

f. Asbestos abatement

Yes

No

2. APPLICANT OPERATIONS (CONTD.)

Please indicate the type and approximate percentage of work under each heading:

c. Scope of Services (to equal 100%)

- (i) Design with construction observation _____%
- (ii) Design without construction observation _____%
- (iii) Construction observation without design _____%
- (iv) Studies, reports and services not resulting in construction _____%

Please indicate the type and approximate percentage of work under each heading:

d. Types of Services (to equal 100%)

- (i) Master planning _____%
- (ii) Foundation design _____%
- (iii) Geotechnical services _____%
- (iv) Alternations _____%
- (v) Machinery/product design _____%
- (vi) Forensic/expert witness _____%
- (vii) Building inspection/certification _____%
- (viii) Other _____%

Please indicate the type and approximate percentage of work under each heading:

e. Types of Projects (need not equal to 100%)

- | | |
|---|---|
| (i) Single family dwellings _____% | (xi) Parking structures _____% |
| (ii) Condominiums _____% | (xii) Roads/highways _____% |
| (iii) Apartments _____% | (xiii) Bridges, dams, or tunnels _____% |
| (iv) Hotels, motels or resorts _____% | (xiv) Sewage or waste disposal systems _____% |
| (v) High-rise buildings _____% | (xv) Wastewater treatment plants _____% |
| (vi) Educational facilities _____% | (xvi) Power plants _____% |
| (vii) Religious facilities _____% | (xvii) Industrial/manufacturing _____% |
| (viii) Commercial/shopping centers _____% | (xviii) Petrochemical, chemical _____% |
| (ix) Hospitals/health care _____% | (xix) Offshore & marine structures _____% |
| (x) Recreational/sports facilities _____% | (xx) Other _____% |

f. Does the Applicant foresee any substantial changes in the percentages of Items (c), (d) or (e) above during the next twelve months? [] Yes [] No
If yes, please give details:

g. Fees and Construction Values - (For design firms only)

| | Dates | Estimate for Coming Year From _____ to _____ | Present 12 months From _____ to _____ | Previous 12 months From _____ to _____ |
|--|-------|--|---|--|
| Domestic Operations | | | | |
| (i) Construction values | | _____ | _____ | _____ |
| (ii) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) | | _____ | _____ | _____ |
| Foreign Operation | | | | |
| (iii) Construction Values | | _____ | _____ | _____ |
| (iv) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) | | _____ | _____ | _____ |

h. Construction values - For firms who both design and construct.

| | Dates | Estimate for Coming Year From _____ to _____ | Present 12 months From _____ to _____ | Previous 12 months From _____ to _____ |
|-------------------------------------|-------|--|--|---|
| (i) All operations | | _____ | _____ | _____ |
| (ii) Design/Construct | | _____ | _____ | _____ |
| (iii) Design only - no construction | | _____ | _____ | _____ |
| (iv) Construction only - no design | | _____ | _____ | _____ |

2. APPLICANT OPERATIONS (CONTD.)

i. What percentage of the Applicant=s practice involves any of the following:

(i) Subletting of work to others? _____%.
Type of work sublet?

(ii) Is evidence of insurance from consultants required? [] Yes [] No

l. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing, or fabrication? [] Yes [] No
If yes, please give details:

j. Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? [] Yes [] No
If coverage is desired, please request equity interest supplement form.

m. Is the Applicant controlled, owned or associated with any other Firm, Corporation or Company? [] Yes [] No
If yes, please describe:

k. Does any one contract or client represent more than 50% of annual work? [] Yes [] No
If yes, please describe:

n. Does the Applicant work with other firms in Joint Ventures? [] Yes [] No
BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES. If coverage is desired, please request joint venture supplement form.

3. APPLICANT STAFF

| a. Name of Owner, Partner or Officer | Educational Qualifications | Date and Place Acquired | How Long with Firm |
|--------------------------------------|----------------------------|-------------------------|--------------------|
| | | | |

b. Total Personnel: (Including those listed in item 3 (a) above: _____)

(i) Number of Engineers, Surveyors & Architects _____

(ii) Number of Fieldmen (rodmen, chainmen, etc.) _____

(iii) Number of Draftsmen, Technicians _____

(iv) Number of clerical and acctg. employees _____

f. What professional Associations does the Applicant belong to?

c. States in which licensed:

d. Foreign Work? [] Yes [] No
If yes, please give full details:

g. Are any of the individuals named in item 3 (a) above owners, officers or employees of firms engaged in actual construction, manufacturing or fabrication? [] Yes [] No
If yes, please give details:

e. Have any of those listed in item 3(a) above ever been the subject of disciplinary action by authorities as a result of their professional activities? [] Yes [] No
If yes, please describe:

4. APPLICANT HISTORY

a. Please detail Architects & Engineers Professional Liability Insurance during PAST FIVE YEARS: Show current policy and four prior years.

| | <u>Insurance Company</u> | <u>Policy No.</u> | <u>Limits</u> | <u>Deductible</u> | <u>Policy Period</u> |
|-------|--------------------------|-------------------|---------------|-------------------|----------------------|
| (i) | _____ | _____ | _____ | _____ | _____ |
| (ii) | _____ | _____ | _____ | _____ | _____ |
| (iii) | _____ | _____ | _____ | _____ | _____ |
| (iv) | _____ | _____ | _____ | _____ | _____ |
| (v) | _____ | _____ | _____ | _____ | _____ |

b. Date UNINTERRUPTED insurance began: _____

c. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? [] Yes [] No
If yes, please give details:

| <u>Insurance Company</u> | <u>Type of Coverage</u> | <u>Limits</u> | | <u>Effective</u> | |
|--------------------------|-------------------------|---------------|-----------|------------------|-----------|
| | | <u>BI</u> | <u>PD</u> | <u>From</u> | <u>To</u> |
| _____ | _____ | _____ | _____ | _____ | _____ |

d. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been canceled or renewal refused? If yes, please give details: [] Yes [] No

e. Has any claim ever been made against the firm or any persons named in item 1(a) or item 3(a)? [] Yes [] No
If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

f. Is the applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? [] Yes [] No
If yes, please give full details on the same basis as item 4(e) above.

g. Year 2000 computer systems issue:
(i) Does your computer system store a four-digit year?
(ii) If no, please describe measures taken to correct the system and the estimated correction completion date.

h. Please attach list of 10 largest jobs in the last five years. Detail: 1) project name; 2) type of structure; 3) services performed; and 4) construction values.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.

REPRESENTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by issuance of a policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR A 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.

Name of Applicant Title (Officer, partner, etc.)

Signature of Applicant Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

ATTACH COPY OF BROCHURE

