

8. Describe briefly, in narrative form, the Applicant's specialty in terms of projects undertaken: _____

9. a. Principals Qualifications

| Name of Principal | Registered | Education Degree | Date & Place Acquired | Years with Firm |
|-------------------|------------|------------------|-----------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

b. Total Personnel:

- i) Principals as above _____
 - ii) Total number of Professional registered Personnel _____
 - iii) Total number of technical personnel not registered _____
 - iv) Total number of field personnel _____
 - v) Total number of clerical and accounting employees _____
 - vi) Total number of administrative employees _____
 - vii) All others _____
- Total: _____

c. Is any individual or principal employed by or an officer of any other firm, organization, political body or sub-division thereof? Yes No If yes, please give full details.

d. Please provide resumes of all the Professional Registered Personnel (including Principals).

10. States in which the Applicant or Principals and Professional Registered Personnel are licensed: _____

_____ Any foreign work? _____
 If yes, give details. _____

11. Have any of those listed in question 9 ever been the subject of disciplinary action by authorities as a result of their professional activities? _____ If yes, give details. _____

12. Specify the Applicant's exact contract revenue accrued during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories. Exclude all income accrued from participation in any joint venture.

FISCAL YEAR REVENUE

| | | |
|--|------------------------|--------------|
| | Immediate Past Year | Present Year |
|--|------------------------|--------------|

- | | | |
|---|----------|----------|
| (a) Contracting: without any responsibility for the provision of the design document | \$ _____ | \$ _____ |
| (b) General Building Contracting: undertaking single contracts for the provision of both the design documents and construction services: | \$ _____ | \$ _____ |

- (c) **Electrical Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ _____ \$ _____
 - (d) **HVAC and Plumbing Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ _____ \$ _____
 - (e) **Mechanical/Industrial/Process Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ _____ \$ _____
 - (f) **Construction Management Services:** relative to projects for which the Applicant also acts as the general contractor: \$ _____ \$ _____
 - (g) **Construction Management Services Only:** relative to projects for which the Applicant is not also acting as the general contractor: \$ _____ \$ _____
 - (h) Any other (describe): _____ \$ _____ \$ _____
- Total Annual Revenues: \$ _____ \$ _____

13. Does the Applicant foresee any substantial changes in the contract revenues shown in question 12 during the next twelve months? _____

14. Specify the percentage of the Applicant's contract revenue attributable to the following type of client for the immediate past fiscal year:

- (a) Federal Government and any Agency thereof _____ %
 - (b) State, County or Local Government and Agency thereof _____ %
 - (c) Real Estate Developers _____ %
 - (d) Other Private or Public Held Corporations _____ %
 - (e) Other Individuals, Partnerships or Joint Ventures _____ %
 - (f) Others (specify) _____ %
- Total: 100 %

15. During the immediate past fiscal year, did the Applicant derive more than 50% of its contract revenue from any one single client? Yes No If yes, give details. _____

16. Specify the percentage of the Applicant's contract revenue attributable to the following type of projects for the immediate past fiscal year:

- (a) Mines None Yes _____ %
- (b) Harbors & jetties None Yes _____ %
- (c) Bridges & tunnels None Yes _____ %
- (d) Dams None Yes _____ %
- (e) Nuclear & atomic projects None Yes _____ %
- (f) Petrochemicals, refineries, fertilizer, ammonia, urea plants None Yes _____ %
- (g) Hospitals None Yes _____ %
- (h) Schools None Yes _____ %
- (i) Industrial buildings None Yes _____ %
- (j) Commercial buildings None Yes _____ %
- (k) Municipal buildings None Yes _____ %
- (l) Private dwellings None Yes _____ %

| | | | | |
|----------------------------------|-------------------------------|------------------------------|-------|-------|
| (m) Condominiums | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (n) Highrise apartment buildings | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (o) Sewage systems | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (p) Water systems | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (q) Asbestos | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (r) Environmental | None <input type="checkbox"/> | Yes <input type="checkbox"/> | _____ | % |
| (s) Other (Specify) | | | | |
| _____ | | Yes <input type="checkbox"/> | _____ | % |
| _____ | | Yes <input type="checkbox"/> | _____ | % |
| Total: | | | _____ | 100 % |

17. Does the Applicant utilize independent subcontractors or Design Professionals or Consultants for:

- (a) Construction work? Yes No
- (b) Architectural, Engineering or Surveying Services? Yes No
- (c) Construction Management Services? Yes No

If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

- (a) Construction work? Yes No
- (b) Architectural, Engineering or Surveying Services? Yes No
- (c) Construction Management Services? Yes No

If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

18. Where the Applicant subcontracts architectural, engineering, surveying or construction management services, the Applicant agrees to promissory warrant that certificates of professional liability insurance will be required from all Design Professionals and Consultants to whom he subcontracts such services. Yes No

19. For any other work which the Applicant subcontracts, the Applicant agrees to promissory warrant that certificates of comprehensive general liability insurance will be required from subcontractors to whom he subcontracts such work. Yes No

20. On projects where the applicant renders Construction Management services, of the Standard Form of Agreements between Owner and Contractor for use by Construction Managers, which of the following standard forms does the Applicant use:

- (a) The American Institute of Architects? Yes No
- (b) The Associated General Contractor of America? Yes No
- (c) The Construction Management Association of America? Yes No

Also, if any other form of Agreement is used by the Applicant for these services, please submit a copy of the standard form used.

21. If cover for Joint Venture projects is required, please give details as under for each Joint Venture projects:

- (a) Names and Address of other Members: _____
- (b) Type of Project and location? _____
- (c) Nature of services by Applicant: _____
- (d) Total Contract revenue from Joint Venture for all Members: _____
- (e) Contract revenue for Applicant's share: _____
- (f) Contract revenue for Applicant's share during the next fiscal year: _____
- (g) Give duration of the Joint Venture including approximate dates for all phases of design and construction: _____
- (h) Has the Applicant's portion of the Joint Venture been insured for professional liability thus far? _____
- (i) Do the other Members carry professional liability insurance on the Joint Venture project? If yes, please give details. _____

22. Does the Applicant or any subsidiary, parent or otherwise related entity engage in manufacturing, fabrication, or real estate development? Yes No If yes, please give details on a separate Exhibit.

23. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? Yes No If yes, provide full particulars and describe any interrelationship on a separate Exhibit.

24. Does the Applicant currently carry general liability and umbrella liability insurance? Yes No If yes, provide full particulars relative to his present policies.

- | | General Liability | Umbrella Liability |
|---|--|--|
| (a) Carrier | | |
| (b) Limit of Liability: | | |
| (c) Anniversary Date: | | |
| (d) Blanket Contractual? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (e) Blanket X.C.U.? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (f) Broad Form Property Damage? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (g) Completed Operations? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (h) Professional Services Exclusion as a separate endorsement applicable to all coverage parts? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| (i) Following Form? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

25. Does the Applicant currently carry professional liability insurance? Yes No If yes, provide full particulars of insurance carried for the past five years.

| <u>Company</u> | <u>Policy No.</u> | <u>Limits</u> | <u>Deductible</u> | <u>Period (Including Dates)</u> | <u>Premium</u> |
|----------------|-------------------|---------------|-------------------|---------------------------------|----------------|
|----------------|-------------------|---------------|-------------------|---------------------------------|----------------|

- (iv) Is the Applicant aware of any actual, alleged or suspected structural deficiencies (including a collapse)?
 Yes No If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers: _____

- (v) Is the Applicant aware of a delay, budget, contract sum or contract time having been exceeded not authorized by an approved change order, a change order for which additional compensation has not been agreed upon?
 Yes No If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier: _____

- (vi) Is the Applicant aware of an injury having been sustained by a person or persons (other than an employee of the Applicant) that resulted in his total or partial disability or death? Yes No If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers:
- (vii) Has the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liabilities:
- (1) ever been declared in default? Yes No
 - (2) otherwise failed to complete a construction contract in time for any reason whatsoever where the delay in substantial completion is beyond 90 days of the contract completion date? Yes No
 - (3) has abandoned a project at any state after completion of working drawings and prior to substantial completion of the project? Yes No

If any of the above are answered yes, please provide full particulars.

It is agreed that if there be knowledge of any fact, circumstance, incident, situation or accident or other matter which subsequently results in claim being made against the applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.

29. Attach a complete description of each of the Applicant's ten largest jobs in the last five years. Specify the name, client, services provided, value of construction and gross accrued income and the date construction was completed or will be completed.
30. Attach a copy of each of the Applicant's current brochures and include any other current literature advertising his capabilities.
31. Attach a copy of the Applicant's most recent financial statement.
32. Attach a resume for each of the Applicant's principals, partners, directors or officers and any other key professional personnel.
33. Attach a claims summary under the Applicant's Comprehensive General Liability policy for the last three years.
34. Coverage requested:

Limit: \$

Deductible: \$

Effective from _____ to _____

The Applicant accepts notice that any Policy or Certificate which may be issued will apply on a “claims made” basis.

I/we hereby declare that the above statements are true to the best of our knowledge. This Application shall be the basis of any Policy or Certificate issued and shall become a part thereof. Should the Applicant become aware of any claim, suit or dispute subsequent to the completion of this Application, but prior to the effective date of the Policy or Certificate applied for, the Applicant shall submit immediate written notice to the Company, which may alter any quotation previously give.

Signature of Owner, Partner, Officer: _____

Title: _____

Date: _____

It is agreed that the completion of this Application does not bind the Underwriters nor the Applicant to complete the Insurance