



ARCH SPECIALTY INSURANCE COMPANY
(A Missouri Corporation)

ARCH EXPRESS MISCELLANEOUS PROSM
ERRORS AND OMISSIONS LIABILITY POLICY SUPPLEMENTAL APPLICATION

SAFETY / LOSS CONTROL CONSULTANT SERVICES

Instructions for Completing This Application

Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.

1. Name of Applicant (Named Organization): _____

2. Please provide a breakdown of the % of revenue from the following activities:

- a. Occupational Safety _____
- b. Risk Management _____
- c. Loss Control _____
- d. Fire Protection _____
- e. Industrial Hygiene _____
- f. Design Failure Testing _____
- g. Anti-Terrorism _____
- h. Environmental /Pollution _____

3. Please provide a breakdown of the % of revenue from services derived from the following:

- a. In-class instructional training _____
- b. On-site training _____
- c. On-line instructional training _____
- d. Other _____

If "other", please provide an explanation:

4. Please indicate which professional designations the Applicant currently holds:

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