

**INHOUSE SAFETY PROFESSIONALS  
PROFESSIONAL LIABILITY INSURANCE  
issued to the  
AMERICAN SOCIETY OF SAFETY PROFESSIONALS  
and  
SPECIFIED MEMBERS**

(This is an application for claims made coverage)

- A) Please **PRINT** or **TYPE** answers to all questions, leaving no blank spaces.
- B) The application must be signed and dated.
- C) When answering questions, please use a separate sheet of paper if space provided is insufficient.

1) a) Name of Applicant \_\_\_\_\_

b) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

c) Annual Salary \_\_\_\_\_ d) Date of Employment \_\_\_\_\_

e) Employer \_\_\_\_\_

f) Employer's Address \_\_\_\_\_

List Branch Offices and Addresses, if any: \_\_\_\_\_  
\_\_\_\_\_

- 2) Please describe areas of work below by showing the percentage of work time derived from each and a brief description of each, please use a separate sheet of paper if necessary.

Example: 30 % Description: OSHA Compliance. I/we provide OSHA Compliance audits for industrial clients, mostly chemical manufacturers.

\_\_\_\_\_ % Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ % Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ % Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

= 100% TOTAL



**THIS DOCUMENT MUST NOT BE ALTERED OR DUPLICATED**

3a) Briefly describe your employer and the purpose of the safety consulting services you provide for this employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3b) Do you only make observations and recommendations with regard to safety issues?  Yes  No  
Or  
Do you ever have the authority to direct the implementation or correction of safety procedures and/or violations?  Yes  No

4) What percentage of your clients are in the following industries totaling 100%?

Chemical	____%	Metal & Mining	____%
Commercial & Private Industrial	____%	Municipalities	____%
Construction	____%	Oil & Gas	____%
Hazardous Waste	____%	Railroad/Aviation/Aerospace	____%
Industrial	____%	Other (please specify below)	____%
Insurance Companies	____%		<b>100%</b>
Marine	____%		

5a) Have any safety related claims or suits been made during the past five years against the Applicant or the Employer?  Yes  No

If yes, please provide full particulars. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5b) Is Applicant aware of any circumstances which may result in a claim?  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

6a) Does the Applicant presently have a professional liability policy?  Yes  No

6b) Does the Applicant's Employer presently have a professional liability policy or Errors and Omissions insurance?  Yes  No

If yes, please give details below:

Name of Coverage: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_ Premium \$ \_\_\_\_\_

6c) Does the Applicant's Employer presently carry Workers Compensation insurance?  Yes  No

7) Has any similar insurance for the Applicant ever been canceled or declined?  Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

8) Limits of Liability Requested:  \$100,000/100,000  \$250,000 /\$250,000  \$500,000/500,000  \$1,000,000/1,000,000

Deductible Requested:  \$1,000  \$2,500  \$5,000  \$7,500



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9) Are safety services provided on a full-time basis or part-time basis.  Full-Time  Part-Time

If on a part-time basis please give details of other work.

\_\_\_\_\_  
\_\_\_\_\_

10) Please provide the following information, use a separate sheet of paper if necessary:

Name of All Partners/Principals; Key Employees	Position	How long as Partner/ Principal Key Employee	Member of ASSP? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ATTACH A RESUME FOR EACH OF THE ABOVE.**

I hereby declare that the above statements and particulars are true, and that I have not suppressed or misstated any material facts. At the present time, I have no reason to anticipate any claim being brought against me for any act, error or omission on my part, other than as stated above, and agree that this Proposal Form shall be the basis of the contract between me and the Underwriters and shall be deemed a part thereof.

Complete Equity Markets, Inc.  
In CA. dba Complete Equity  
Markets Insurance Agency, Inc.  
(CASL#0D44077)  
1190 Flex Court  
Lake Zurich, IL 60047  
  
(800)323-6234  
(847)541-0900 (Local)  
(847)541-0444 FAX

Name of Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

This proposal form duly completed, together with any supplementary information, must be signed in ink by the Applicant. A signed copy will be attached to and form part of the policy or certificate, if issued. **Completion of this proposal form does not obligate the Applicant or the Underwriter to complete this insurance.**

AIF 2353 A (3/08)



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