

**AMERICAN SOCIETY OF SAFETY ENGINEERS
PROFESSIONAL LIABILITY
(Specified Members of American Society of Safety Engineers)
Application for "Claims Made" Policy**

- A) Please PRINT or type answers to all questions, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate sheet of paper if space provided is insufficient.

- 1 a) Name of Applicant/Organization to be insured _____
Name of Contact Person (person completing application) _____
- b) Address (**MUST** be a Physical Address) _____
City _____ State _____ Zip Code _____
Area Code/Phone Number _____ Fax Number _____
Email Address _____ Website Address _____
Mailing Address _____
- c) Applicant is Sole Proprietor Partnership Corporation Other _____
- d) Is the Applicant a subsidiary of another entity or does the Applicant have any subsidiaries? _____

- e) List Branch Offices and Addresses, if any: _____

- f) Date Business was Established: _____

2a) Please describe areas of consulting services below by showing the percentage of income derived from each and a brief description of each, please use a separate sheet of paper if necessary.

Example: 30 % Description: OSHA Compliance. I/we provide OSHA Compliance audits for industrial clients, mostly chemical manufacturers.

- _____ % Description: _____

- _____ % Description: _____

- _____ % Description: _____

- _____ % Description: _____

- _____ % Description: _____

2b) Does the Applicant perform Onsite Safety Surveys/Inspections/Audits? Yes No

If yes, please advise what percentage of your work is in this area? _____%

2c) What percentage of your Surveys/Inspections/Audits are:

Pre-Injury? _____% Post-Injury? _____%

2d) What percentage of your work involves companies dealing with heavy machinery? _____%

3) Briefly describe your clients and the purpose of the safety services you provide for these clients.

4) What percentage of the Applicants clients are in the following industries totaling 100%?

Chemical	_____%	Metal & Mining	_____%
Commercial & Private Industries	_____%	Municipalities	_____%
Construction	_____%	Oil & Gas	_____%
Hazardous Waste	_____%	Railroad/Aviation/Aerospace	_____%
Industrial	_____%	Other (please specify below)	_____%
Marine	_____%		<u>100%</u>

5a) Have any claims or suits been made during the past ten years against the Applicant, or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as a safety consultant: Yes No

If yes, please provide full particulars (use a separate page if necessary):

5b) Upon inquiry of all personnel, is the Applicant, or any employee, manager or owner of the Applicant, aware of any circumstance, incident or situation, which may result in a claim? Yes No

If yes, please give details (use a separate page if necessary): _____

5c) Have all claims and circumstances requiring a response in questions 5a) and 5b) already been reported to and accepted by a current or past Insurer? Yes No

If no, please give full details on a separate page.

6) Please provide name and address of those requesting to be listed as Additional Insureds. **Attach a copy of insurance section of contract, if applicable.**

7a) Does the Applicant presently have a professional liability policy? Yes No

7b) Please give details of previous professional liability policies purchased in the last **five** years by the Applicant or predecessor or prior entity.

Carrier	Limits	Deductible	Paid Premiums	Coverage Dates Effective	
				From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8) Has any similar insurance for the Applicant or any person now a principal or owner of the Applicant, or any predecessor entity or any prior entity owned or previously owned by a current principal or owner of the Applicant either as an individual or as a safety consultant ever been canceled or declined or refused renewal? Yes No

If yes, please give details (use a separate page if necessary):

9) Limits of Liability Requested:

\$100,000/100,000 \$250,000/250,000 \$500,000/500,000 \$1,000,000/1,000,000 \$1,000,000/2,000,000

Deductible Requested:

\$1,500 \$2,500 \$5,000 \$7,500 \$10,000 \$ _____

If a deductible greater than \$7,500 is chosen, a copy of your latest financial statement may be required to bind coverage.

10a) Does the Applicant provide clients with contracts, disclaimers, brochures or similar materials describing services? Yes No

IF YES, PLEASE PROVIDE A COPY OF EACH.

10b) Does the Applicant use a contract to limit the exposure? Yes No

IF YES, PLEASE PROVIDE A COPY.

11) Are safety consulting services provided on a full-time basis or part-time basis Full-Time Part-Time

If on a part-time basis, please give details of other work.

12a) Total Gross Receipts (whether collected or not) from Billable Hours:

This Year (Estimate): \$ _____ Last Year: \$ _____ Two Years Ago: \$ _____

12b) Does any one client constitute 50% or more of the Applicants Gross Receipts? Yes No
If yes, please provide details:

13a) Please list all professional designations:

13b) Please list memberships to any professional associations:

14) Please provide the following information, use a separate sheet of paper if necessary:

Name of All Partners/Principals; Key Employees	Position	How long as Partners/ Principals; Key Employees	ASSE Membership Number

PLEASE ATTACH A RESUME FOR EACH OF THE ABOVE.

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between the Underwriters and me and shall be deemed a part thereof.

Complete Equity Markets, Inc.

(In CA) dba Complete Equity Markets

Insurance Agency, Inc.

1190 Flex Court
Lake Zurich, IL 60047

(800)323-6234
(847)541-0900 (Local)
(847)541-0444 FAX

Name of Applicant _____

Signature _____

Title _____

Date _____

The Applicant must sign this proposal form duly completed, together with any supplementary information, in ink. A signed copy will be attached to and form part of the policy or certificate, if issued. **Completion of this proposal form does not obligate the Applicant or the Underwriter to complete this insurance.**