

Application for Specialty Construction Consultants Professional Liability Coverage

| | |
|---|----------------------------|
| <input type="checkbox"/> New Application | Schinnerer Use Only |
| <input type="checkbox"/> Renewal Application | ISN: |
| Renewal Policy #: | Broker #: |

NOTE: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Deductible, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits(s) you wish us to quote: \$
 Please indicate the deductible(s) you wish us to quote: \$

FIRM INFORMATION

Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.

1. Principal Firm Name:

| | | | | | |
|--------------------------------------|--|--------------------------------------|---|---|---------------------------------|
| Address: | | | Contact Name: | | |
| City: | | | Contact Email: | | |
| State: | Zip: | County: | Phone: | Fax: | |
| Website URL: | | | | | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Other: |
| Tax ID #: | | Year Firm Established: | | | |

2. Indicate the numbers of licensed professionals in each category:

| | <i>Architects</i> | <i>Engineers</i> | <i>Land Surveyors</i> | <i>Landscape Architects</i> | <i>Geologists Hydrologists</i> | <i>Industrial Hygienists</i> | <i>Other</i> |
|--|-------------------|------------------|-----------------------|-----------------------------|--------------------------------|------------------------------|--------------|
| Principals, Partners, Officers & Directors | | | | | | | |
| Staff | | | | | | | |
| Total Licensed | | | | | | | |

Total Number of Employees:

Number of professional or management staff or principals that left the firm in the last year:

Please indicate professional society memberships:

| | | | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> AIA | <input type="checkbox"/> NSPE | <input type="checkbox"/> ACEC | <input type="checkbox"/> ACSM | <input type="checkbox"/> ASLA | <input type="checkbox"/> CMAA | <input type="checkbox"/> AAEE | <input type="checkbox"/> NSCSS |
| <input type="checkbox"/> IDA | <input type="checkbox"/> ASA | <input type="checkbox"/> CSI | <input type="checkbox"/> SFPE | <input type="checkbox"/> ASID | <input type="checkbox"/> SEGD | <input type="checkbox"/> IEEE | <input type="checkbox"/> OTHER |

Please attach a resume indicating the full name and professional qualifications for all principals, partners, key personnel, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired.) If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.

SERVICES

Description of Practice: (Please also attach a current brochure.)

Please provide the breakdown of gross billings attributable to each of the following categories:

| Specialty Design, Engineering & Technical Consulting | Geotechnical |
|--|--|
| Acoustical Consulting \$ | Geotechnical Engineering \$ |
| Agricultural Engineering \$ | Geotechnical Investigations \$ |
| Air Balancing \$ | Foundation Design \$ |
| Archeology \$ | Reports and Recommendations \$ |
| Audio Visual Consulting \$ | Retaining Walls \$ |
| Commercial Inspections \$ | Slope Stability \$ |
| Construction Site Safety \$ | Other: \$ |
| Drafting Services \$ | Drilling (sampling) \$ |
| Elevator Consulting \$ | Drilling (wells, blasting, engineering) \$ |
| Environmental Graphic Design \$ | Sampling, Testing and Laboratory Analysis |
| Facilities Operations and Management \$ | Construction Materials Testing \$ |
| Food Handling/Kitchen Consultant \$ | Nondestructive Testing (specify) \$ |
| Forensic Consulting \$ | Soils Testing and Analysis (not subsurface conditions) \$ |
| Graphic Design \$ | Other (specify) \$ |
| Historic Preservation \$ | Engineering, Architectural & Other Professional |
| Home Inspections \$ | Architecture \$ |
| Instrumentations/Controls Engineering \$ | Chemical Engineering \$ |
| Interior Architecture/Interior Build Out \$ | Civil Engineering \$ |
| Interior Design \$ | Construction Management \$ |
| Irrigation Design \$ | Agency \$ |
| Lighting Design \$ | At-Risk \$ |
| Machinery Equipment Design \$ | Corrosion Engineering \$ |
| Photogrammetry \$ | Electrical Engineering \$ |
| Property Condition Assessments \$ | HVAC Engineering \$ |
| Roofing Consulting \$ | Landscape Architecture \$ |
| Software Consulting/Design (specify) \$ | Land Surveying \$ |
| Telecommunications/Communications \$ | Mechanical Engineering \$ |
| Traffic Engineering \$ | Mining Engineering \$ |
| Transportation Consulting \$ | Nuclear Engineering \$ |
| Urban Planning \$ | Oil/Petrochemical Engineering \$ |
| Other (specify) \$ | Process Engineering \$ |
| Other (specify) \$ | Structural Engineering \$ |

ACCOUNTING YEAR DATA

3. The following items refer to Gross Billings which include reimbursable expenses, consultants' and subcontractors' fees for your firm's past twelve months. Include Gross Billings for projects insured under separate Project Policies and provide the name, location, description of service and current status for each on a separate sheet. New firms should use an estimate of gross billings for the next twelve months.

| A. Date of Reporting Period: From: To: | Gross Billings (Include Billings paid to Subcontractors) | Percentage Attributable to Subcontractors |
|--|--|---|
| B. Engineering, Consulting, and Other Design Services | | |
| C. Remediation or other Construction billings | | |
| D. Direct Reimbursable by contract, which includes travel, per diem, billings for reproduction, etc. and DOES NOT include billings paid to subcontractors | | |
| E. Total Billings | | |
| F. If you currently have a specific additional limit of liability endorsement on your policy, provide us with your firm's billings for the most recently completed 12 months and estimated billings for the current year for each project: | <i>Past 12 Months</i> | <i>Current 12 Months</i> |
| (1) Project: | \$ | \$ |
| (2) Project: | \$ | \$ |

| | | | | | | | |
|--|---------------|---------------------------------------|---------------------|--------------------------------------|-----------------------------|---|----|
| G. Please provide the Total Gross Billings for each of the four 12 month periods prior to the Reporting Period shown in A. above: | | | | | | | |
| Year: | \$ | Year: | \$ | Year: | \$ | Year: | \$ |
| H. Please provide projected billings for the next twelve month period: | | | | | | | |
| | | | | | | \$ | |
| 4. Were more than 50% of your total gross billings in 3E derived from a single client or contract? If so, please indicated with an * in the project list in 5A. | | | | | | | |
| | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 5. Please provide the following information regarding your firm's five largest current projects. | | | | | | | |
| A. | <i>Client</i> | <i>Location</i> | <i>Project Type</i> | <i>Your Services</i> | <i>Total Gross Billings</i> | <i>Construction Values</i> | |
| (1) | | | | | | \$ | |
| (2) | | | | | | \$ | |
| (3) | | | | | | \$ | |
| (4) | | | | | | \$ | |
| (5) | | | | | | \$ | |
| B. Please attach the above requested information regarding your firm's five largest projects over the past five years that are not already included in the above list. | | | | | | | |
| PROJECT TYPES | | | | | | | |
| 6. Please indicate the approximate percentage of your total gross billings in Question 3 derived from each project type. This section should equal 100%. | | | | | | | |
| Airport Facilities (not terminals) | % | Hotels/Motels | % | Petro/Chemical | % | | |
| Airport Terminals | % | Houses/Single Family Residential | % | Potable Water Systems | % | | |
| Amusement Rides | % | Industrial Waste Treatment | % | Real Estate Development | % | | |
| Apartments | % | Jails/Justice | % | Recreation/Sports | % | | |
| Assisted Living Facilities | % | Landfills/Solid Waste Facilities | % | Roads/Highways | % | | |
| Bridges | % | Libraries | % | Schools/Colleges | % | | |
| Churches/Religious | % | Manufacturing/Industrial | % | Shopping Centers/Retail/ Restaurants | % | | |
| Condos/Co-ops (Footnote 22.B) | % | Mass Transit | % | Storm Water Systems | % | | |
| Convention Centers/Arenas/Stadiums | % | Multi-family Residential excl. Condos | % | Tunnels | % | | |
| Dams | % | Nuclear/Atomic | % | Warehouses | % | | |
| Dormitories | % | Office Buildings/Banks | % | Water/Sewer Pipelines | % | | |
| Environmental Remediation | % | Parking Structures | % | Water/Wastewater Treatment | % | | |
| Harbors/Piers/Ports | % | Parks/Playgrounds/ Pools | % | Utilities (Gas, Electric, Steam) | % | | |
| Hospitals/Health Care | % | Other (specify) | % | Other (specify) | % | | |
| A. Do you or your sub-consultants specify, or do any of your projects involve, the installation of Exterior Insulation and Finish Systems (EIFS)? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please list the specific project, including project location below: Project with (EIFS): | | | | | | | |
| B. If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire. It may be downloaded from our website, www.PlanetAEC.com and click on our Applications link on the right side of menu. | | | | | | | |
| 7. Please indicate the approximate percentage of your total gross billings attributable to: | | | | | | | |
| A. Projects located outside U.S., its territories or Canada | | | | | | % | |
| B. Projects for repeat clients | | | | | | % | |
| C. Continuing service, inspection or maintenance contracts | | | | | | % | |

| CLIENT DATA | | | | | |
|--|---|----------------------------------|---|---|---|
| Please indicate the approximate percentage of your total gross billings derived from each of the following categories of clients: | | | | | |
| Federal Government | % | State Governments | % | Local Governments | % |
| Foreign Government | % | Commercial Entities | % | Design-Build Contractors | % |
| Financial Institutions | % | General or Specialty Contractors | % | Institutional Entities (Non-Public) | % |
| Manufacturing/Industrial Entities | % | Other Design Professionals | % | Real Estate Developers | % |
| Other (Describe) | % | Other (Describe) | % | Other (Describe) | % |
| RISK MANAGEMENT | | | | | |
| 8. What percentage of your staff is familiar and charged with implementing your firm's written in-house quality management procedures? | | | | % | |
| 9. What percentage of your firm's projects utilize an automated master specification system? | | | | % | |
| 10. What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? | | | | % | |
| 11. A. What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.? | | | | % | |
| B. What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I? What percentage of eligible staff has completed the VEP Level II? | | | | % % | |
| C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP or other associations sponsored seminars and similar functions. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| D. What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months? | | | | % | |
| 12. A. What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.) | | | | % | |
| B. What percentage of your firm's written contracts contain specified payment terms? | | | | % | |
| C. Does your firm have procedures for monitoring and collecting outstanding fees? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| D. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| 13. On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document? | | | | % | |
| 14. What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to delivery? | | | | % | |
| 15. A. On what percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? | | | | % | |
| B. For what percentage of gross billings generated by your sub-consultants do you obtain such certificates of insurance? | | | | % | |
| 16. Who from your firm should receive Schinnerer's risk management publications, <i>Guidelines for Improving Practice</i> ? Name and Title: E-mail: | | | | | |
| BUSINESS INFORMATION | | | | | |
| 17. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management or control of a company engaged in: | | | | | |
| A. Actual construction, installation, fabrication, erection, remediation, removal or demolition. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| B. Actual construction, installation, fabrication, erection, remediation, removal or demolition, where you are not involved in the design of the project. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| C. Design-Build or Turnkey. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| D. Development, sale or leasing of computer software or hardware to others. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| E. Real estate development. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| F. Manufacture, sale, lease or distribution of any product, process or patented production process. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| If the answer to 17 A, B, C, D, E, or F is yes, please provide full details on a separate sheet, including a description of the services performed and construction values involved. | | | | | |

18. A. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or is the managing partner in any entity or project for which professional services have been or are to be rendered? Y N

B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee? Y N

C. Is your firm controlled, owned by or associated with or does your firm control or own any other entity? Y N

D. Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization? Y N

E. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy? Y N

If the answer to 18 A, B, C, D or E above is yes, please provide full details on a separate sheet. For 18 D, please include a listing of each firm name in chronological order and specify the date of the change, and include claims information for each firm name.

19. A. Indicate the number of joint ventures your firm has participated in during the last accounting year:

B. Have you ever participated in a joint venture with a non-architecture or engineering firm? *If yes, please provide any details for any such projects during the past five years on a separate sheet.* Y N

Joint Venture Project Details:

C. Do you require evidence of professional liability and general liability insurance from joint venture partners? *If yes, please provide details of all insurance requirements on a separate sheet, including limits of insurance.* Y N

20. A. Does your company carry comprehensive general liability and umbrella liability insurance? *If yes, provide the following information for your current policies:* Y N

| | Insurer | Policy Number | Limit | Ded /SIR | Effective Dates |
|--------------------|---------|---------------|-----------------------------|----------|------------------------|
| General Liability | | | \$ per occ. \$ aggregate | \$ | Eff Date: Exp Date: |
| Umbrella Liability | | | \$ per occ. \$ aggregate | \$ | Eff Date: Exp Date: |

B. Is there an exclusion for professional services on your general or umbrella liability insurance? Y N

C. Total payments and reserves for the past 5 years:
\$ \$ \$ \$ \$

For any General Liability claims above \$100,000 (reserves and payments), please provide the information requested below. *If necessary attach a separate sheet.*

| | | |
|--|------------------|-------------------|
| | 5 yr Loss Ratio: | Number of Claims: |
|--|------------------|-------------------|

| Description of Occurrence and Damages Alleged | Date of | | Paid | | Reserved | | Open Closed |
|---|---------|-------|-----------|---------|-----------|---------|----------------|
| | Loss | Claim | Indemnity | Expense | Indemnity | Expense | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | \$ | |

NEW APPLICANT INFORMATION

21. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?. Y N

If yes, provide the following information for each claim on a separate sheet.

- | | |
|-------------------------------|---|
| a. Date of claim | e. Insurance company reserve, if any |
| b. Claimant or Plaintiff | f. Defense attorney's or insurance company's evaluation of exposure/potential liability |
| c. Allegations | g. Defense and indemnity paid to date and status (open/closed) |
| d. Demand or amount of claims | h. Deductible applicable |

22. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? Y N

If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration.

The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 21 and 22 of this application.

23. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri) *If yes, on a separate sheet please give details.* Y N

24. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments. Y N

25. Has any similar professional liability insurance been issued to the firms or persons named in Question 1? Please provide policy information below, beginning with the most recent coverage in force. Y N

26. What is the current retro- active date on your Professional Liability policy?

| <i>Insurer</i> | <i>Policy #</i> | <i>Limit</i> | <i>Deductible</i> | <i>Effective Date</i> | <i>Expiration Date</i> | <i>Premium</i> |
|----------------|-----------------|--------------|-------------------|-----------------------|------------------------|----------------|
| 1. | | \$ | \$ | | | \$ |
| 2. | | \$ | \$ | | | \$ |
| 3. | | \$ | \$ | | | \$ |
| 4. | | \$ | \$ | | | \$ |
| 5. | | \$ | \$ | | | \$ |

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Contact Name *License Number* *Expiration Date*

| | |
|-----------------------|--------------------------------------|
| Agency Name | CNA Agent (Casualty Lines) |
| Address | E&S License |
| Contact Email Address | Other Casualty Agent License |
| Phone | Non-Resident License (If Applicable) |
| Fax | Licensed Broker |

Have you included:

- Resumes for principals and key staff members or a statement of qualifications
- Explanations of answers that require further clarification
- Your company brochure or marketing materials
- Complete details on all project types or services listed as others
- Complete details on separately insured projects
- Complete details on special endorsements for projects including higher limits for designated projects

FRAUD NOTICE—Where Applicable Under The Law of Your State

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: 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 applicant.) (For FL residents only: 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 of the third degree.) (For LA residents only: 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.) (For ME residents only: It is a crime to knowingly 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.) (For NY residents only: 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.) (For PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION:

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: Mr. Mrs. Ms.
(Please Type or Print)

Title:

Signature: (Principal, Partner or Officer) _____

Date:

Signature: (Insurance Agent) _____

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



VICTOR O.
SCHINNERER
& COMPANY, INC.

Underwriting Managers and Program Administrators

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