
Application for: Owners Protective Professional Indemnity Insurance (Claims-Made and Reported Basis)

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only claims that are first made and reported to the Company during the Policy Period or Extended Reporting Period, if applicable, are covered, subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by claim expenses. Claim expenses may also be applied against the Self-Insured Retention. If you have questions about the coverage, please discuss them with your insurance broker or agent.

Please indicate aggregate limits of liability and Self Insured Retention options for which quotations are desired.

Limits Requested: _____ Self Insured Retention: _____

NOTE: If your answers to any of the questions below require additional space for explanation, please attach a separate sheet.

APPLICANT/NAMED INSURED PROFILE:

1. Applicant Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

2. Key contact and/or risk manager name: _____

Title: _____ Phone: _____ Fax: _____

3. Date Applicant was established: _____

4. Applicant is: Public entity; Corporation; Partnership; Professional Corporation;
 Sole Proprietorship; Design-builder; Other (please specify) _____

5. Describe the nature of the Applicant's Operations: _____

6. Has the Applicant ever been a party to a claim involving design professional services in the past 5 years?
 Yes No. **If "Yes", please provide the following information as an attachment to this application:**
(1) Date of claim; (2) Total paid indemnity on closed claims; (3) Allegations; (4) Demanded claim amount.

PROJECT SPECIFIC INFORMATION:

7. Name and Location of Project: _____

City: _____ State: _____ ZIP code: _____

8. Describe the nature of Project: (use separate sheet, if necessary): _____

9. Total Project Construction Value: \$_____
10. Total Project Professional Fees (including Construction Management): \$_____
11. Project delivery method: _____
12. Construction Schedule :
- a) Pre Design From_____ To _____
- b) Design: From_____ To _____
- c) Construction: From_____ To _____
13. Is the project being built on a fast track construction schedule, with construction beginning before all design has been completed? Yes; No **If "Yes", please explain below and on a separate attachment if necessary:**
- _____
- _____
14. Does the project (s) use any innovative, untested or state-of-the-art design elements? Yes; No
If "Yes", please explain below and on a separate attachment if necessary:
- _____
- _____
15. Will there be environmental work or remediation as part of the project? Yes; No
If "Yes", please answer questions a) through d) below and continue on a separate attachment if necessary.
- a.) Describe the nature of the environmental work, including a description of the pollutants and the planned work or remediation.
- _____
- _____
- b) Provide the costs for the environmental portion of the project. \$_____
- c.) Is there a consent decree, administrative order or action by any governing body establishing a schedule for this project? Yes; No. **If "Yes", please explain and provide a copy of the decree, order or action.**
- _____
- _____
- d.) Do you want to have coverage under this policy extended to apply excess of your contractor's pollution liability coverage? Yes; No. If yes, what are the? **If "Yes", please provide the limits of pollution liability insurance that your contractor currently maintains below and also identify the insurance carrier:**
- _____
- _____

PROJECT PROFESSIONAL TEAM PROFILE:

16. Please provide the following information on the project prime design professional firm(s), construction manager and general contractor under contract to the Applicant in the table provided and on a separate attachment if necessary:
- 1) Name of firm;
 - 2) Services the firm will provide on the project;
 - 3) the limits of liability for the firm's Professional Liability Insurance;
 - 4) the expiration date of the firm's Professional Liability Insurance Policy; and
 - 5) the insurance carrier for the firm's Professional Liability Policy.

NAME OF FIRM	SERVICES PROVIDED	LIMIT OF INSURANCE	EXPIRATION DATE	INSURANCE CARRIER

17. Will this project be insured under a separate Project Specific Professional Liability Policy? Yes; No.
If "Yes", please provide details on the Project Specific Policy below, including 1) the limits of liability; 2) list of insureds on the Project Specific Professional Liability Policy; 3) retroactive, inception and expiration dates; 4) extended reporting period; and 5) the insurance carrier (include a separate attachment if necessary):

18. Have you or do you plan to include a Limitation of Liability in your contract with any Design Professional or Contractor on this project? Yes; No. **If "Yes", please provide details on the Limitation of Liability below, including 1) the amount of the Limitation; 2) the Design Professionals or Contractors to whom the Limitation applies; and 3) attach a copy of the contractual language or contract clause containing the Limitation (include a separate attachment if necessary):**

19. Has any claim been made, or is the applicant aware of any fact, circumstance or situation that could result in a claim being made by or against it or any other person or entity for which this coverage may apply? Yes No
If yes, provide details below:

It is agreed that if such knowledge exists, any existing claim or claim arising from such fact, circumstance or situation is excluded from this proposed coverage unless expressly provided otherwise in the policy or by endorsement.

20. The following are required to be attached to this application: (check that you have attached them)
- Site Map
 - Soil/Geotechnical Report (must be less than one year old)
 - Construction Budget and Schedule
 - Prime Contracts

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.

NOTICE:

NO INSURANCE IS PROVIDED TO ANY DESIGN FIRM FOR THEIR PROFESSIONAL LIABILITY AND NO LIMITATION OF LIABILITY IS TO BE PROVIDED TO ANY DESIGN FIRM BY THE INSURED UNLESS SPECIFICALLY APPROVED BY THE COMPANY.

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 DECLARE THAT THE STATEMENTS AND PARTICULARS MADE IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND THAT 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: _____