

DESIGN/BUILD AND CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY INSURANCE APPLICATION (Claims Made Basis)

NOTE:

In applying for coverage on claims made basis, the Applicant agrees that in the event of covered losses, he will be required to be defended by the Company's appointed Attorneys and that the deductible shall apply to loss and including (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If however, the Applicant elects to handle a claim without in any way involving the Company's Attorneys, then no coverage for such a claim is afforded the Applicant under the policy.

. Add	ress:					~		~ .	
Δdd	ress of all Branches:	Street	Ci	ty		State	Zip (Code	
. 1100	less of all Branches.	Street	Ci	ty		State	Zip (Code	
. Spec	cify the exact date upon w	which the Appli	cant was initial	ly establisl	hed, forr	med or incorporated:			
. The	Applicant is a Propr	rietorship [] Partnership	Corpo	oration	Other (specify):	mo :	,	-
mer	e name or trading style of ger, dissolution, reforma prietorship, firm or organi	ation or other	change in bus	iness stru	cture, p	rovide full particula	ars by	listin	g eac
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a.	_	s Qualifications f Principal	Registered	Education Degree	Date & Place Acquired	Years with Firm
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b.	Total Pe	rsonnel:				
	i) ii)	Principals as a	bove of Professional registe	ered Personnel	<u> </u>	
	iii)	Total number of	of technical personnel			
	iv)		of field personnel of clerical and accoun	ting amployage	_	
	v) vi)		of administrative emp	• •	<u> </u>	
		All others	1			
	vii)	All oulds				
	V11)	All others		 Total:	_ _	
c.	Is any ir	ndividual or prin		or an officer of any other		olitical body or
	Is any ir division	ndividual or printhereof? Yes	☐ No ☐ If yes, ple	or an officer of any other ease give full details.	firm, organization, po	olitical body or s
d.	Is any ir division Please property of the second s	ndividual or printhereof? Yes	□ No □ If yes, ple	or an officer of any other ease give full details. Registered Personnel (inc	firm, organization, po	
d.	Is any ir division Please property of the second s	ndividual or printhereof? Yes [rovide resumes and the Applican	□ No □ If yes, ple of all the Professional at or Principals and Pr	or an officer of any other ease give full details. Registered Personnel (incomessional Registered Personnel Personn	firm, organization, po	
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(d) 1	ooth the design documents and construction s HVAC and Plumbing Contracting: under	ertaking single contracts for the	\$	•
	provision of both the design documents and contracting Mechanical/Industrial/Process Contracting		\$	\$
1	or the provision of both the design document	ts and construction services:	\$	\$
	Construction Management Services: rel Applicant also acts as the general contractor:	ative to projects for which the	\$	\$
	Construction Management Services Only	: relative to projects for which		Ψ
1	he Applicant is not also acting as the general	contractor:	\$	\$
(h) .	Any other (describe):		- \$	\$
_			- *	Φ.
		Total Annual Revenues	: \$	\$
imme (a (b	Other Individuals, Partnerships or Joint V	reof Agency thereof s Ventures		% % % %
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15. During single	ng the immediate past fiscal year, did the Ape client? Yes \(\sime\) No \(\sime\) If yes, give details ify the percentage of the Applicant's contrediate past fiscal year:	pplicant derive more than 50% o	otal: 100	revenue from any one
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15. During singles ————————————————————————————————————	ng the immediate past fiscal year, did the Apeclient? Yes \(\sum \) No \(\sum \) If yes, give details ify the percentage of the Applicant's controlled past fiscal year: (a) Mines (b) Harbors & jetties (c) Bridges & tunnels	pplicant derive more than 50% of the receive attributable to the None	following ty % % %	revenue from any one
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15. During singles and singles single	ing the immediate past fiscal year, did the Applicant? Yes \(\sqrt{No} \sqrt{\sqrt{No}} \sqrt{\sqrt{If yes, give details}}\) If yes, give details if yes, give details if yether past fiscal year: If yes, give details	ract revenue attributable to the None	fits contract following ty %%%%%	revenue from any one

(m) (n) (o) (p) (q) (r) (s)	Condominiums Highrise apartment buildings Sewage systems Water systems Asbestos Environmental Other (Specify) Total:	None No	Yes		% % % % % %			
17. Does the	e Applicant utilize independent subcontractor	rs or Design	Professionals	or Consul	tants f	or:		
(a)	Construction work?		Yes \square	No				
(b)	Architectural, Engineering or Surveying Se	ervices?	Yes \square	No				
(c)	Construction Management Services?	arvices.	Yes \square	No				
(b) (c) (d)	Construction work? Architectural, Engineering or Surveying Serv Construction Management Services? Lescribe on a separate Exhibit the work or ser		Yes ☐ Yes ☐ Yes ☐	No □ No □ No □]	licant to	o others and the	e
criteria to the criteria to th	the Applicant in the selection of so the Applicant subcontracts architectural, en nt agrees to promissorily warrant that certifi Professionals and Consultants to whom he su	uch subcontagineering, scates of pro	ractors, Design surveying or of fessional liabi	onstruction	onals on ma	r Consunagemer	ltants.	e
comprel	other work which the Applicant subcontracts nensive general liability insurance will be re No							
	ects where the applicant renders Construction Owner and Contractor for use by Construction tuse:							
(a) T	The American Institute of Architects?		Yes		No			
	The Associated General Contractor of America	ca?	Yes		No			
(c)	The Construction Management Association o	of America?	Yes		No			
Also, if form use	any other form of Agreement is used by the ed.	Applicant fo	or these service	es, please	submi	a copy	of the standard	1

21.	If cove	er for Joint	Venture projects is i	required, please giv	e details as	under for	r each Jo	int Venture	projects:
	(a) (b) (c) (d) (e) (f) (g) (h)	Type of F Nature of Total Cor Contract in Contract in Give dura all phases Has the Approfession Do the of	and Address of other Maroject and location? It services by Applica a tract revenue from Jurevenue for Applicant revenue for Applicant action of the Joint Version and constant Applicant's portion and liability thus far? The Members carry ture project? If yes,	nt: foint Venture for al nt's share: nt's share during the enture including apruction: of the Joint Venture professional liabil	e next fisca oproximate are been in	l year: dates for sured for			
22.			licant or any sub eal estate developn	• •					in manufacturing parate Exhibit.
23.	(wheth	her directlolled by a	ly or indirectly) or	is the Applicant rm or organization	wholly or n (whethe	partly ov r directly	vned, op v or indi	perated, ma rectly)? Ye	rm or organizatior naged or otherwise es □ No □ If yes
24.		Carrier Limit of I Anniversa Blanket O Blanket X Broad Fo Complete Profession	ary Date: Contractual? K.C.U.? rm Property Damage ed Operations? nal Services Exclus ent applicable to all	policies. e? ion as a separate		No ONO NO ONO ONO			No If yes, provide prella Liability
25.			ant currently carry profession for the past five year	-	insurance's	? Yes 🗆			ide full particulars or
	<u>Co</u>	<u>ompany</u>	Policy No.	<u>Limits</u>	Deduc	<u>etible</u>		Period ding Dates)	<u>Premium</u>

26.		cify the exact date upon which professional liability insurance for the Applicant was initially placed in force and tinuously maintained:
27.	part	s any application for similar insurance made on behalf of the Applicant, any predecessors in business or present tners, directors, officers or employees ever been declined or has any such insurance ever been cancelled or renewal used? Yes No No If yes, please give details:
	Imj	portant information required to obtain "Prior Acts" coverage as well as qualify the Applicant for insurance.
	As	used in the questions below, the term "claims" shall have the following meaning:
		e word "claim" means a demand received by the Applicant for money or services, including the service of suit or itution of arbitration proceedings against the Applicant.
28.	a.	Have any claims been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the applicant or to the knowledge of the Applicant against any past partners, past officers or past directors of the Applicant? Yes No If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement:
	b.	Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents that have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant? Yes No If yes, give full details similar to question 28a and also indicate if the circumstance, incident, situation or accident has been reported to the Applicant's professional liability carrier:
	c.	Other than as may have been answered in the foregoing, please provide the following responses with respect to projects where the Applicant under contract has performed, worked or provided services, irrespective of whether performed by the Applicant or by others on behalf of the Applicant, during the past five years: (i) Is the Applicant owed compensation that any party refuses to pay or is unable to pay, either in whole or in part, for any reason whatsoever? This question shall include, but is not limited to, any claim that the Applicant has pursued or anticipates pursuing involving "extras" allegedly owed him. Yes \(\sqrt{No} \sqrt{If yes}, \) provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier:
		(ii) Is the Applicant aware of actual, alleged or suspected defective, inadequate or otherwise faulty assembly, erection, excavation, fabrication or installation (including roof leakage) that has not been remedied to the full satisfaction of all parties? Yes \(\subseteq No \subseteq \) If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers:
		(iii) Is the Applicant aware of actual, alleged or suspected defective, malfunctioning or otherwise faulty equipment, materials, products, components, processes or systems that have not been remedied to the full satisfaction of all parties? Yes \(\subseteq \) No \(\subseteq \) If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers:

	(1V)	Yes	No If yes, provide full particulars and indicate if the circumstance has been reported to the licant's general and professional liability carriers:
	(v)	by an Yes	e Applicant aware of a delay, budget, contract sum or contract time having been exceeded not authorized n approved change order, a change order for which additional compensation has not been agreed upon? No If yes, provide full particulars and indicate if the circumstance has been reported to the licant's professional liability carrier:
	(vi)	the A	he Applicant aware of an injury having been sustained by a person or persons (other than an employee of Applicant) that resulted in his total or partial disability or death? Yes \square No \square If yes, provide full iculars and indicate if the circumstance has been reported to the Applicant's general and professional lity carriers:
	(vii		s the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has med the liabilities: ever been declared in default? Yes \(\subseteq \) No \(\subseteq \) 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 \(\subseteq \) No \(\subseteq \) has abandoned a project at any state after completion of working drawings and prior to substantial completion of the project? Yes \(\subseteq \) No \(\subseteq \)
		If an	y of the above are answered yes, please provide full particulars.
wh the	ich subs propose	equer ed ins	t if there be knowledge of any fact, circumstance, incident, situation or accident or other matter ntly results in claim being made against the applicant or other insured party, that coverage under surance shall not apply; and it is agreed by all parties that any future claim or action emanating be excluded from coverage under the proposed insurance.
29.		service	inplete description of each of the Applicant's ten largest jobs in the last five years. Specify the name, es provided, value of construction and gross accrued income and the date construction was completed or eleted.
30.	Attach capabili	•	by of each of the Applicant's current brochures and include any other current literature advertising his
31.	Attach a	a copy	y of the Applicant's most recent financial statement.
32.	Attach		ume for each of the Applicant's principals, partners, directors or officers and any other key professional
33.	Attach	a clair	ms summary under the Applicant's Comprehensive General Liability policy for the last three years.
34.	Coverag	ge req	quested:
	Limit:	\$	Deductible: \$
	Effectiv	e froi	m to

The Applicant	accepts	notice that	any	Policy or	Certificate	which	may l	be issued	will a	pply o	n 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