

Application for Architects and Engineers Professional Liability Insurance

Claims Made Coverage

Annual Fees up to \$1,000,000



Instructions

1. Answer all questions. If any section does not apply, indicate with N/A and please explain why not on a separate sheet.
2. Have this Application signed and dated by an authorized owner, partner, risk manager or director of the Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for the insurance. For more detail, see the definition of "insured" in specimen policy.
3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy and their relationship to the Named Insured.

Named Insured Information

Named Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Telephone: _____ Fax: _____

E-mail: _____ Web Address: _____

All information requested hereafter pertains to the Applicant applying for insurance unless otherwise stated.

Current Policy Information

Professional Liability: *(If Applicant does not currently have Professional Liability coverage, please provide requested term, limits and deductible.)*

Insurance Company: _____ Term: _____ to _____
mm / dd / yy mm / dd / yy

Premium: \$ _____ Retroactive Date: _____
mm / dd / yy

Limits: \$ _____ / \$ _____ Deductible: \$ _____
per claim aggregate

General Liability:

Insurance Company: _____ Term: _____ to _____
mm / dd / yy mm / dd / yy

Underwriting Information

Date Established: _____ mm / dd / yy Number of licensed professionals: _____

| | Gross Fees | Subcontracted Fees | Reimbursables |
|----------------|------------|--------------------|---------------|
| Current Year | \$ _____ | | |
| 1st Year Prior | \$ _____ | \$ _____ | \$ _____ |
| 2nd Year Prior | \$ _____ | | |
| 3rd Year Prior | \$ _____ | | |
| 4th Year Prior | \$ _____ | | |
| 5th Year Prior | \$ _____ | | |

Current year represents services rendered from: _____ to _____
mm / dd / yy mm / dd / yy

Named Insured is: Corporation Partnership Professional Corporation Sole Proprietorship Other

If other, please specify: _____

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichproducercompensation.com> or call the following toll-free number: (866) 903-1192.
 This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

Areas of Practice

Based on the Applicant's gross billings, indicate the type of services performed. **Do not include services performed by others on your behalf.** (Total must equal 100%.)

| | | |
|-----------------------------------|----------------------------------|--------------------------------|
| _____ % Acoustical Engineering | _____ % Forensic Engineering | _____ % Naval/Marine |
| _____ % Architecture | _____ % Geotechnical Engineering | _____ % Nuclear Engineering |
| _____ % Chemical Engineering | _____ % HVAC Engineering | _____ % Process Engineering |
| _____ % Civil Engineering | _____ % Hydrological Engineering | _____ % Structural Engineering |
| _____ % Communication Engineering | _____ % Interior Design | _____ % Testing Labs |
| _____ % Construction Management | _____ % Land Surveying | _____ % Other _____ |
| _____ % Electrical Engineering | _____ % Landscape Architecture | |
| _____ % Environmental Engineering | _____ % Mechanical Engineering | |

Activities

Based on the Applicant's gross billings, indicate the type of activities performed. (Total must equal 100%.)

| | |
|--|--|
| _____ % Construction Management | _____ % Feasibility Studies |
| _____ % Construction with Design Subcontracted | _____ % Observation of Construction Only |
| _____ % Design with Construction | _____ % Surveying |
| _____ % Design with Observation | _____ % Other _____ |

Project Types

Based on the Applicant's gross billings, indicate their types of projects. (Total must equal 100%.)

Residential

| | | |
|----------------------|----------------------|---------------------|
| _____ % Apartments | _____ % Custom Homes | _____ % Townhomes |
| _____ % Condominiums | _____ % Tract Homes | _____ % Other _____ |

Commercial

| | | |
|------------------------------|---------------------------------|--|
| _____ % Amusement Rides | _____ % Manufacturing | _____ % Sewage Systems |
| _____ % Arenas/Stadiums | _____ % Mass Transit | _____ % Shopping Centers |
| _____ % Bridges | _____ % Municipal Buildings | _____ % Superfund/Pollution |
| _____ % Churches | _____ % Nuclear Atomic | _____ % Telecommunications |
| _____ % Convention Centers | _____ % Office Buildings | _____ % Theatres |
| _____ % Dams | _____ % Parking Structures | _____ % Tunnels |
| _____ % Harbors/Piers/Ports | _____ % Petrols/Chemicals | _____ % Utilities |
| _____ % Hospitals/Healthcare | _____ % Pools | _____ % Warehouses |
| _____ % Hotels/Motels | _____ % Pre-Engineered Building | _____ % Wastewater/Sewage Treatment Plants |
| _____ % Jails | _____ % Recreation/Playgrounds | _____ % Water Systems |
| _____ % Landfills | _____ % Roads/Highways | _____ % Other _____ |
| _____ % Libraries | _____ % Schools/Colleges | |

Claims History

Attach to this Application currently valued loss runs from prior carriers.

1. Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against the Applicant? If "yes," please attach completed claims questionnaire. Yes No
2. Are there any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against the Applicant? If "yes," please provide details on a separate sheet. Yes No
3. Are there any deficiencies or alleged deficiencies in work where the Applicant performed professional services or are there any deficiencies or alleged deficiencies in work by others for whom the Applicant is legally responsible during the last five years? If "yes," please provide details on a separate sheet. Yes No
4. Does the Applicant have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? If "yes," please provide details on a separate sheet. Yes No

Additional Underwriting Information

1. List below the Applicant's five largest projects in the last three years.

| Project | Fees | Construction Value |
|---------|------|--------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

2. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved in:

- a. Actual construction, fabrication or erection? Yes No
- b. Development, sale or lease of computer software to others? Yes No
- c. Real estate development? Yes No
- d. Manufacturing, sale, leasing or distribution of any product? Yes No

If any of the above answers are "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

3. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question #2 above? If "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received. Yes No

4. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or does the Applicant own or control any other entity? If "yes," please provide details on a separate sheet. Yes No

5. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director or employee? If "yes," please provide details on a separate sheet. Yes No

6. Has the Applicant ever been subject to disciplinary action by authorities as a result of their professional activities? If "yes," please provide details on a separate sheet. Yes No

Signature Section

APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any changes in the facts or statements shown above or in any supplementary application.

COMPLETION OF THE FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

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 (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

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.

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Signature: _____

Date: _____
mm / dd / yy

Title: _____

Producer Information

Producer Code: _____ Producer: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____