

SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR BIOTECH

OPERATIONS & SERVICES

1. Indicate the uses or operations to which the insured's operations or services apply:

- | | | |
|---|--|---|
| <input type="radio"/> Cryogenic Storage for others, as revenue source | <input type="radio"/> Labs which are owned and operations as part of hospitals or manufacturing facilities | <input type="radio"/> Research or testing on high hazard or volatile substances |
| <input type="radio"/> Fertility, Stem Cell, Sperm banks as revenue source | <input type="radio"/> Research or testing involving raw nanomaterials | <input type="radio"/> Laboratory protocols for Biosafety Levels 3 or 4 |
| <input type="radio"/> Any clinical trials | <input type="radio"/> Research or testing involving live primates | <input type="radio"/> None of the Above |

POLICY QUESTIONS

2. Does the insured have more than 50% interest in any other business? Yes No

3. Which of the following are part of the insured's operations? *Select all that apply.*

- Medical Devices or Equipment Manufacturing Research & Development Medical Equipment Rentals Human Clinical Trials None of the Above

4. Describe the insured's products and services: _____

5. Which Biosafety Level rating are the insured's operations? Level 1 Level 2 Level 3 Level 4 Not applicable to operations

6. Does the insured work with any of the following? *Select all that apply.* Lab animals, or specimens which would be difficult to replace in the event of a loss

- Cell lines and/or unique cultures Reactive, explosive or self-igniting chemicals or gases Radioactive Materials None of the Above

If None of the Above is applicable, describe the insured's research: _____

7. Is the insured currently in or planning on participating in any human clinical trials? Yes No

8. Does the insured use materials requiring refrigeration or which are susceptible to spoilage? Yes No

Please indicate which of the following the insured uses: *Select all that apply.*

- | | | |
|--|--|---|
| <input type="radio"/> Bioreactors/fermentation vessels 500 liters or larger | <input type="radio"/> Process vessels made from materials other than steel | <input type="radio"/> Individual pieces of equipment valued at over \$500,000 |
| <input type="radio"/> Glass bell jars, pressure vessels, or chromatography columns | <input type="radio"/> Clean room | <input type="radio"/> Research material and/or electronic records |
| <input type="radio"/> Unique or custom designed equipment for your operation | <input type="radio"/> None of the Above | |

9. Which of the following Quality Registrations does the insured have? *Select all that apply.*

- ISO 9000 ISO 9001 ISO 9002 ISO 9003 ISO 13485 ISO 15378 Other None of the Above

10. Are the insured's products and/or research subject to FDA regulations? Yes No

11. Are FDA certification papers and/or copies of research notes stored offsite? Yes No

POLICY QUESTIONS Continued

12. Which of the following apply to the insured's facilities? *Select all that apply.*

- Protected by a sprinkler system
- Protected by a fire detection system
- Security access to premises
- Protected by a central station intrusion alarm
- Biosafety training provided and documented for lab maintenance and custodial staff
- Lab safety program in place
- None of the Above

13. Does the insured currently have Products/Completed Operations Coverage? Yes No

Please provide the details for your current coverage: Carrier: _____

Effective Date: _____ Limits of Liability: _____

14. How many Wind/Hail losses has the insured incurred in the prior 3 completed policy years and the current year to date? _____

15. What is the total quantity (gallons) of flammable or hazardous chemicals stored on the premises? _____

16. Are used cleaning rags stored in self-closing UL listed approved steel containers? Yes No

17. Does the insured have any materials considered to be hazardous or potentially harmful to the environment? Yes No

SUBMISSION AND SIGNATURE

THE APPLICANT DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED. THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURANCE COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID.

Signature of Owner, Officer, or Partner

Title

Date

Please email application and any attachments to: acs.apply@pearlinsurance.com

PLEASE NOTE: Due to carrier requirements, premium payment and a signed application must be received to bind coverage.

Be sure to complete all pages and sign the last page