the services to be insured.

B. Percentage of time agreements in 9. A. above are used \_\_\_\_\_ %

**C. Do your contracts contain the following:**

- Hold Harmless or Indemnity Agreement inuring to **Your** benefit • Yes • No
- Hold Harmless or Indemnity Agreement inuring to **Your** client's benefit • Yes • No
- Guarantees or Warranties • Yes • No
- Disclaimer inuring to **Your** benefit • Yes • No

**D. Has a law firm experienced in **Your** field reviewed **Your**:**

- Contracts • Yes • No
- Procedures • Yes • No

**16. Provide the following information regarding **Your** income:**

<b>Domestic Operations</b>	<b>Past 12 Months</b>	<b>Current 12 Months</b>	<b>Estimate for Coming Year</b>
Gross billings, sales, fees commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
 <b>Foreign Operations</b>			
Gross billings, sales, fees commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

**CLAIM EXPERIENCE:**

**17. A.** Have any claims, suits or proceedings been made during the past five years against any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers, sales persons or employees? • Yes • No If yes, complete a supplemental claim information form for each.

**The policy for which You are applying, if issued, will not insure any claims, suits or proceedings made against any of You before the inception date of the policy or any subsequent claims, suits or proceedings arising therefrom.**

**B.** Are any of **You** aware of any actual or alleged fact, circumstance, situation, error or omission which may reasonably be expected to result in a claim being made against **You** or any of the persons or entities described in **11. A.** above?  
• Yes • No

If yes, explain below or in an attachment.

**The policy for which You are applying, if issued, will not insure any claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any of You before the inception date of the policy.**

**18.** Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of **Your** or their activities?  
• Yes • No

If yes, explain below or attach a statement giving details.

