

LIMITED PRACTICE SAFETY CONSULTANTS PROFESSIONAL LIABILITY
issued to the
AMERICAN SOCIETY OF SAFETY PROFESSIONALS
and
SPECIFIED MEMBERS

(This is an application for "claims made" coverage)

- A) PLEASE TYPE or PRINT 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 _____

b) Address _____

City _____ State _____ Zip Code _____

Area Code/Phone Number _____ Fax Number _____

Email Address _____

Mailing Address _____

c) Applicant is: Sole Proprietor Partnership Corporation Other _____

d) Name and Address of Full-time Employer: _____

e) Number of Hours worked per week for Full-time Employer: _____

f) Income from Full-Time Employer: _____

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: _____

= 100% Total

2b) Do you perform Onsite Safety Surveys/Inspections/Audits? Yes No

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

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

3b) Do you make observations and recommendations with regard to safety issues?

Yes No

3c) Do you ever have the authority to direct the implementation or correction of safety procedures and/or violations?

Yes No

If yes, provide details: _____

4) What percentage of your 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	_____%		100%

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):

9a) Does the Applicant provide clients with contracts, brochures or similar materials describing services? Yes No

IF YES, PLEASE PROVIDE A COPY OF EACH.

9b) Do you use a contract to limit your exposure? Yes No

IF YES, PLEASE PROVIDE A COPY.

10a) Total Gross Receipts (whether collected or not) by Fiscal Year:

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

10b) Does any one client constitute 50% or more of the Applicants Gross Receipts? Yes No

If yes, please provide details:

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

Name of All Working Consultants	Position	ASSP Membership Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH A RESUME FOR EACH OF THE ABOVE.

12a) Please list all professional designations:

12b) Please list membership to any professional associations:

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 _____ (Print)
 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 Underwriters to complete this insurance.**

AIF 2310 AP (04/08)