



PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION
SAFETY CONSULTANT SUPPLEMENT

1. Full Name of the Applicant Firm:

2. What percentage of your revenue comes from the following activities? (Must total 100%)

Table with 4 columns: (A), %, Activity Name, (B), %, Activity Name. Rows include Occupational Safety, Risk Management, Loss Control, Fire Protection Engineering, Industrial Hygiene, Design Failure Testing, Environmental/Pollution (Phase I), Environmental/Pollution (Phase II), Environmental/Pollution (Phase III), and Other (specify).

3. Please provide the following detail on the firm's five (5) largest projects/clients in the last two (2) years in terms of revenue generated:

Five stacked boxes for project details. Each box contains fields for: Client / Project Name, Client's Industry, Approximate revenue generated from this project: \$, and Description of services provided.

4. Please indicate which designations you hold:

Associated Safety Professional (ASP)

Certified Safety Professional (CSP)

Associate in Risk Management (ARM)

Professional Engineer (PE)

Certified Fire Safety Specialist (CFSP)

Certified Industrial Hygienist (CIH)

Certified Fire Protection Engineer (CFPE)

Other (specify)

Other (specify)

5. Does the Applicant provide any services other than those services listed above in question 2? Yes No
If yes, provide details.

6. Does the Applicant provide specific design recommendations? Yes No

7. Are any of the Applicant's employees Professional Engineers (PE)? Yes No

8. Does the Applicant use standard contracts with customers defining the scope of the intended work?
Yes No Please attach a sample contract.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Professional Liability for Specified Professions application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title **(Must be Principal, Partner or Officer)**

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date