

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 firm only)

Dates	Estimate for coming year	Present 12 months	Previous 12 months
	From _____ to _____	From _____ to _____	From _____ to _____
Domestic Operations			
(i) Construction values	_____	_____	_____
(ii) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operation			
(i) Construction Values	_____	_____	_____
(ii) 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)	Alloperations	_____	_____	_____
(ii)	Design/Construct	_____	_____	_____
(iii)	Design only -noconstruction	_____	_____	_____
(iv)	Construction only -nodesign	_____	_____	_____

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

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 interests supplement form.

k. Does anyone contractor or client represent more than 50% of annual work? Yes No. If yes, please describe: _____

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: _____

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

n. Does the Applicant work with other firms in Joint Ventures? Yes No. 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 _____

c. States in which licensed:

d. Foreign Work? Yes No. If yes, please give full 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: _____

f. What professional Associations does the Applicant belong to? _____

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: _____

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>BI</u>	<u>Limits</u>	<u>PD</u>	<u>Effective 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 Partner ever been declined or has the insurance ever been canceled or renewal refused? Yes No. If yes, please give details: _____

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.

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. I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company/Underwriters.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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, COMMITTS 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