

**Application for:**  
**Project Primary Professional Liability Insurance**  
*(Claims-Made and Reported Basis)*

APPLICANT INSTRUCTIONS:

1. Please type or print in ink.
2. Answer all questions; leave no blank spaces.
3. If space provided is insufficient to answer any question fully, attach separate sheet.
4. This application must be signed and dated by an Owner, Partner or Officer. Attach a copy of your firm's brochure.  
**This is important.**
5. Attach a copy of Prime Professional practice application for the last year.
6. Attach copy of contract for this project.

NOTE: In applying for coverage, the Applicant agrees that in the event of covered losses, he will be required to be defended by the Company's appointed attorneys and that the deductible shall apply to loss and include (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If, however, the Applicant elects to handle a claim without in any way involving the Company's attorney, then no coverage for such claim is afforded the Applicant under the Policy.

Please indicate aggregate limits of liability and deductibles for which quotations are desired.

Limits: \_\_\_\_\_ Deductibles: \_\_\_\_\_ Discovery period: \_\_\_\_\_

1. Name and/or designation of Project: \_\_\_\_\_

2. Location of Project: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

3. Name of Project Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Does Owner provide funds for contingencies?  Yes  No If "Yes" how much: \_\_\_\_\_

4. Name of client for whom design services are to be rendered: (If same as one above, please indicate.) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

5. Describe the nature of Project: (use separate sheet, if necessary) \_\_\_\_\_

6. Duration of professional services on this Project:  
 Design phase: from \_\_\_\_\_ to \_\_\_\_\_ Construction phase: from \_\_\_\_\_ to \_\_\_\_\_

7. Total estimated Project construction value: \$ \_\_\_\_\_

8. Value of equipment included in construction value: \$ \_\_\_\_\_

9. Total estimated Project billings (professional fees): \$ \_\_\_\_\_

10. Indicate the percentage of the total estimated Project billings derived from the following Services:

Architecture:	_____ %	Land Surveying:	_____ %
Civil Engineering:	_____ %	Landscape Architecture:	_____ %
Electrical Engineering:	_____ %	Other: (please list)	_____ %
Structural Engineering:	_____ %	_____	_____ %
Soils Engineering:	_____ %	_____	_____ %
Construction Management:	_____ %	_____	_____ %
Mechanical Engineering:	_____ %	TOTAL: (must equal 100%)	_____ %

11. With regard to this Project will you or one of your consultants perform services in the following areas: (if "Yes" please check and provide full details on a separate sheet.)

Boundary surveys   
  Tunnels   
  Roads   
  Surveys of subsurface conditions   
  Bridges   
 Ground testing   
 Dams

12. a. Name of Project Prime Professional: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

b. Services provided: \_\_\_\_\_

c. Insurance coverage: Company name: \_\_\_\_\_

Limit of liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

13. Complete the following regarding consultants rendering services in connection with this Project:

NAME OF FIRM	ADDRESS	TYPE OF SERVICE

14. Design team's professional liability insurance:

NAME OF FIRM	INSURANCE CARRIER	LIMIT	DEDUCTIBLE	EXPIRATION DATE

15. Has any insurer during the past ten years cancelled or refused to renew any insurance issued to any Person or Firm comprising the Design Team?  Yes  No If "Yes", explain:

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16. Has any claim, suit or demand for arbitration been made during the past ten years against any Person or Firm comprising the Design Team?  Yes  No If "Yes", explain:

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17. Do the Principals of any of the Firms comprising the Design Team have knowledge of any error, omission or any other circumstance that is, or could be, a basis for a claim under the proposed policy?  Yes  No If "Yes", explain:

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18. With regard to this Project, are any Firms comprising the Design Team or any Partner, Officer, Subsidiary or otherwise related Entity engaged in actual construction, manufacturing, fabrication or real estate development?  Yes  No If "Yes", explain:

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19. With regard to this Project, do any of the Firms comprising the Design Team or any Partner, Officer, Employee, Subsidiary or otherwise related Entity maintain an ownership interest?  Yes  No If "Yes," please indicate name, relationship and percentages of ownership interest:

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20. Indicate the name and address of the general contractor and/or construction manager for the Project if already selected:

General Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Construction Management: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**Fraud Prevention - General Warning**

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO IDAHO APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA APPLICANTS:** Any person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEVADA APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** Any person who, with purpose to injure, defraud or deceive any Insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company.. Penalties include imprisonment, fines and denial of insurance benefits.

**THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE CONTRACT OF INSURANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY.**

**I/WE WARRANT THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. I/WE UNDERTAKE TO INFORM THE COMPANY OF ANY MATERIAL ALTERATION TO THESE FACTS WHETHER OCCURRING BEFORE OR AFTER COMPLETION OF THE CONTRACT OF INSURANCE.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Director/Partner/Principal: \_\_\_\_\_

Title: \_\_\_\_\_

Producer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_