

Lexington Insurance Company

Administrative Offices: 200 State Street
Boston, Massachusetts 02109

APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions: leave no blank spaces.
- c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

1. Name of Applicant: _____
(If partnership or corporation, show firm)

2. Address: _____
Street City State Zip Code

3. Address of all Branch Offices: _____

4. When was the firm established: _____ / _____ / _____

5. Is firm: Sole Proprietorship Partnership Corporation Professional Corporation

6. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No. If Yes, please give full details (including dates):

7. Number of Total Staff:

1. Principals, Partners, Officers and Directors: _____
2. Architects, Engineers, Surveyors, Site Representatives, Landscape Architects, Draftsmen and other Technical Personnel _____
3. Clerical and Accounting Employees _____
4. Total Staff (1+2+3) _____

On a separate sheet, please provide full name and professional qualifications (registrations and degrees, date and place acquired) of all principals, partners or officers of the current firm(s).

8. States in which a Professional License is held: _____

9. Foreign Work? Yes No. If Yes, please give full details: _____

10. Have any of the Principals, Officers or Partners listed in item 7 ever been subject to disciplinary action by authorities as a result of their professional activities? ____ Yes ____ No. If Yes, please give full details: _____

11. To what Professional Associations does the Applicant belong? _____

12. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

13. Are any principals, officers, directors or employees of the Applicant engaged in actual construction , erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? ____ Yes ____ No. If Yes, please give details: _____

15. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest? ____ Yes ____ No. If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

16. Does the Applicant ever perform services on a salaried or annual retainer basis or act in the capacity of an employee or official of any governmental body? ____ Yes ____ No. if Yes, please give details: _____

17. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:
(Total Must Equal 100%)

| | | | |
|--|---------|--------------------------|---------|
| Acoustical Engineering | _____ % | Land Surveying | _____ % |
| Architecture | _____ % | Laboratory Testing | _____ % |
| Asbestos Inspection, Testing or Abatement Design | _____ % | Machine/Equipment Design | _____ % |
| Chemical Engineering | _____ % | Mechanical Engineering | _____ % |
| Civil Engineering | _____ % | Mining Engineering | _____ % |
| Construction/Project Management | _____ % | Naval/Marine Engineering | _____ % |
| Communication Engineering | _____ % | Process Engineering | _____ % |
| Electrical Engineering | _____ % | Soil/Geotech Engineering | _____ % |
| Environmental Engineering | _____ % | Structural Engineering | _____ % |
| HVAC Engineering | _____ % | Other (please specify) | _____ % |
| Interior Design | _____ % | _____ | _____ % |
| Landscape Architecture | _____ % | _____ | _____ % |

18. Please indicate the approximate percentage of billings derived from the following types of services:
(Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design _____ %
- b. Design without supervisory services _____ %
- c. Design & Observation _____ %
- d. Construction/Project Management _____ %
- e. Construction observation without design _____ %
- f. Inspection services on existing structures _____ %
- g. Inspections of homes/commercial properties for prospective buyers or lenders _____ %
- h. Manufacture, sale or distribution of any product or process _____ %
- i. Development, sale or leasing of computer software to others _____ %
- j. Other _____ %

19. Please indicate the approximate percentage of billings derived from each project type: (Total Must Equal 100%)

- | | | | |
|---------------------------------|---------|--------------------------|---------|
| Airport Runways/Taxiways | _____ % | Nuclear Facilities | _____ % |
| Amusement Rides | _____ % | Office Buildings | _____ % |
| Apartments | _____ % | Parking Structures | _____ % |
| Bridges | _____ % | Petrochemical/Refineries | _____ % |
| Churches | _____ % | Pools | _____ % |
| Condominiums | _____ % | Power Plants | _____ % |
| Convention Centers | _____ % | Roads/Highways | _____ % |
| Custom Residential | _____ % | Schools/Colleges | _____ % |
| Dams | _____ % | Sewage Systems | _____ % |
| Environmental Impact Statements | _____ % | Sewage Treatment Plants | _____ % |
| Foundation or Shoring Projects | _____ % | Shopping Centers/Retail | _____ % |
| Harbors/Piers/Ports | _____ % | Site Development | _____ % |
| Hospital/Healthcare | _____ % | Superfund/Pollution | _____ % |
| Hotels/Motels | _____ % | Tract Homes/Subdivisions | _____ % |
| Industrial Waste Treatment | _____ % | Traffic Planning | _____ % |
| Jails/Justice | _____ % | Tunnels | _____ % |
| Landfills | _____ % | Warehouses | _____ % |
| Libraries | _____ % | Water Systems | _____ % |
| Manufacturing/Industrial | _____ % | Other _____ | _____ % |
| Mass Transit | _____ % | _____ | _____ % |

20. TYPES OF CLIENTS

| | | | | | |
|--------------------|---------|--------------------|---------|------------------------|---------|
| Commercial | _____ % | Federal Government | _____ % | Real Estate Developers | _____ % |
| Contractors | _____ % | State Government | _____ % | Other | _____ % |
| Other Design Prof. | _____ % | Local Government | _____ % | _____ | _____ % |
| Institutional | _____ % | Industrial | _____ % | | |

21. Does the Applicant foresee any substantial changes in the percentage of items 17-20 during the next twelve months?
 ___ Yes ___ No. If Yes, please give details:

22. Gross Billings and Construction Values -
 IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24.

| Dates: | Present 12 months | | Previous 12 months | |
|--|----------------------|---------------------|----------------------|----------|
| | From _____ | To _____ | From _____ | To _____ |
| Domestic Operations: | Total Gross Billings | Construction Values | Total Gross Billings | |
| a. Joint Venture Projects Applicant's Portion Only | \$ _____ | \$ _____ | \$ _____ | |
| b. Projects Insured Under Separate Project Policies | \$ _____ | \$ _____ | \$ _____ | |
| c. Projects Which Have Been Permanently Abandoned | \$ _____ | \$ _____ | \$ _____ | |
| d. Feasibility Studies, Master Plans, Reports | \$ _____ | \$ _____ | \$ _____ | |
| e. Direct Reimbursables | \$ _____ | \$ _____ | \$ _____ | |
| f. All Other Billings | \$ _____ | \$ _____ | \$ _____ | |
| TOTAL GROSS BILLINGS | \$ _____ | \$ _____ | \$ _____ | |

For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

23. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ _____ Construction Values: \$ _____

24. DESIGN/BUILD - CONSTRUCT VALUES
 COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

| Dates: | Estimate for Coming Year | | Present 12 months | | Previous 12 months | |
|----------------------------------|--------------------------|----------|-------------------|----------|--------------------|----------|
| | From _____ | To _____ | From _____ | To _____ | From _____ | To _____ |
| a. All Operations | \$ _____ | | \$ _____ | | \$ _____ | |
| b. Design/Construct | \$ _____ | | \$ _____ | | \$ _____ | |
| c. Design Only - No Construction | \$ _____ | | \$ _____ | | \$ _____ | |
| d. Construction Only - No Design | \$ _____ | | \$ _____ | | \$ _____ | |

25. What percentage of the Applicant's practice involves any of the following:

a. Subletting of work to others ____ % Type of work sublet? _____

b. Is evidence of insurance from consultants required? ____ Yes ____ No

26. Does any one contract or client represent more than 50% of annual work? ____ Yes ____ No. If Yes, please give details: _____

27. Does the Applicant work with other firms in Joint Ventures? ____ Yes ____ No
If yes, please describe.

28. Does the Applicant perform asbestos abatement services? ____ Yes ____ No
If yes, please describe.

29. If the Applicant has any direct or indirect responsibility for the design or redesign of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

30. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

31. Please detail present Architects and Engineers Professional Liability Insurance Coverage.

| Insurance Company | Policy Number | Limits | Deductible |
|--|---------------|------------------------|------------|
| _____ | _____ | _____ | _____ |
| Expiring Premium: \$ _____ | | Expiration Date: _____ | |
| Present Policy Retroactive Date: _____ | | | |

32. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

| Insurance Company | Policy Number | Limits | Deductible | Policy Period |
|-------------------|---------------|--------|------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

33. Date UNINTERRUPTED insurance began: _____

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

| Insurance company | Type of Coverage | Limits | Effective | To |
|-------------------|------------------|--------|-----------|-------|
| | | BI PD | From | |
| _____ | _____ | _____ | _____ | _____ |

35. Has any application for Architects and 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 cancelled or renewal refused? ___ Yes ___ No. If Yes, please give details: _____
- _____
- _____
36. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 7?
___ 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; (6) final disposition.
37. After the inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them?
___ Yes ___ No. If Yes, attach a statement giving full details.
38. Has the Applicant, any predecessor in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? ___ Yes ___ No. If Yes, attach a statement giving full details.
39. Coverage requested: Limit _____ Deductible _____
40. If the Applicant has a Risk Management and Risk Control Program in place, please complete a Risk Management/Risk Control Questionnaire. The program will be considered in evaluating the Applicant's practice.
41. If the applicant is interested in coverage for pollution, please have the pollution supplement completed. The basic policy excludes coverage for pollution.
42. Please attach:
- a. a list 10 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
 - b. a copy of the firm's brochure.
 - c. a copy of the firm's latest financial statement, annual report or 10-K.

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy issued.

Date: _____ Signature: _____

Title: _____
(Owner, Partner, Authorized Officer)

Lexington Insurance Company

RISK MANAGEMENT/RISK CONTROL SUPPLEMENT TO APPLICATION

to be attached to

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

(Claims Made Coverage)

Name of Applicant: _____

APPLICANT INSTRUCTIONS:

- Please type or print in ink.
- Answer all question, leave no blank spaces.
- If space provided is not sufficient to answer all questions fully, attach a separate sheet and label appropriately.
- This questionnaire must be signed and dated by the Owner (if applicant is an individual), a Partner (if Applicant is a Partnership) or authorized Officer (if applicant is a Corporation).
- Completion of this supplement to the LEXINGTON APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE) is voluntary. Your responses will be evaluated in conjunction with your application. Demonstrable implementation of effective loss control and risk management practices may result in a premium credit. You are therefore encouraged to complete this supplement.

- Does your firm have a written in-house quality control procedure? ____ Yes ____ No. If Yes, please attach a copy and specify the date that it was last revised or updated.
- Does your firm subscribe to MASTERSPEC? ____ Yes ____ No. What percentage of your projects incorporate specifications based upon or derived from MASTERSPEC ____ %?
- What percentage of your professional services are performed under written contracts? _____ %

Type of Contract Used

- | | |
|---|---------|
| (a) AIA or EJDC standard forms of agreement between owner and architect or engineer | _____ % |
| (b) Firms Standard Form (attach copy) | _____ % |
| (c) Client Drafted Agreement | _____ % |
| (d) Client Purchase Order | _____ % |
| (e) Letter Agreement (firm or client drafted) | _____ % |

Are all contracts/agreements/purchase orders reviewed by Applicants legal counsel before they are executed?

____ Yes ____ No. Explain: _____

- Are certificates of insurance requested from all sub-consultants? ____ Yes ____ No. If Yes, describe your system for maintaining current and complete files in this respect. _____

What percentage of your billings during the last twelve months can be attributed to services performed by sub-consultants that did not have professional liability insurance ____ %.

- Has your firm participated in a peer review program? ____ Yes ____ No. If Yes, please describe it and provide the date(s) of the review. _____

- Does your firm have an in-house program of continuing education for professional employees? ____ Yes ____ No. If Yes, describe the program and give percentage of professional staff that have participated in the program in the past twelve months:

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy should one be issued.

Date: _____

Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)