TDC Specialty Underwriters
TDC GROUP

TDC Specialty Insurance Company
TDC National Assurance Company
(Stock companies owned by The Doctors Company)
(hereafter, the "Underwriter")
Servicing Address: 29 Mill Street
Unionville, CT 06085

MEDICAL FACILITIES - MEDICAL LABORATORY SUPPLEMENTAL APPLICATION

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

1. Applicant Name:

EXPOSURES

2. Provide the total number of laboratory services and tests performed in the following categories:

Laboratory Services and Tests	Tests			Gross Receipts		
	Projected Next 12 Months	Current Year	1 Year Prior	Projected Next 12 Months	Current Year	1 Year Prior
Chemistry, Hematology, Endocrinology, Coagulation, Toxicology, Urinalysis, Immunology, Parasitology				$ _____	$ _____	$ _____
Microbiology, Virology, Molecular, Diagnostics				$ _____	$ _____	$ _____
Pathology, Cytology, Histology				$ _____	$ _____	$ _____
Foresnic Testing				$ _____	$ _____	$ _____
Genetic Testing				$ _____	$ _____	$ _____
Pap Smear				$ _____	$ _____	$ _____
Paternity Testing				$ _____	$ _____	$ _____
Reproductive Testing				$ _____	$ _____	$ _____
Surgical Biopsies				$ _____	$ _____	$ _____
Research				$ _____	$ _____	$ _____
HIV/Aids Testing				$ _____	$ _____	$ _____
Environmental Analysis				$ _____	$ _____	$ _____
COVID (FDA/EUA Approved?) ☐Yes ☐No				$ _____	$ _____	$ _____
Other: _____				$ _____	$ _____	$ _____
Other: _____				$ _____	$ _____	$ _____
Other: _____				$ _____	$ _____	$ _____
TOTAL				$ _____	$ _____	$ _____

OPERATIONS

3. Please provide the percentage of specimens:
   a. Collected direct from patients by applicant _____%
   b. Received by applicant from outside sources: _____%

4. List other laboratories utilized, if applicable:

Name of Laboratory	Location (city/state)	Services Performed	Hold Harmless Aggreement
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

5. Does the Applicant's facility contract with couriers to pick up specimens? ☐Yes ☐No

   If "Yes," is there a mutual hold harmless agreement in place with all couriers? ☐Yes ☐No

6. Do you have a tracking protocol to ensure that all critical lab results are communicated in a timely manner? ☐Yes ☐No

7. Are there any circumstances when test results are communicated directly to the patient? ☐Yes ☐No

8. Are any test results transmitted by facsimile? ☐Yes ☐No

   If "Yes," do you regularly confirm all fax numbers are valid? ☐Yes ☐No

9. Does the Applicant have electronic tracking systems for all processed specimens? ☐Yes ☐No

10. Is the Applicant approved and accredited by any of the following organizations

    a. Clinical Laboratory Improvement Amendment (CLIA) ☐Yes ☐No

    b. Substance Abuse and Mental Health Services Administration (SAMSHSA) ☐Yes ☐No

    c. College of American Pathologists (CAP) ☐Yes ☐No

    d. National Institute on Drug Abuse (NIDA) ☐Yes ☐No

11. Has the Applicant had any CLIA sanctions in the last five years? ☐Yes ☐No

    If "Yes," please explain:

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Supplement.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	