

SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR LABORATORY

POLICY QUESTIONS

1. Do you operate and/or is your company classified as a traditional laboratory? Yes No
2. Provide percentage of work performed in a laboratory: _____% Please explain: _____

3. What type of laboratory services do you provide? Please specify and explain: _____

4. Do you physically perform the research and testing in your laboratory? Yes No
5. Does any of your lab work involve any animal and/or human testing? Yes No
6. Are certain chemicals and laboratory equipment used in the laboratory? Yes No Please specify and explain: _____

7. Do you currently have laboratory liability coverage in place? 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