

II. Accounting Data

10. Provide Gross Billings derived from Professional Services and Covered Operations for the past three fiscal years (12 months) starting with the most current, whether or not collected. (Newly established firms should provide in the first row an estimate for the upcoming year.)

Fiscal Year Ended	Gross Billings	Subcontracted Fees	Direct Reimbursables
	\$	\$	\$
	\$		
	\$		
Projection	\$		

11. Please indicate the types of services subcontracted: _____

12. Has the Applicant been involved in any international projects for countries outside the United States of America, its territories and possessions, and Puerto Rico? Yes No
If "Yes", please complete the Foreign and/or Abandoned Projects Supplemental Application.

III. Professional Services, Covered Operations, Activities and Projects

13. Based on the Applicant's Gross Billings, indicate the percentage of the types of services performed. Do not include subcontracted services. (The overall total of Professional Services and Covered Operations must equal 100%).

Professional Services

Acoustical Engineering	%	Interior Design / Space Planning	%
Architecture	%	Land Planning	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Landscape Architecture	%
Construction / Project Management	%	Mechanical Engineering	%
Data and Communications	%	Structural Engineering	%
Drafting	%	Naval / Marine Engineering	%
Electrical Engineering	%	Nuclear Engineering	%
Environmental Engineering	%	Process Engineering	%
Fire Protection / Alarm	%	Scientist (Explain on a separate sheet)	%
Forensic	%	Testing Lab	%
Geotechnical / Soil Engineering	%	Transportation Engineering	%
HVAC Engineering	%	Telecommunications	%
Hydrological Engineering	%	Other (Explain on separate sheet)	%
		Sub-Total Professional Services	%

Covered Operations

Air, Water, Soil Testing / Monitoring	%	Lead Abatement	%
Air, Water, Soil Remediation	%	Mold Abatement	%
Asbestos Abatement	%	Operations and Facilities Management	%
Construction Material Testing	%	UST Installation, Removal, Cleaning	%
Drilling	%	Other (Explain on separate sheet)	%
Hazardous Waste Permitting /Monitoring	%	Sub-Total Covered Operations	%
		Total	100%

14. Based on the Applicant's Gross Billings, indicate the percentage of any Other Services in which the Applicant is involved. The total of Other Services need not equal 100%. Please provide details on a separate sheet.

Destructive Material Testing	%	Product Design	%
Fast Track, Turnkey or Prototype Projects	%	Renovation	%
Foundations, Sheeting and Shoring Design	%	Services Provided for Real Estate Transfers	%
Graphic Design / Signage	%	Software Development / Sales	%
Inspection Services	%	Underground Utility Locating	%
Instrumentation / Controls	%	Website Maintenance	%
Machine / Equipment Design	%	Other (Explain on separate sheet)	%

15. Based on the Applicant's Gross Billings, indicate the percentage of the types of Activities performed. (The total must equal 100%.)

Boundary Surveying	%	Design Only	%
Construction Staking	%	Observation of Construction	%
Feasibility Studies	%	Design / Build	%
Master Studies	%	Construction Management	%
Design with Observation	%	Other (Explain on separate sheet)	%
		Total	100%

16. Based on the Applicant's Gross Billings, indicate the percentage of the types of Projects. (The overall total of Residential and Commercial/Municipal must equal 100%.)

Residential

Apartments	%	Townhouses	%
Condominiums – Mixed Use	%	Tract Houses	%
Condominiums – Residential	%	Other (Explain on separate sheet)	%
Private Dwellings	%	Sub-Total Residential	%

Commercial/Municipal

Airport Runways / Aprons	%	Jails	%	Roads / Highways	%
Airport Terminals	%	Landfills	%	Schools / Colleges	%
Amusement Rides	%	Libraries	%	Site Development	%
Arenas / Stadiums	%	Manufacturing / Industrial	%	Sewage Systems	%
Assisted Living Facilities	%	Mass Transit	%	Sewage Treatment Plants	%
Bridges	%	Military Facilities	%	Shopping Centers / Retail	%
Clean Rooms / Labs	%	Mines	%	Superfund / Pollution	%
Churches	%	Municipal Buildings	%	Telecommunications	%
Commercial Condominiums	%	Nuclear / Atomic	%	Theaters	%
Convention Centers	%	Office Buildings	%	Tunnels	%
Courthouses	%	Parking Structures	%	Utilities	%
Dams	%	Petro / Chemical	%	Warehouses	%
Dormitories / Student Housing	%	Pools / Playgrounds	%	Wastewater Treatment Plants	%
Harbors / Piers/ Ports	%	Pre-engineered Buildings / Structures	%	Water Systems	%
Hospitals / Healthcare	%	Parks / Recreational	%	Other (Explain on separate sheet)	%
Hotels / Motels	%	Pipelines	%	Sub-Total Commercial/Municipal	%
Industrial Waste Treatment	%	Restaurants	%	Total All Projects	100%

17. Provide a listing of the Applicant's five largest current Projects:

Project	Services Performed	Location	Gross Billings	Construction Values
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Project Specific Policy Information

18. Is the Applicant currently insured under a separate Project Specific Professional Liability Policy? Yes No
 If "Yes", please explain on a separate sheet.

IV. Business Information

19. What percentage of the Applicant's business is from repeat clients? _____ %

20. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved in:

- A. Actual construction, installation, fabrication, or erection? Yes No
- B. Development, sale, or lease of computer software to others? Yes No
- C. Real estate development? Yes No
- D. Manufacturing, sale, leasing, or distribution of any product? Yes No

If any of the above answers are "Yes", please provide details on a separate sheet. Include a description of the Service Performed, any Construction Value involved and Gross Billings received.

21. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question 20 above? Yes No

If "Yes", please provide details on a separate sheet. Include a description of the Service Performed, any Construction Value involved and Gross Billings received.

22. A. Is the Applicant controlled, owned or associated with any other firm, corporation, or company, or does the Applicant own or control any other entity? Yes No
 If "Yes", please provide details on a separate sheet.

B. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director, or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director, or employee? Yes No
 If "Yes", provide details on a separate sheet.

23. Does the Applicant or any principal, partner, officer, director, member or stockholder of the Applicant or an immediate family member of any such person have an ownership interest in any Project where professional services are being or are rendered by the Applicant? Yes No

If "Yes", please complete an Equity Interest Supplemental Application for each of these projects.

V. Contracts

24. Indicate the percentage of the types of contracts used by the Applicant. Total must equal 100%.

Standard Industry Contract (AIA, EJCDC, etc.)	%	Client Contract	%
Applicant's Standard Contract	%	Oral Agreement	%
Letter Agreement	%	Other (Explain on separate sheet)	%
Purchase Order	%	Total	100%

25. If modified Standard Industry Contracts, Letter Agreements, Purchase Orders, Client Contracts or Other types of contracts are used, are they reviewed by the Applicant's legal counsel for liability implications prior to signing? Yes No

Fraud Notice – Where applicable under the law of the applicant’s state

Notice to Arkansas, Louisiana, New Mexico and West Virginia 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 Maine, Tennessee, Virginia and Washington 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 may include imprisonment, fines or a denial of insurance benefits.”

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 of the third degree.”

Notice to Kentucky applicants :

“Any person who knowingly and with 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 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 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 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 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 Oklahoma applicants :

“**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

Notice to Pennsylvania applicants :

“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.”

Signature Section

Applicant represents that the statements and facts in this Application are true 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 changes in the facts or statements shown above or in any Supplemental Application.

Completion of this Application does not bind coverage. Applicant's acceptance of the Company's quotation is required prior to binding coverage. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached to and become part of the policy.

Applicant hereby declares that the above statements and particulars are true and agrees that this Application shall be the basis of the contract with the Company.

Name: _____ Title: _____

Signature: _____ Date: / /
Principal, Partner, Officer, Director mm dd yy

Producer Information

Producer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Licensed broker name: _____ License number: _____

Contact name: _____ E-mail: _____

Telephone: _____ Fax: _____