

CHEMICAL PROFESSIONALS IN CONSULTING – PROFESSIONAL LIABILITY INSURANCE

1. MEMBER INFORMATION

Member First Name: _____ Member Last Name: _____

Organization Name:* _____ Organization Type: Proprietorship Partnership Corporation LLC

Date Established: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax Number: _____

Email: _____ Company Web Address: _____

Is the Member a Professional Engineer? Yes No Does the Member have a PE license? Yes No Is the Member a consultant? Yes No

*This is the name that will display as insured on your quote. Do not enter "Me" or "No Name" if you are a sole proprietor.

2. MEMBERSHIP AFFILIATION

Membership is required to obtain coverage. Are you a member of ACS or AACT? Please check one: ACS AACT Membership # _____

3. PERSONNEL — NUMBER OF STAFF

	LAST YEAR	THIS YEAR
Principals / Partners / Directors		
Other Licensed Professionals		
Other Staff		

4. GROSS BILLINGS

Total Gross Billings for professional services (collected or not) to include reimbursable expenses and sub-consulting fees:

Current Year (estimated): \$ _____

Prior Year (actual): \$ _____

Next Year (projected): \$ _____

Work pursuant to Federal or State grants	%
Feasibility Studies	%
Patent Research	%
All Other Billings	%
Total (Must equal 100%)	100%

Please indicate percentage of the Member's gross billings derived from projects outside the USA and Canada: _____ %

5. PROFESSIONAL DISCIPLINES

Please provide a summary description of professional services the Member is engaged in: _____

Is the Member working with or planning to work with any ethanol and/or ethanol related projects? Yes No Do you engage in any laboratory testing? Yes No

Specify a percentage of the Member's Gross Billings (Total must equal 100%):

DESCRIPTION	PERCENTAGE	YEARS EXPERIENCE	DESCRIPTION	PERCENTAGE	YEARS EXPERIENCE
Aerospace / Transportation	%		Metals / Metal Products	%	
Agriculture & Food	%		Nuclear	%	
Analytical	%		Organic	%	
Biochemistry	%		Paint / Coatings	%	
Biotechnology	%		Patent Research	%	
Chemical Education	%		Personal Care / Cosmetics	%	
Chemical Information	%		Pharmaceutical / Medicinal	%	
Clinical / Diagnostic	%		Physical	%	
Colloids & Surfaces	%		Pollution – Analysis	%	
Combination Chemistry	%		Pollution – Remediation	%	
Computing / Molecular Modeling	%		Polymers / Plastics	%	
Electronics / Semiconductors	%		Process Engineering / Modeling	%	
Energy / Fuels	%		Pulp / Paper / Wood	%	
Environmental – Analyzing	%		Rubber	%	
Environmental – Remediation	%		Soaps / Detergents / Cleaners – Process	%	
Expert Witness	%		Soaps / Detergents / Cleaners – Analysis	%	
Forensics	%		Soaps / Detergents / Cleaners – Research	%	
Geochemistry	%		Textiles / Fiber	%	
Glass / Ceramics / Composites	%		Toxicology	%	
Health & Safety	%		Writing – Technical	%	
Inorganic Chemistry	%		Writing – Reporting	%	
Lubricants / Oils (Petrol)	%		Other (please specify):	%	
Marketing / Sales / Business	%				
Materials	%		Total (Must equal 100%)	100%	

Please describe the Member's largest projects during the past 3 years.

CLIENT NAME	SERVICE	MEMBER'S FEE	TOTAL PROJECT COST

Do you use a written contract with clients? Yes No Do you limit your liability in contract? Yes No

6. SUBCONTRACTORS / SUBCONSULTANTS

Please indicate percentages of work Member subcontracts to others: _____

Are written contracts used for all subcontractors and subconsultants? Yes No

Do the Member's contract with subcontractors and subconsultants contain indemnification and hold harmless provisions? Yes No

Does the Member obtain certificates of insurance from all subcontractors and subconsultants? Yes No

Is the Member named as an Additional Insured under all subcontractor and subconsultant General Liability policies? Yes No

7. MANAGEMENT

Does the Member have any in-house quality control procedures? Yes No

Has the name of the Member changed or has any other firm been merged with or into the Member, or is any such change pending? Yes No

If Yes, please forward details via separate attachment.

Is the Member controlled, owned by or associated with, or does the Member control or own any other entity? Yes No If Yes, please forward details via separate attachment.

8. LOSS HISTORY

Have any claims or suits been made against the Member? Yes No If Yes, please forward details via separate attachment.

Are any member(s) of the Member aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Member? Yes No

If Yes, please forward details via separate attachment.

Has the Member or any principal been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please forward details via separate attachment.

9. INSURANCE

Has insurance of the type for which the Member is now applying been declined, cancelled or had the renewal thereof refused? Yes No

If Yes, please forward details via separate attachment.

Please give details of previous insurance:

CARRIER	POLICY NO.	LIMITS EACH DATE CLAIM / AGGREGATE	DEDUCTIBLE	PAID PREMIUMS	EFF. DATE	EXP.

Retroactive Date of Current Policy: _____

Please check coverage Limits and Deductible requested: **Cover Limits of Liability:** \$250,000 \$500,000 \$1,000,000 Other (specify): _____

Deductible: \$5,000 \$10,000 Other (specify): _____

10. MEMBER CYBER ACTIVITIES

Does the Member provide data processing, data storage, or data hosting services to third parties? Yes No

Does the Member distribute any products on a wholesale basis? Yes No

Does the Member accept credit cards for goods sold or services rendered? Yes No

Does the Member use the following controls: Commercially available Firewall protection? Yes No Commercially available Anti-Virus protection? Yes No

11. OPTIONAL GENERAL LIABILITY COVERAGE

Do you want to apply for General Liability coverage? Yes No **If Yes, please answer the following questions: (Note—This is a Claims Made Insurance Policy.)**

Number of locations or branch offices including the main office: _____ Please submit schedule of location that includes complete address and square footage for each location.

Does the Member design or produce any products? Yes No If Yes, describe products designed or produced: _____

Does the Member have any responsibility for site safety? Yes No If Yes, describe responsibilities: _____

Do you sponsor any sporting or social events? Yes No If Yes, provide description: _____

Does the Member have any responsibility for construction, erection, fabrication or installation? Yes No If Yes, provide description: _____

During the past five (5) years has any claim been made against the Member or any director, officer, employee or partner of the applicant for general liability? Yes No

If Yes, provide description: _____

Submit a list and status of all claims made for any of the above questions which you answered YES. Indicate the date, allegation, loss, amount, defense cost and dispositions of each.

After enquiry, are any member(s) of the Member aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Member?

Yes No

GENERAL LIABILITY DISCLAIMER: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE UNDERWRITERS TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING SUPPLEMENTAL APPLICATION OF INSURANCE AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

12. SUBMISSION AND SIGNATURE

THE MEMBER 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 MEMBER AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURING COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID. APPLICATION WILL ATTACH TO AND FORM PART OF THE POLICY.

Member's Signature

Title

Date

Please email application and any attachments to: acs.renewals@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