

## CHEMICAL PROFESSIONALS IN CONSULTING – PROFESSIONAL LIABILITY INSURANCE

### 1. MEMBER INFORMATION

Member First Name: \_\_\_\_\_ Member Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Organization Type:  Proprietorship  Partnership  Corporation  LLC

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Company Web Address: \_\_\_\_\_

Branch Office Address(es) (Please forward details via separate attachment.): \_\_\_\_\_

Date Established (current entity): \_\_\_\_\_

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

\*Please provide additional information pertaining to your operations and/or scope of services.

### 2. MEMBERSHIP AFFILIATION

Association: **American Chemical Society\*** Membership # \_\_\_\_\_ \*Please provide additional information pertaining to your operations and/or scope of services.

### 3. PERSONNEL

Number of Staff:

PLEASE NOTE:  
Leave each field  
that you do not  
enter set to "0";  
otherwise program  
will not calculate  
totals correctly.

	LAST YEAR	THIS YEAR
Principals / Partners / Directors		
Other Licensed Professionals		
Other Staff		
<b>Total Licensed Professionals</b>		

Are principals or staff members also employed by another entity, including any educational institutions?  Yes  No If Yes, please forward details via separate attachment.

Please forward details of the Academic Qualifications of the Member's Principals / Partners / Directors and Licensed Professionals.

(Please attach resume and include detail of experience level on work you are currently performing).

### 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	%
<b>Total (Must equal 100%)</b>	<b>%</b>

PLEASE NOTE:  
Leave each field  
that you do not  
enter set to "0";  
otherwise program  
will not calculate  
totals correctly.

#### 4. GROSS BILLINGS Continued

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

Were more than 20% of the Member's billings during the past fiscal year derived from a single client or contract?  Yes  No If Yes, please attach details.

#### 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

Are any significant changes in the nature or size of the Member's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months?

Yes  No If Yes, please attach details.

Specify a percentage of the Member's Gross Billings (Total must equal 100%): PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.

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	%		<b>Total (Must equal 100%)</b>	<b>%</b>	

\*Please supply detail of discipline

## 5. PROFESSIONAL DISCIPLINES Continued

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

CLIENT NAME	SERVICE	MEMBER'S FEE	TOTAL PROJECT COST

Do you have a copy of the Company's brochure?  Yes  No If Yes, please forward a copy of the brochure.

Do you use a written contract with clients?  Yes  No If Yes, please forward a copy of a typical contract of hire utilized by the Member.

## 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): \_\_\_\_\_

**8. 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.**

Member's Signature)

Title

Date

**Please forward any attachments to:**

ACS Insurance Plan Administrator, P.O. Box 3930, Peoria Heights, IL 61612-3930

**PLEASE NOTE: Due to state regulatory filing requirements, premium payment & a signed application must be received by the effective date to bind coverage.**

**SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR  
GENERAL LIABILITY COVERAGE**

**THIS SUPPLEMENTAL APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY**

**APPLICATION INSTRUCTIONS:**

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY;
2. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Number of locations or branch offices including the main office (please attach schedule of location that includes complete address and square footage for each location)

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2. Does Applicant design or produce any products? \_\_\_ No \_\_\_ Yes (If Yes please describe)

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3. Does the applicant have any responsibility for site safety? \_\_\_ No \_\_\_ Yes

4. Do you sponsor any sporting or social events? \_\_\_ No \_\_\_ Yes

5. Does the applicant have any responsibility for construction, erection, fabrication or installation? \_\_\_ No \_\_\_ Yes

6. During the past five (5) years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for General Liability? \_\_\_ No \_\_\_ Yes

Please attach 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

7. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? \_\_\_ No \_\_\_ Yes

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 AUTHORISATION 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.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_ IN \_\_\_\_\_

PRODUCER \_\_\_\_\_ APPLICANT'S  
SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TITLE \_\_\_\_\_

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