

ASCE SUPPLEMENTAL APPLICATION

NOTE: PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

1. GEOTECHNICAL ENGINEERING

A. Please provide a detailed narrative of the Geotechnical services your firm provides: _____

B. Are these services consistent with the type of Geotechnical services you anticipate providing in the future? Yes No

If "No," please explain: _____

C. Does your firm operate a testing laboratory? Yes No

If "Yes," what materials do you test? _____

Do you extract your own samples? Yes No

Does your firm carry general liability insurance for these exposures? Yes No

What percentage of your fees are earned from these services? _____ %

Are all your testing services performed in conjunction with your own engineering services? Yes No

If "No," what percentage of your testing laboratory services are performed for outside clients? _____ %

Please describe the types of tests you perform: _____

2. ENVIRONMENTAL ENGINEERING

A. Please provide a detailed narrative of the Environmental services your firm provides: _____

B. Are these services consistent with the type of Environmental services you anticipate providing in the future? Yes No

If "No," please explain: _____

C. Are any professional services provided relative to Environmental Site Assessments, including but not limited to: Phase I, II or III assessments; the detection, assessment or remediation of Underground Storage Tanks (USTs), Above Ground Storage Tanks (ASTs), Superfund Sites or Asbestos Containing Material? Yes No

If "Yes," please explain in detail _____

3. EMPLOYED ACTIVITIES

A. Number of hours per week as a(n): Employed engineer _____ Self-employed engineer _____

B. Employer's name: _____

C. Are your activities as an employed engineer the same as previously described on an earlier application? Yes No

If "No," please describe: _____

D. Does your employer maintain professional liability insurance that will cover you for your acts as an employee? Yes No

If "Yes," provide the name of the insurer and limit of liability: _____

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and part of any policy that may be issued by the Underwriter.

X

Signature of Owner, Officer, or Partner

Applicant/Firm Name (Please Print)

Date