

SPECIALTY E & O PLAN

SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION CLINICAL LABORATORIES/TESTING LABORATORIES SUPPLEMENT

1. Name of **Your** firm: _____

2. Services **You** provide (must total 100%):

Environmental Lab Testing:	_____ %	Medical Diagnostic Testing
_____ % Air or Emissions	_____ %	Products Testing
_____ % Asbestos	_____ %	Construction Materials/Site Testing
_____ % Soil	_____ %	Pharmaceuticals Testing
_____ % Water	_____ %	Biological Testing
_____ % Industrial Effluent	_____ %	Drug & Alcohol
_____ % Chemical Testing	_____ %	Other (Specify)
_____ % Food Products Testing		
_____ % Clinical Trials		

4. Do **You** ever perform tests for affiliated entities or divisions of **Your** company? _____ Yes _____ No

If so, provide percentage of revenue these activities represent. _____ %

5. Do **You** perform environmental site sampling? _____ Yes _____ No

6. Do **You** perform environmental site assessments (Phase I)? _____ Yes _____ No

If so, what percent of **Your** total revenue does this represent? _____ %

7. Do **You** perform environmental remediation service or remediation planning services or consulting? (Phase III) _____ Yes _____ No If so, what percent of **Your** total revenue does this represent? _____ %

8. Do **You** use subcontractors to perform any services? _____ Yes _____ No

If so, indicate services and provide a sample contract or agreement for these services:

9. Attach the following:

- (a) Quality Control/Quality Assurance Manual
- (b) Sample test report to client

THIS CLINICAL LABORATORIES/TESTING LABORATORIES SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE SPECIALTY ERRORS AND OMISSIONS LIABILITY INSURANCE POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.

Date

Your Signature/Title

NOTE: THE SIGNATURE MUST BE THAT OF AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER OF YOUR FIRM.