



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

TESTING LABORATORIES SUPPLEMENT

1. Name of Applicant:

2. Indicate the percentage of annual revenues derived from the following:

Biological Testing	___%
Chemical testing	___%
Constructive materials testing	___%
Diagnostic medical testing	___%
Drug testing	___%
Environmental/pollution testing	___%
Air quality analysis	___%
Asbestos material surveys	___%
Environmental related soil analysis	___%
Ground water analysis	___%
Hazardous waste site testing or assessment	___%
Hazardous water testing	___%
Potable water analysis	___%
Underground storage tank testing	___%
Waste and wastewater analysis	___%
Explosive testing	___%
Forensic testing	___%
Mechanical testing	___%
Non-destructive testing	___%
Pesticides or herbicides	___%
Product testing/evaluation/research	___%
Soil and geotechnical engineering	___%
Other (specify):	___%
Total must equal:	<u>100%</u>

3. Does the Applicant perform tests for parent companies, subsidiaries or affiliated companies? Yes No
If Yes, please attach a complete description of services provided to these related organizations.

4. Does the Applicant perform any of the following tests:

Product development research?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___%
Prototype fabrication research?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___%
Final production research?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___%
Product sales research?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___%
Quality Control testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___%

If Yes to any of the above, attach a list of clients and products with a specific description of the research services performed. Specifically indicate if the Applicant's name appears on the client's labeling or in any promotional materials as a certification or approval of the product.

5. Does the Applicant ever interpret test results or make recommendations based on test results? Yes No
If Yes, attach a description of the work.

6. Does the Applicant engage in asbestos surveys or provide testing services on asbestos abatement projects? Yes No
If Yes, attach a specific description of these services (i.e. site evaluation, monitoring, development of abatement specifications, etc.)

7. Does the Applicant engage in any hazardous waste site work, hazardous waste testing, waste disposal profiles, landfill site testing/monitoring or any other activities which involve the handling, disposal, containment or cleanup of hazardous or toxic materials? Yes No
If Yes, attach a list of projects where such services were performed, and a specific description of the services performed.

8. Attach:
a) A sample test report.
b) A sample client contract.

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____