



TECHNICAL CONSULTANTS

5. Asbestos Work:

Please indicate areas and gross receipts for work performed in the following:

- a. Asbestos Identification or Inspection
- b. Asbestos laboratory and analysis
- c. Asbestos air monitoring at job site
- d. Asbestos abatement designs
 - Industry standards
 - Original designs
- e. Asbestos removal project management
- f. Non-asbestos toxicology/Industrial hygiene work

6. Laboratory Services:

Please indicate the following:

% of work performed by own laboratory

Please attach your current laboratory license/certificate.

% of work performed by outside laboratory

Is your principal outside laboratory licensed/certified? YES NO

If YES, by whom?

7. Lead paint or radon?

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.

Please Note:

All services or operations by the Applicant are not automatically covered under any policy issued pursuant to this Supplemental Application. The service or operations to be provided coverage is an underwriting decision by the insurer. Please consult with your broker and carefully review any policy and endorsements which may be issued pursuant to this Supplemental Application.