

**PR02PRO DESIGN APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY**

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO "CLAIMS" THAT ARE FIRST MADE AGAINST THE "INSURED" AND REPORTED TO THE UNDERWRITER DURING THE "POLICY PERIOD" OR DURING ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS, OR JUDGMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY "CLAIM EXPENSES," AND "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SIGNING.

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term "**Applicant**" shall mean the individual or entity identified in response to Question a) of Section II. General Information

If the space provided is not sufficient to answer a question fully, please attach separate sheet(s) and label appropriately.

I. REQUESTED LIMITS AND RETENTION

- Limits of Liability Requested (Each Claim/Aggregate: \$250,000/\$250,000, \$250,000/\$500,000
 \$500,000/\$1,000,000, \$1,000,000/\$1,000,000, \$1,000,000/\$2,000,000, Other: \$ _____
- Retention Per Claim Requested: \$1,000, \$2,500, \$5,000, \$10,000, , Other: \$ _____
- Effective Date Requested (month/day/year): _____
- Retroactive Date Requested, if any (month/day/year): _____

II. GENERAL INFORMATION

- Name of **Applicant**: _____
- Address of **Applicant** (Main Office): _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Web Site: _____
- Authorized individual designated as the representative to receive notices from the Underwriter on behalf of all individuals and entities proposed for this insurance:
Name: _____ Title: _____
E-Mail Address: _____ Phone: _____ Fax: _____
- List date the **Applicant** was established* (include predecessor firms, if applicable): _____
* List predecessor firm(s) and date established, if applicable: _____
- Describe the services for which **Applicant** is seeking Professional Liability coverage (i.e., architect, interior design, list type of engineer, landscape architect, land surveyor, construction manager, testing lab, list type of consultant):

| List Service | % of GROSS RECEIPTS | List Service | % of GROSS RECEIPTS |
|--------------|---------------------|--------------|---------------------|
| _____ | _____ % | _____ | _____ % |

III. FINANCIAL INFORMATION AND SERVICES

GROSS RECEIPTS means the dollar amount of **Applicant's** fiscal gross revenues, but not including interest income, rental income on real estate, or sales and service taxes.

1. a) Please provide **Applicant's** GROSS RECEIPTS attributable to the following years.

| GROSS RECEIPTS | | % Paid To Insured Subconsultants |
|----------------------|----|----------------------------------|
| Projected Year Ahead | \$ | % |
| Current Year | \$ | % |
| Past Year | \$ | % |
| Second Past Year | \$ | % |

b) Is the **Applicant** projected to have GROSS RECEIPTS in excess of \$1,000,000 this upcoming policy year? Yes No

c) Approximately what percentage of **Applicant's** GROSS RECEIPTS is derived from repeat clients? (i) Current Year: _____% (ii) Past Year: _____%

d) Does the **Applicant** derive 20% or greater of its GROSS RECEIPTS from design-build or fast-track projects? Yes No

2. Please provide the percentage of **Applicant's** GROSS RECEIPTS by project type for the current year (total should equal 100%).

- | | |
|---|--|
| a) Commercial: _____% (Also Church, Hotel/Motel) | g) Recreational: _____% (Also Amateur Sport Facility) |
| b) Residential: _____% (Also Apartment, Condo/Co-op) | h) Healthcare: _____% |
| c) Government/Municipal: _____% | i) Financial: _____% |
| d) Highway/Roadway/Transit: _____% | j) Professional: _____% |
| e) Bridge: _____% | k) All Other: _____% |
| f) Educational: _____% | |

3. Does the **Applicant** performs construction services and/or retains contractors and/or subcontractors? Yes No

4. Does the **Applicant** perform any of the following services?

- | | |
|---|--|
| a) Manufacturing: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Fabricating: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Real Estate Development: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Project Financing: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Construction Managers, At- Risk: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Construction Managers, Agency: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Geotechnical Services: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Hazardous Material Inspection/Abatement: (Mold, Asbestos, Lead Paint, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Materials Testing: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Product Design and Sales: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Does the **Applicant** pay 35% or more of its fees to subconsultants? Yes No

6. Does the **Applicant** enter into oral agreements with project owners? Yes No
7. Does the **Applicant** enter into oral agreements with subconsultants? Yes No
8. Does the **Applicant** provide architectural and/or engineering services on any of the following projects?
- a) Ski Lifts, Amusement Rides: Yes No
 - b) Nuclear Projects: Yes No
 - c) Airport Runways: Yes No
 - d) Bridges and Trestles: Yes No
 - e) Preliminary Site Assessments: Yes No
 - f) Parking Garages: Yes No
 - g) Dams, Reservoirs or Levees: Yes No
 - h) Mines or Quarries: Yes No
 - i) Tunnels: Yes No
 - j) Sports Arenas: Yes No
 - k) Convention Centers: Yes No
 - l) Jails: Yes No
 - m) Chemical Plants: Yes No
 - n) Process Engineering: Yes No
 - o) Super Fund Sites: Yes No
 - p) Soils Engineering: Yes No
 - q) Home Inspections: Yes No
 - r) Exterior Insulation and Finishing Systems (EIFS): Yes No
 - s) Harbors, Wharves, Jetties, Docks, and/or Piers: Yes No
 - t) Treatment Plants or Systems: Yes No
 - u) Transportation Passenger Terminals: Yes No
 - v) Environmental Remediation Projects: Yes No
9. Does the **Applicant's** principal(s) have less than five (5) years of pertinent design professional experience? Yes No
10. Does the **Applicant** perform professional services outside of the U.S., its territories, its possessions or Canada? Yes No

IV. CLAIMS AND CIRCUMSTANCES

1. Has the **Applicant**, any principal of the **Applicant**, or any individual or entity proposed for coverage had a license or registration revoked, suspended, non-renewed, or undergone review in the past 12 months? Yes No
2. Has the **Applicant**, any principal of the **Applicant**, or any individual or entity proposed for coverage had any claim that would fall within the scope of the proposed insurance where a reserve was established or the claim was paid in excess of \$10,000 in any of the last two (2) years? Yes No
3. Is the **Applicant**, any principal of the **Applicant**, or any individual or entity proposed for coverage aware of any fact, circumstance, situation, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION IV.3 IS EXCLUDED FROM THE PROPOSED INSURANCE.

V. FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING - it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VI. DECLARATIONS AND SIGNATURES

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with the Underwriter and, along with the Application, will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a claim or potential claim.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

| | | |
|---|--------|-------|
| APPLICANT: | | |
| BY (PARTNER, PRINCIPAL, DIRECTOR OR OFFICER): | TITLE: | DATE: |

NOTE: This Application must be signed by a Partner, Principal, Director or Officer of the **Applicant** acting as the authorized agent of all individuals and entities proposed for this insurance.

RETURN COMPLETED APPLICATION PLUS ANY SUPPLEMENTS AND ATTACHMENTS TO YOUR INSURANCE AGENT OR BROKER.