

Lexington Insurance Company

Administrative Offices: 200 State Street
Boston, Massachusetts 02109

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

APPLICANT INSTRUCTIONS:

- Please type or print in ink,
- Answer all questions : leave no blank spaces.
- If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- 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 durint 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 EXPENSE. CLAIM EXPENSES are also applied against your deductible or self Insured retention, If applicable to the claim, If you have a my quest one about covers go, 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: _____ Solo 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. Draftsman and other Technical Personnel	_____
3	Clerical and Accounting Employees	_____
4	Total Staff (!+2+3)	_____

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

8. States In which a Professional License Is hold: _____

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

10. Have any of the Principals, Office or or Partner listed in item 7 ever been subject to disciplinary act on by a authorities as result of their professional activities? _____ Yes _____ No. If Yes, please Ova 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 on 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	_____ %	Sdl/Geotech Engineering	_____ %
Environmental Engineering	_____ %	Structural Engineering	_____ %
HVAC Engineering	_____ %	Other (please specify)	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %

18. Please inculcate the approximate percentage of billings derived from the following types of services:
 (Total Must Equal 1 00%)

- | | | |
|---|---|---------|
| 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 home/commercial properties for prospective buyers or lenders | _____ % |
| h | Manufacture, sold or distribution of any product or process | _____ % |
| i | Development, sale or leasing of computer software to others | _____ % |
| j | Other _____ | _____ % |

19. Please inculcate 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 | _____ % | Road/Highways | _____ % |
| Custom Residential | _____ % | Schools/Colleges | _____ % |
| Darns | _____ % | Sewage Systems | _____ % |
| Environmental Impact Statements | _____ % | Sewage Treatment Plants | _____ % |
| Foundation or Shoring Projects | _____ % | Shopping Centers/Retail | _____ % |
| Harbors/Piers/Ports | _____ % | Site Development | _____ % |
| Hospitals/Healthcare | _____ % | Superfund/Pollution | _____ % |
| Hotels/Motels | _____ % | Tract Homes/Subdivisions | _____ % |
| Industrial Waste Treatment | _____ % | Traffic Planning | _____ % |
| Jails/Justice | _____ % | Tunnels | _____ % |
| Landfills | _____ % | Warehouses | _____ % |
| Libraries | _____ % | Water System | _____ % |
| 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 13 DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24,

Dates:		Present 12 months From _____ To _____	Previous 12 months From _____ To _____
Domestic Operations:		Total Gross Billings	Construction Value-k
			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 Total Gross Billings and Construction Values for the next 12 months:

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

24. DESIGN/BUILD -CONSTRUCT VALUES COMPLETE ONLY IF FIRM 13 DOING DESIGN/BUILD WORK

Dates:		Estimate for Coming Year From _____ To _____	Present 12 months From _____ To _____	Previous 12 months 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

BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES, If coverage Is desired, request Joint Venture Supplement form,

28. Does the Applicant perform asbestos abatement services? _____ Yes _____ No

BASIC POLICY EXCLUDES COVERAGE FOR ASBESTOS. If coverage Is desired, request Asbestos Supplement form,

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 Data: _____

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 From To
B I PD

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 statement: (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 predecessor in business, or any other person for whom coverage is requested aware of any fact, 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 of 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:

- a. Please type or print in ink,
 - b. Answer all question, leave no blank spaces, c. If space provided is not sufficient to answer all questions fully, attach a separate sheet and label appropriately,
 - d. This quest questionnaire must be sign ad an d da to d by the Owner (if applicant i a an individual), a Partner (if Applicant is a Partnership) or authorized Officer (if applicant is a Corporation).
- a. 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.

1. Does your firm have a written In-house quality central procedure? _____ yes _____ No. If Yes, please attach a copy and specify the date that It was lost revised or updated.
2. Does your firm subscribe to MASTERSPEC? _____ yes _____ No. What percentage of your projects Incorporate specifications. based upon or derived from MASTERSPEC _____ %
3. 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 Firms | _____ % |
| (b) Standard Form (attach copy) | _____ % |
| (c) Client Drafted Agreement | _____ % |
| (d) Client Purchase Order | _____ % |
| (a) Letter Agreement (firm or client drafted) | _____ % |

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

_____ Yes _____ No. Explain: _____

4. 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 _____ %

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

6. Does your firm have in 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 informtion 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 port of the policy should one be Issued.

Date _____ Signature: _____

Title _____

(Owner, Partner, Authorized
Officer