

DESIGN PROFESSIONALS LIABILITY RECIPROCAL APPLICATION

Your full legal name: _____

List all active entities for which coverage is desired: _____

Please complete the following chart for the insurance company's application submitted for review:			
Insurance Company:		Date Signed:	
Application Title:		Application Number/Edition Date:	

You must report any known claim, suit, incident, act, error or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim reporting period under that policy expires. Any claim or suit resulting from any incident, act, error or omission known before the effective date of any insurance policy issued by Navigators in response to this application may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

1. Has any professional liability claim or suit been made or brought against any of the following during the past five years (ten years for firms with gross annual billings greater than \$5 million) or earlier and still pending:
 - a. You, your firm or any member of your firm? Y * N
 - b. Any predecessor firm? Y * N
 - c. Any former member of your firm or predecessor firm for professional services while a member of such firm? Y * N

2. Do you or any person or entity seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that is or could be the basis of a professional liability claim? Y * N

*If yes to any of the above, please complete the DPL Professional Liability Claim Questionnaire

Applicant hereby represents after inquiry, that 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. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable 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

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, 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 thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a

basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.

4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH: 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 also be subject to a civil penalty. (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.) (In Colorado, 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.)

Attention: Insureds in FL: 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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA: 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.

Attention: Insureds in PA: 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.

Print Name

Title

Signature

Date

Questionnaire must be signed by an owner, officer, partner or principal of the Applicant