

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS

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APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of Applicant: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Addresses of Branch Offices: _____
- d. Number of Employees: Full time ____ Part time ____ Seasonal ____ Total ____
- e. [] Corporation [] Partnership [] Individual [] Other Date established: _____
- f. Please list and describe affiliations with other firms: _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| g. (i) In the past five years has your name changed? | [] | [] |
| (ii) Has any other business been purchased? | [] | [] |
| (iii) Has any merger taken place? | [] | [] |

If Yes, please attach details - including any changes in operations and key employees.

2. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. _____

- b. Fees and Receipts: **Past 3 Years:**
Estimate for Coming Year: _____ Year: _____

- c. Are you engaged in any business or profession other than as described in Item 2(a)? [] Yes [] No If Yes, please explain. _____

- d. Have you established a quality control and/or continuing education program to limit professional liability exposure? [] Yes [] No Please explain: _____

3. CLAIMS/HISTORY

Please attach details for any "Yes" answers.

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
If None, please check None.
- b. Please list any known incidents which might give rise to a professional liability claim.
If None, please check None.
- c. Has any insurer canceled or refused to renew any similar insurance during the past five years? Yes No
- d. Previous coverage:

Policy Period	Insurer	Indicate whether Claims made or Occurrence policy	Limits of Liability	Deductible	Retro Date

4. ADDITIONAL INFORMATION

- a. Please attach a list of:
 - (i) Partners, key employees, etch, and their professional qualifications;
 - (ii) Professional societies and organizations to which they or you belong(s); and
 - (iii) Your five largest jobs in the past three years.
- b. Please attach copies of:
 - (i) Advertisements, brochures, descriptive literature;
 - (ii) Sample contract for services between you and your clients; and
 - (iii) Latest financial data (annual report or balance sheet and income statement).

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

TESTING LABORATORIES SUPPLEMENT

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1. APPLICANT SERVICES & RECEIPTS

	<u>Yes</u>	<u>No</u>	<u>Percentage</u>
a. Soil & Geotechnical Engineering	[]	[]	_____ %
b. Mechanical Testing	[]	[]	_____ %
c. Construction Materials Testing	[]	[]	_____ %
d. Non-Destructive Testing	[]	[]	_____ %
e. Forensic	[]	[]	_____ %
f. Chemical Testing	[]	[]	_____ %
g. Pesticides or Herbicides Testing	[]	[]	_____ %
h. Explosive Testing	[]	[]	_____ %
l. Biological Testing	[]	[]	_____ %
j. Diagnostic Medical Testing	[]	[]	_____ %
k. Drug Testing	[]	[]	_____ %
l. Product Testing/Evaluation/Research	[]	[]	_____ %
m. Environmental/Pollution Testing	[]	[]	_____ %
(i) Asbestos Material Surveys	[]	[]	_____ %
(ii) Potable Water Analysis	[]	[]	_____ %
(iii) Ground Water Analysis	[]	[]	_____ %
(iv) Waste and Waste Water Analysis	[]	[]	_____ %
(v) Air Quality Analysis	[]	[]	_____ %
(vi) Hazardous Water Testing	[]	[]	_____ %
(vii) Environment Related Soil Analysis	[]	[]	_____ %
(viii) Hazardous Waste Site Testing or Assessment	[]	[]	_____ %
(ix) Underground Storage Tank Testing	[]	[]	_____ %
n. Other _____ (Specify)	[]	[]	_____ %

2. TESTING OPERATIONS

- a. Do you perform tests for parent company(ies), affiliated subsidiary(ies) or associated company(ies). [] Yes [] No
If yes, please attach a complete description of these activities.

	<u>Yes</u>	<u>No</u>	<u>Percentage</u>
(i) Product Development Research?	[]	[]	_____ %
(ii) Prototype Fabrication Research?	[]	[]	_____ %
(iii) Final Production Research?	[]	[]	_____ %
(iv) Product Sales Research?	[]	[]	_____ %
(v) Quality Control Testing?	[]	[]	_____ %

If **Yes** to any of the above, please attach a list of clients and products with a specific description of the research services performed. Specifically indicate if your name appears on the client's labeling or in any promotional material as a certification or approval of the product.

- c. Do you ever interpret test results or make any recommendations based on test results? [] Yes [] No
If Yes, please attach a description of the work.
- d. If you engage in asbestos surveys or provide testing services on asbestos abatement projects, attach a specific description of these services, i.e., site evaluation, monitoring, development of abatement specifications, etc.
IF NONE, CHECK NONE [].
- e. If you engage in any hazardous waste site work, hazardous waste testing, waste disposal profiles, landfill site testing/monitoring or any other activities which involve the handling, disposal, containment or cleanup of hazardous or toxic materials, provide a list of projects where such services were performed and a specific description of services.
IF NONE, CHECK NONE [].
- f. Do you have a formal quality control or quality assurance program in effect? [] Yes [] No
Please attach a table of contents elaborating on your QA-QC program elements.

3. ADDITIONAL INFORMATION

Please attach:

- (i) Sample Test report
- (ii) Sample contract between you and client.

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

Name of Applicant* Title (Officer, partner, etc.)

Signature of Applicant Date

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.