

• SUPPLEMENT •  
**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