

**THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY**

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
3. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.
4. FOR THE PURPOSES OF THIS APPLICATION, "FIRM" REPRESENTS ANY SUBSIDIARY, PARENT FIRM, PRINCIPAL, PARTNER, OFFICER, DIRECTOR OR EMPLOYEE OF THE FIRM.

1. Applicant/firm name: _____

2. Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

3. Telephone: () _____ Fax: () _____

Email address _____

4. Type of Business: Publicly Traded Corporation Partnership Sole Proprietorship

5. Date Established (current entity): _____

6. Has the Firm ever Changed? If so, please provide history including dates of change.

7. Is the Firm controlled or owned by, or associated or affiliated with, or does it own any other firm or business enterprise?
 YES NO
If yes, please explain on additional sheet.

8. Number of staff: Professional _____ Technical _____ Clerical _____ Total _____

9. Please describe areas of consulting services below by showing the percentage of income derived from each and a brief description of each. Please use a separate sheet of paper if necessary.

Example: 30% Description: Regulatory Compliance. I/we provide Regulatory Compliance audits for industrial clients, mostly chemical manufacturers.

_____% Description: _____

_____% Description: _____

_____% Description: _____

_____% Description: _____

10. What professional societies does the firm and/or its principals belong to?

11. Please provide professional liability insurance history for the past five years:

Insurance Company	Policy Period	Limits	Deductible	Premium
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Retroactive dates on current policy: _____

12. Gross Billings: Estimate for current year \$ _____
Last complete year: \$ _____ Year prior: \$ _____

13. What is the total gross billings paid to professional consultants for the last complete year?
Insured _____% Uninsured _____% Types of services: _____

14. Billings for projects insured under separate project policies:
Est. for this year \$ _____ Last year \$ _____ Year prior \$ _____

15. Does the firm or has the firm ever been involved with Design/Build projects? Yes No
If yes, please complete the supplement attached.

16. Does the firm have any equity interest in any entity or project for which professional services are being rendered? Yes No
If yes, please explain on additional sheet.

17. Please indicate the approximate percentage of your total gross billings from the following categories of clients:

Federal Government	____%	State Government	____%	Local Governments	____%
Institutional	____%	Industrial	____%	Real Estate Developer	____%
Lending Institutions	____%	Contractors	____%	Other Design Professionals	____%
Other (Private)	____%	Other (Public)	____%		

18. Does the firm use written client contract? Always Almost Always Sometimes Never
If not always, please explain how the scope of services to be provided is agreed: _____

Please attach a copy of the firm's standard contract.

19. Does the firm have a written manual for employees to follow? Yes No

20. Does the firm have a formalized training program for employees? Yes No

21. Does the firm have promotional literature? Please attach a copy. Yes No

22. Has any professional liability insurance ever been declined or cancelled? Yes No

23. Have any claims been made or legal action brought during the ten years against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? Yes No
24. After inquiry, does anyone in the firm have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance? Yes No
25. On a separate sheet, please list your TEN largest projects in terms of construction value during the past five years, including names, location, type, client, nature of services rendered and status. Or provide recent Form 254/255.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

THE APPLICATION DOES NOT BIND THE APPLICANT TO BUY, NOR THE COMPANY TO ISSUE THE INSURANCE, BUT IS AGREED THAT THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE: IN CERTAIN STATES, 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 THERE TO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEETS AND WARRANT THAT THE RESPONSE PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS _____ DAY OF _____ 20____ AT _____

NAME OF PRINCIPAL, PARTNER OR OFFICER _____
(Type or Print)

TITLE _____

SIGNATURE _____
(Principal, Partner or Officer)

LLOYD'S
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**SUPPLEMENT FOR
DESIGN/BUILD COVERAGE**

This Supplement to the Application for Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

Name of Applicant: _____

CONSTRUCTION VALUES / PROFESSIONAL FEES
(Please indicate Gross Billings attributable to the following)

1. Last Fiscal Year This Fiscal Year
20 _____ 20 _____

	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction	\$	\$	\$	\$
Design only - No Construction	\$	\$	\$	\$
Construction Only – No Design	\$	\$	\$	\$
Construction Management	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$
Total – All Operations	\$	\$	\$	\$

DESIGN / BUILD SERVICES

2. Please describe relationship between the design firm and the construction firm:

3. Please describe construction between observation services performed by the design firm:

4. Please list by attachment the 10 largest Design/Build projects in the past 5 years. Indicate names, location, types of structures, services performed, construction values and completion dates.
5. What is the Applicant's current bonding capacity? \$ _____
6. Has a survey company ever declined to offer a bond? Yes No

LIABILITY ISSUES

7. Is the Applicant aware if any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?
Yes No
8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?
Yes No

9. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them? Yes No

10. Has the Applicant or any subcontractor made a claim or lien against any part because of compensation due, or alleged to be due, which exceeds \$10,000? Yes No

11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	CGL	Umbrella
Company	_____	_____
Limit	_____	_____
Deductible	_____	_____
Premium	_____	_____

I understand the information submitted herein becomes part of the application for Professional Liability insurance and is subject to the same representations and conditions.

Signature _____
Title _____
Date _____

LLOYD'S

LLOYD'S OF LONDON

CLAIM SUPPLEMENT

APPLICANT'S INSTRUCTIONS

1. This form is to be completed if the Applicant is currently or has been involved in any claim or suit during the last 10 years. Please complete one form for each claim.
 2. If space is insufficient to answer any question fully, please use separate sheet. **DO NOT ATTACH COPIES OF SUMMONS OR COMPLAINTS.**
 3. Please note this Supplement is for Underwriting information and does not constitute notice of claim. If you wish to notify a claim on your current or expiring policy please check the claims provisions of your policy and/or seek advice from your broker.
 4. Please leave no blanks.
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1. Full name of individual(s) and name of firm involved in the claim:

- a) _____
- b) _____
- c) _____

2. Additional Defendants:

- a) _____
- b) _____
- c) _____

3. Full name of Claimant: _____

4. Date of alleged error: _____

5. To what insurance company was the claim reported? _____

6. Date reported to insurance company: _____

7. Present Status of claim (circle one): Open In Suit Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$ _____
- b) Claimant's Settlement demand: \$ _____
- c) Defendant's offer for settlement: \$ _____
- d) Total amount paid in defense cost to date: \$ _____
- e) Total damages paid/outstanding: \$ _____

9. If closed, please indicate amount paid in:

Indemnity \$ _____ Costs \$ _____

10. Description of claim, including likelihood of settlement if pending: (please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS & COMPLAINT.

a) Allegation upon which Claimant bases claim:

b) Description of events:

I understand the information submitted herein becomes part of the application for Professional Liability Insurance and is subject to the same representations and conditions.

APPLICANT'S SIGNATURE: _____

TITLE: _____

DATE: _____

AIF 2122 (LAP)
AIF 2126 (CML)