



# United States Liability Insurance Group

## Testing Services Supplement

1. List and describe type of testing work you do and the percentage of gross revenues derived from each.

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2. Are your clients advised based on the results of your tests?  YES  NO

3. Do you warrant the results of your tests?  YES  NO

4. Providing any Medical/Environmental/Drug/Pollution related testing services?  YES  NO

5. How many years do you maintain your records? \_\_\_\_\_

IT IS UNDERSTOOD THIS SUPPLEMENT BECOMES PART OF APPLICATION FOR SPECIFIED PROFESSIONS LIABILITY, AND IS UTILIZED TO DEVELOP INFORMATION UNIQUE TO THE OPERATIONS OF THE APPLICANT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative