

Signature of Owner, Officer, or Partner

This is an application for a claims-made policy. Failure to submit a completed application in a timely manner could jeopardize your prior acts coverage.

NOTE: PLEASE REVIEW A SPECIMEN POLICY FOR POLICY PROVISIONS.

The limits of liability stated in the policy are reduced by costs, charges, and expenses. Costs, charges, and expenses may also be applied against your deductible, if applicable to the claim.

Underwritten by Certain Underwriters at Lloyd's of London **Plan Administrator:**



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.

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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? O Yes O No
If "No," please explain:
C. Does your firm operate a testing laboratory? O Yes O 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? \bigcirc Yes \bigcirc 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? O Yes O 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? \bigcirc Yes \bigcirc No
If "No," please describe:
D. Does your employer maintain professional liability insurance that will cover you for your acts as an employee? O Yes O 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

AIF 2385 AS-1 (02/17) 172133-ASCE

Applicant/Firm Name (Please Print)

Date