

*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