

Chemical Professionals In Consulting - Application for Professional Liability Insurance

This Application Is For A Claims Made Insurance Policy



Administered By:



Questions?

Contact Hays Affinity Solutions
Toll free: 888-437-7008 / Fax No: (612) 373-7270
Or Email: Programs@hayscompanies.com

Hays Affinity Solutions
80 South 8th Street, Suite 700
Minneapolis, MN 55408

DIRECTIONS

- 1) Fully Complete Application;
- 2) Submit application On-Line, or fax completed application to 612-373-7270;
- 3) Email or Fax requested attachments to Programs@hayscompanies.com; or Fax to: 612-373-7270

APPLICANT INFORMATION If filling out the form electronically, please forward supplements to address and/or fax shown at end of document.

1.	Applicant First Name:	Applicant Last Name:
2.	Organization Name:	
	Organization Type:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
	Street Address:	
	City:	County: State: Zip Code:
3.	Telephone:	Fax No: E-Mail:
	Cell Telephone:	Company Web Address:
4.	Branch Office Address(es); <i>please forward details via separate attachment.</i>	
5.	Date Established (current entity):	
6.	Is the Applicant a Professional Engineer? *	Yes No
	Does the Applicant have a PE license? *	Yes No
7.	Is the Applicant a consultant?	Yes No

** Please provide additional information pertaining to your operations and/or scope of services.*

ASSOCIATION INFORMATION

American Chemical Society *	Membership #:
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** Please provide additional information pertaining to your operations and/or scope of services.*

PERSONNEL

7a.	Number of Staff	<i>PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.</i>	
		Last Year	This Year
	- Principals / Partners / Directors:		
	- Other Licensed Professionals:		
	- Other Staff:		
	Total Licensed Professionals:		
7b.	Are principals or staff members also employed by another entity, including any educational institutions? <i>If Yes, please forward details via separate attachment.</i>	Yes	No
7c.	Please forward details of the Academic Qualifications of the Applicant's Principals/Partners/Directors and Licensed Professionals. (Please attach resume and include detail of experience level on work you are currently performing).		

GROSS BILLINGS

8.	Total Gross Billings for professional services (collected or not) to include reimbursable expenses and sub-consulting fees:
	Current Year (estimated): \$ Prior Year (actual): \$ Next Year (projected): \$

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GROSS BILLINGS - continued

PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.

a)	Work pursuant to Federal or State grants:	%		
b)	Feasibility Studies:	%		
c)	Patent Research:	%		
d)	All Other Billings:	%		
	Total (Must equal 100%)	%		
9.	Please indicate percentage of the Applicant's gross billings derived from projects outside the USA and Canada:	%		
10.	Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract? (If Yes, please attach details).		Yes	No

PROFESSIONAL DISCIPLINES

11a.	Please provide a summary description of professional services the Applicant is engaged in:			
11b.	Is the applicant working with or planning to work with any ethanol and/or ethanol related projects?		Yes	No
12.	Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If Yes, please explain:		Yes	No

13. Specify as a percentage of the Applicant's Gross Billings (Total must equal 100%):

PLEASE NOTE: Leave each field that you do not enter set to "0"; otherwise program will not calculate totals correctly.

Description	Percentage	Years Experience	Description	Percentage	Years Experience
Aerospace / Transportation	%		Metals / Metal Products	%	
Agriculture & Food	%		Nuclear	%	
Analytical	%		Organic	%	
Biochemistry	%		Paint / Coatings	%	
Biotechnology	%		Patent Research	%	
Chemical Education	%		Personal Care / Cosmetics	%	
Chemical Information	%		Pharmaceutical / Medicinal	%	
Clinical / Diagnostic *	%		Physical	%	
Colloids & Surfaces	%		Pollution - Analysis	%	
Combination Chemistry	%		Pollution - Remediation	%	
Computing / Molecular Modeling	%		Polymers / Plastics	%	
Electronics / Semiconductors	%		Process Engineering / Modeling *	%	
Energy / Fuels	%		Pulp / Paper / Wood	%	
Environmental - Analyzing	%		Rubber	%	
Environmental - Remediation	%		Soaps / Detergents / Cleaners – Process	%	
Expert Witness	%		Soaps / Detergents / Cleaners – Analysis	%	
Forensics	%		Soaps / Detergents / Cleaners – Research	%	
Geochemistry	%		Textiles / Fiber	%	
Glass / Ceramics / Composites	%		Toxicology	%	
Health & Safety	%		Writing – Technical	%	
Inorganic Chemistry	%		Writing – Reporting	%	
Lubricants / Oils (Petrol)	%		Other (please specify)	%	
Marketing / Sales / Business	%				
Materials	%		Total (Must equal 100%)	%	

* Please supply detail of discipline

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PROFESSIONAL DISCIPLINES - continued

14. Please describe the Applicant's 3 largest projects during the past 3 years.

Client Name	Service	Applicant's Fee	Total Project Cost

15. Please forward a copy of the Company's brochure, if available.

16. Do you use a written contract with clients? Yes No

17. Please forward a copy of a typical contract of hire utilized by the Applicant

SUBCONTRACTORS / SUBCONSULTANTS

18. a)	Please indicate percentages of work Applicant subcontracts to others:	%		
b)	Are written contracts used for all subcontractors and subconsultants?		Yes	No
c)	Do the Applicant's contract with subcontractors and subconsultants contain indemnification and hold harmless provisions?		Yes	No
d)	Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants?		Yes	No
e)	Is the Applicant named as an Additional Insured under all subcontractor and subconsultant General Liability policies?		Yes	No

MANAGEMENT

19. a)	Does the Applicant have any in-house quality control procedures?		Yes	No
b)	Has the name of the Applicant changed or has any other firm been merged with or into the applicant, or is any such change pending? <i>If yes, please forward details via separate attachment.</i>		Yes	No
c)	Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? <i>If yes, please forward details via separate attachment.</i>		Yes	No

LOSS HISTORY

20. a)	Have any claims or suits been made against the Applicant? <i>If yes, please forward details via separate attachment.</i>		Yes	No
b)	Are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? <i>If yes, please forward details via separate attachment.</i>		Yes	No
c)	Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities? <i>If yes, please forward details via separate attachment.</i>		Yes	No

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INSURANCE

21. Has insurance of the type for which the Applicant is now applying been declined, cancelled or had the renewal thereof refused? *If yes, please forward details via separate attachment.* Yes No

22. Please give details of previous insurance:

Carrier	Policy No.	Limits Each Date Claim / Aggregate	Deductible	Paid Premiums	Eff. Date	Exp.
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Retroactive Date of Current Policy:

23. Please check coverage Limits and Deductible requested:

a)	Cover Limits of Liability	\$250,000	\$500,000	\$1,000,000	Other (specify):
b)	Deductible	\$5,000	\$10,000		Other (specify):

SUBMISSION

THE APPLICANT DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED.

THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURING COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID.

Signature:

Title:

(Must be signed by Owner, Partner or Officer)

Date:

PLEASE FORWARD ANY ATTACHMENTS TO THE PLAN ADMINISTRATOR BY:

FAX: 612-373-7270

OR

MAIL: Hays Affinity Solutions
Professional Liability Plan Administrator
80 S 8th Street, Suite 700
Minneapolis, MN 55408

PLEASE NOTE: DUE TO STATE REGULATORY FILING REQUIREMENTS, PREMIUM PAYMENT & A SIGNED APPLICATION MUST BE RECEIVED BY THE EFFECTIVE DATE TO BIND COVERAGE.

**SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR
GENERAL LIABILITY COVERAGE**

THIS SUPPLEMENTAL APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

APPLICATION INSTRUCTIONS:

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY;
2. THIS SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Number of locations or branch offices including the main office (please attach schedule of location that includes complete address and square footage for each location)

2. Does Applicant design or produce any products? ___ No ___ Yes (If Yes please describe)

3. Does the applicant have any responsibility for site safety? ___ No ___ Yes

4. Do you sponsor any sporting or social events? ___ No ___ Yes

5. Does the applicant have any responsibility for construction, erection, fabrication or installation? ___ No ___ Yes

6. During the past five (5) years has any claim been made against the Applicant or any director, officer, employee or partner of the Applicant for General Liability? ___ No ___ Yes

Please attach a list and status of all claims made for any of the above questions which you answered 'YES'. Indicate the date, allegation, loss amount, defense cost and dispositions of each

7. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? ___ No ___ Yes

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE UNDERWRITERS TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING SUPPLEMENTAL APPLICATION OF INSURANCE AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS _____ DAY OF _____ 20___ IN _____

PRODUCER _____ APPLICANT'S
SIGNATURE _____

ADDRESS _____ TITLE _____