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**APPLICATION FOR ARCHITECTS
AND ENGINEERS PROFESSIONAL
LIABILITY INSURANCE FOR A
SPECIFIC PROJECT
(Claims Made Basis)**

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Name of applicant:

b. Principal address:

Telephone number: ()

c. Number of Employees: Full time _____ Part time _____ Total _____

d. Coverage requested: (i) Limit: _____ (per claim) _____ (aggregate) (ii) Deductible

(iii) Length of Coverage: _____ Active Phase: _____ Extended Reporting Period: _____

2. PROJECT INFORMATION

a. Name and/or designation of project:

b. Name of project's prime professional, if other than yourself:

c. Location of project:

d. Name and address of owner of project:

e. Name and address of client for whom you will provide professional services:

f. Please describe nature of project:

g. Duration of project by phase using dates:

Start

Completion

Schematic Design

Design Development

Construction Documents

Bidding or Negotiation

Construction

h. Total estimated project construction value: Total Estimated Project Billings (including billings paid to consultants):

2. PROJECT INFORMATION (CONTD.)

i. Total project billings (including billings paid to consultants) for the following services (total = 100%):

Architecture	_____ %	Soil Engineering	_____ %
Civil Engineering	_____ %	Structural Engineering	_____ %
Electrical Engineering	_____ %	Construction Management	_____ %
Mechanical Engineering	_____ %	Others not shown, please specify below:	
Heating & Ventilation Engineering	_____ %	_____	_____ %
Land Surveying	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %

j. Please attach a representative list for you and each of your consultants of projects similar to that proposed for this policy, including: 1) Project name; 2) Services performed; 3) Construction value.

3. CONSULTANTS

a. Please complete the following for all of your consultants rendering services in connection with this project. (A consultant should be shown for each service listed in question 2(i) above that you do not perform).

NAME AND ADDRESS

TYPE OF SERVICE

(i)	_____	_____
	_____	_____
(ii)	_____	_____
	_____	_____
(iii)	_____	_____
	_____	_____
(iv)	_____	_____
	_____	_____

b. Equity Interest: After inquiry of each of your consultants, do you or any of your consultants, parent company, subsidiary or otherwise related entity retain an ownership interest in this project? [] Yes [] No

If yes, please attach details including the full name of all parties having an ownership interest in the project and the percentage of ownership for each.

c. After inquiry of each of your consultants, do you or any of your consultants, parent company, subsidiary or otherwise related entity plan to engage in actual construction, manufacturing, fabrication, or the supply of materials for this project? If yes, please describe your participation. [] Yes [] No
If yes, please give details.

3. CONSULTANTS (CONTD.)

d. Please list Professional Liability Insurance for yourself and your consultants:

<u>Firm</u>	<u>Insurance Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Effective Date</u>
Applicant	_____	_____	_____	_____
Consultant A	_____	_____	_____	_____
Consultant B	_____	_____	_____	_____
Consultant C	_____	_____	_____	_____
Consultant D	_____	_____	_____	_____

e. After inquiry of each of your consultants, has any application for Professional Liability Insurance made on behalf of yourself or any of your consultants ever been declined or has any such insurance ever been canceled or renewal refused?
[] Yes [] No
If yes, please give details.

f. Please attach a copy of your Client Agreement and your Consultant Agreements used for this project.

4. CLAIMS

a. After inquiry of each of your consultants, has any claim ever been made against you or against any of your consultants?
[] Yes [] No
If yes, please state briefly the cause and nature of the claim, including the amount involved and name of the project and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition:

b. After inquiry of each of your consultants, are you or any of your consultants aware of any circumstances which may result in any claim under the requested insurance?
[] Yes [] No
If yes, please give full details on the same basis as Question #4(a) above.
It is agreed that if there is knowledge of such circumstances, any claim subsequently arising therefrom will be excluded from coverage under the requested insurance.

c. Year 2,000 computer systems issue:
(i) Does your computer system store a four-digit year? [] Yes [] No
(ii) If no, please describe measures taken to correct the system and the estimated correction completion date.

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 unless the extended reporting period option is exercised in accordance with the terms of the policy. Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy.

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.