



NOTICE OF DISCLOSURE FOR AGENT & BROKER COMPENSATION

If you want to learn more about the compensation Zurich pays agents and brokers visit:

<http://www.zurichnaproducercompensation.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.

Project Specific Consultants and Contractors Application



Steadfast Insurance Company

Dover, Delaware

Administrative Offices:

Zurich Towers, 1400 American Lane, Schaumburg, Illinois 60196-1056

Instructions

- If multiple entities are seeking coverage under a project-specific policy, an application must be completed by each entity seeking coverage. In the event coverage is bound, one applicant will be Sole Agent for the insurance policy and responsible for all payments including deductibles.
- Please answer all questions. If any section does not apply, please indicate with N/A. If more space is needed, please attach additional pages.
- This application must be signed and dated by an owner, principal or other duly authorized person.
- Please submit all of the following materials with this application:
 - Statement of Qualifications or Standard Form 254 (for each applicant)
 - Current financials (audited preferred) of main applicant, including balance sheet and income statement.(for each applicant)
 - Request for Proposal
 - Proposal
 - Contract
 - Scope of Work for the Project (for each applicant)
 - For each applicant, at least ten years of currently valued loss runs for general liability, contractors pollution liability, and professional liability (if applicable)
 - All environmental studies and reports performed for the project site

Please indicate which coverage you are seeking by this Application:

- Contractors Pollution Liability (CPL)
 Professional Environmental Consultants Liability (PEC)

1. Applicant Name:
Address (Street and PO Box):
Telephone: Fax:
Contact: Title:
Role of Applicant: (i.e. Prime Engineering Consultant or Contractor) _____
2. Has the contract been awarded to the main applicant as of the date on application? YES NO
3. Name(s) of other entities to be included as Named Insureds in this insurance and the duties they will perform:

NAME	DUTIES	Contract Awarded?	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Name and Address of the Project:
5. Please provide a brief description of the project:
6. Date applicant was established:

7. Applicant is a: Corporation Partnership Joint Venture Other

8. Professional Services Fees: \$
Contracting Fees: \$
Total Construction Values: \$

Note: Please provide a detailed breakdown of fees/values for project as an attachment.

9. Key Project Personnel
Name Title Degree/Certifications Years of Experience

10. Will you use subcontractors for this project that will not be insureds under the coverage being sought?
YES NO If Yes, then please answer the following:

a. Subcontractors Service Fees

b. Please include a copy of the executed contract between you and any such subcontractors

c. Please include certificates of insurance for each subcontractor

11. Are there any aspects of the project for which this insurance is intended which:

a. include experimental, new or innovative design, construction or remedial techniques?

YES NO

b. are unusual in any manner?

YES NO

c. involve a service which the applicant has performed for less than 2 years?

YES NO

d. should be brought to the attention of the underwriter? YES NO

If YES to any of the above, please explain:

12. Please list all other insurance potentially applicable to the project for which coverage is being sought by this application:

Coverage Type Insurer Name Limits of Liability SIR/Ded. Amount Policy Period

13. Has any application for Professional Liability and/or Pollution Liability Insurance by the applicant(s), present owners or partners ever been declined or coverage cancelled or non-renewed?

YES NO

If yes, please explain:

14. Has any claim, suit, or notice of incident been made against the applicant(s), its subsidiaries, or principals ?

YES NO

If yes, please explain including the following details:

a. Date of claim, suit, or notice was made:

b. Date of incident resulting in claim, suit, or notice:

c. Name of claimant:

d. Nature of claim, suit, or notice:

e. Amount of demand:

f. Amount paid or estimation of payment including reserves:

g. Current status or final disposition:

15. Is the applicant aware of any circumstances which may result in any claim, suit, notice or request against it or any person or entity for whom coverage is sought? YES NO

If yes, please explain:

16. Has the applicant ever been involved on any projects for which a claim has been made against a project-specific insurance policy? YES NO If yes, please explain:

WARRANTY: AFTER REASONABLE INQUIRY, THE BELOW SIGNATORY ON BEHALF OF THE APPLICANT(S) REPRESENTS AND WARRANTS THAT THE INFORMATION SUBMITTED TO THE COMPANY IN THIS APPLICATION, AND ANY SUPPLEMENTARY INFORMATION THERETO, IS TRUE, COMPLETE AND ACCURATE AND THAT NO MATERIAL OR RELEVANT FACT HAS BEEN SUPPRESSED OR MISSTATED AS OF THE DATE SUCH INFORMATION IS SUBMITTED TO THE COMPANY. THE MAIN APPLICANT AGREES TO ADVISE THE COMPANY OF ANY CHANGES TO THE INFORMATION PROVIDED IN THIS APPLICATION INCLUDING BUT NOT LIMITED TO ANY CHANGE IN THE CONSULTING AND/OR CONTRACTING OPERATIONS SPECIFICALLY DESCRIBED IN THIS APPLICATION, NOTICES OF ANY CLAIM OR OF ANY POTENTIAL CLAIM, OR OF ANY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM UNTIL THE COMPANY BINDS A POLICY OR UNTIL THE COMPANY DECLINES TO BIND A POLICY. IF A POLICY IS ISSUED BY THE COMPANY, THIS APPLICATION SHALL BECOME PART OF THE POLICY AND SHALL BE DEEMED TO BE ATTACHED TO THE POLICY.

ANY MISREPRESENTATION, NON-DISCLOSURE, CONCEALMENT, SUPPRESSION OR MISSTATEMENT OR BREACH OF WARRANTY IN THIS APPLICATION OR SUPPLEMENTARY INFORMATION THERETO SHALL BE CONSTRUED AGAINST THE APPLICANT(S).

Applicant's Signature

Applicant's Name (please print)

Title

Date

Insurance representative

Name of firm

Notice to Applicant — State fraud warnings

The meaning assigned to any defined term used in this Application shall be equally applicable to both the singular and the plural forms of such term, and words denoting any gender shall include all genders. Where a word or phrase is defined herein, each of its other grammatical forms shall have a corresponding meaning.

The Applicant represents that the above statements are true and correct to the best of the Applicant's knowledge and that material or relevant facts have not been suppressed or misstated. Completion of this form does not bind coverage. This Application shall become part of the policy, if issued, and shall be deemed to be attached to the policy.

Notice to Arkansas Applicant

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Notice to Colorado Applicant

"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 Florida Applicant

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Notice to Kentucky Applicant

"Any person who knowingly and with intent to defraud any insurance company or other 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."

Notice to Louisiana Applicant

"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 fines and confinement in prison."

Notice to Maine Applicant

"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 Nebraska Applicant

"No misrepresentation or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under this policy or contract unless such misrepresentation or warranty:

1. Was material;
2. Was made knowingly with the intent to deceive;
3. was relied and acted upon by the company; and,
4. deceived the company to its injury.

The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss."

Notice to New Jersey Applicant

"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 Mexico Applicant

"Any person who knowing 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 and criminal penalties."

Notice to New York Applicant

"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 Ohio Applicant

"Any person who with intent to defraud or knowing that he is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Notice to Oklahoma Applicant

"WARNING: 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 of Pennsylvania Applicant

"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.”

Notice to Tennessee Applicant

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.”

Notice to Utah Applicant

“Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

Notice to Virginia Applicant

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fine and denial of insurance benefits.”

Notice to Washington D.C. Applicant

“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 fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Notice to All Other State 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.”