



## CONSULTANTS & LABORATORY SUPPLEMENTAL QUESTIONNAIRE

This Questionnaire is for use in applying for Worker's Compensation coverage.

### APPLICANT INFORMATION:

<b>Named Insured:</b>			
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Person:</b>	<b>Telephone #:</b>		

<b>Does the Insured perform pre-employment and annual medical examinations for all employees based on the exposures associated with work activities?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>Please describe any "Accreditations" held by the Insured:</b>

<b>What type and level of certification and training is required of the Insured's workforce?:</b>

<b>Is the Consulting or Laboratory Professional who qualifies the operations and exposures an employee of the Insured?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>Does the Insured limit the scope of activities depending on the type of substances, materials, or wastes a site contains?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>Does the Insured's written Safety Plan detail the proper procedures for work-site emergencies?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

<b>Does the Insured have a safety professional (CIH/CSP) sign-off on their Health/Safety programs?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>Does the Insured's Health/Safety Plan detail the procedures for each hazard that might be encountered during work activities?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

<b>For how long and where does the Insured retain personnel, workplace and ambient air monitoring results?</b>	<b>How Long:</b>
	<b>Where:</b>

<b>Please describe the Insured's disciplinary policy for employees that violate work safety rules:</b>

### FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowing and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

***The completion of this application does not bind coverage or in any way commit Century Insurance Group to provide insurance coverage to the applicant. The applicant's acceptance of Century Insurance Group's written quotation and binding agreement is required to bind any coverage and issue a policy. It is agreed that this application is the basis of any such issued insurance contract and will be attached as a part of the policy.***

<b>SIGNATURE OF OWNER OR OFFICER OF APPLICANT:</b>	
<b>PRINTED NAME &amp; TITLE OF SIGNATORY:</b>	
<b>DATE OF SIGNATURE:</b>	

<b>AGENT/BROKERAGE:</b>	
<b>LICENSE NUMBER:</b>	
<b>ADDRESS OF AGENCY/BROKERAGE:</b>	
<b>CONTACT PERSON &amp; TELEPHONE:</b>	