

ADMIRAL INSURANCE COMPANY

6455 East Johns Crossing, Suite 240

Duluth, GA 30097

Phone: 770-476-1561 — Fax: 770-418-9597

Internet: <http://www.admiralins.com>

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

1. Name of Applicant: _____
(If Partnership or Corporation, show firm)

2. Address: _____
Street City State Zip Code

3. Addresses of all Branches Offices: _____

4. Internet Address: _____

5. When was firm established: _____ / _____ / _____
(Month) (Day) (Year)

6. Is firm: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Professional Corporation
Other: _____

7. 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) by separate attachment.

8. Staff: 1. Principals, Partners, Officers and Directors _____
2. Architects, Landscape Architects _____
3. Land Surveyors, Engineers _____
4. Information Technology _____
5. Draftsmen, Programmers and other Technical Personnel _____
6. Clerical, Accounting, Non -Technical _____
7. Total staff (1+2+3) _____

By attachment, please include resume of Principles/Officers/Partners.

9. States in which a Professional Licenses is held: _____

10. Foreign work? _____ YES _____ NO. If Yes, please give full details including which countries: _____

11. Have any of the Principals, Officers or Partners listed in item 7 ever been subject to disciplinary action by authorities as a result of their professional activities? _____ YES _____ NO. If Yes, please give full details: _____

12. To what professional associations does the Applicant belong? _____

13. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication? _____ YES _____ NO. If Yes, please give details and project list — 5 largest projects, by separate attachment.

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 full details by separate attachment.

15. Does the Applicant provide professional services or projects in which any principal officer, director or shareholder or an 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. 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 | _____ % |
| Communication Engineering | _____ % | Naval/Marine Engineering | _____ % |
| Construction/Project Management | _____ % | Process Engineering | _____ % |
| Electrical Engineering | _____ % | Soil/Geotech Engineering | _____ % |
| Environmental Engineering | _____ % | Structural Engineering | _____ % |
| HVAC Engineering | _____ % | Other (please specify) | _____ % |
| Interior Design | _____ % | _____ | _____ % |
| Landscape Architecture | _____ % | _____ | _____ % |

17. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

| | |
|--|---------|
| 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, sale or distribution of any product or process | _____ % |
| i. Development, sale or leasing of computer software to others | _____ % |
| j. Other: _____ | _____ % |

18. Please indicate 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 | _____ % | Roads/Highways | _____ % |
| Custom Residential | _____ % | Schools/Colleges | _____ % |
| Dams | _____ % | Sewage Systems | _____ % |
| Environmental Impact Statements | _____ % | Sewage Treatment Plants | _____ % |
| Foundation of Shoring Projects | _____ % | Shopping Center/Retail | _____ % |
| Harbors/Piers/Ports | _____ % | Site Development | _____ % |
| Hospital/Healthcare | _____ % | Superfund/Pollution | _____ % |
| Hotels/Motels | _____ % | Tract Homes/Subdivisions | _____ % |
| Industrial Waste Treatment | _____ % | Traffic Planning | _____ % |
| Jails/Justice | _____ % | Tunnels | _____ % |
| Landfills | _____ % | Warehouses | _____ % |
| Libraries | _____ % | Water Systems | _____ % |
| Manufacturing/Industrial | _____ % | Water Treatment Plants | _____ % |
| Mass Transit | _____ % | Other _____ | _____ % |
| Pulp/Paper/Lumber | _____ % | _____ | _____ % |

19. TYPES OF CLIENTS

| | | | | | |
|-------------------|---------|--------------------|---------|------------------------|---------|
| Commercial | _____ % | Federal Government | _____ % | Real Estate Developers | _____ % |
| Contractors | _____ % | State Government | _____ % | Other _____ | _____ % |
| Other Design Prof | _____ % | Local Government | _____ % | _____ | _____ % |
| Institutional | _____ % | Industrial | _____ % | | |

20. Does the Applicant foresee any substantial changes in the percentage of items 18-21 during the next twelve months?
_____ YES _____ NO If Yes, please give details: _____

21. Gross Annual Receipts/Revenue:

| | |
|-----------|----------|
| Next Year | \$ _____ |
| This Year | \$ _____ |
| Last Year | \$ _____ |

22. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:
Gross Billings: \$ _____ Construction Values: \$ _____

23. 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
c. What limit of liability is required? _____
d. Do subcontractors hold the applicant harmless by contract? _____ YES _____ NO. If Yes, attach a copy.

25. Does any one contract or client represent more than 50% of annual work? _____ YES _____ NO. If Yes, please give details:

27. Does the Applicant perform asbestos abatement services? _____ YES _____ NO. If coverage is desired, request Asbestos Supplemental Application.

28. If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality. _____

29. 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. _____

30. Please detail present Architects and Engineers Professional Liability Insurance Coverage.

| Insurance Company | Policy Number | Limits | Deductible |
|-------------------|---------------|--------|------------|
| _____ | _____ | _____ | _____ |

Expiring Premium: \$ _____ Expiration Date: _____
Present Policy Retroactive Date: _____

31. 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 |
|-------------------|---------------|--------|------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

32. Date UNINTERRUPTED insurance began: _____

33. 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 | |
|-------------------|------------------|--------|-------|-----------|-------|
| | | BI | PD | From | To |
| _____ | _____ | _____ | _____ | _____ | _____ |

34. 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: _____

35. Has any claim ever been made against the firm or any persons named in Item #1 or Item #8? _____ YES _____ NO. If Yes, please attach details stating:

- (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 of alleged damaged;
- (6) amount of reserves if claim is open,
- (7) final disposition (include paid indemnity amounts and expense amounts)

36. After inquiry, is the Applicant, any predecessors in business or any other person for whom coverage is requested aware of any act, 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.

37. 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.

38. Coverage requested: Limit _____ Deductible _____

39. Does the Applicant have a Risk Management and Risk Control Program in place? _____ YES _____ NO
a. Who is responsible for the Program? _____ Title _____

Please include the following information with this application:

- a. a list of the 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 of 10-K

I/We warrant that the information contained herein is true and understand that 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 Application together with any supplement will be attached to and become part of the policy issued.

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 during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service or suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: _____ / _____ / _____ Signature: _____

Title: _____
(Owner, Partner, Authorized Officer)

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RISK MANAGEMENT/RISK CONTROL SUPPLEMENT TO
APPLICATION

To be attached to

**ARCHITECTS & ENGINEERS PROFESSIONAL
LIABILITY INSURANCE**

(Claims Made Coverage)

Name of Applicant: _____

1. Does your firm have a written in-house quality control procedure? YES NO If YES, please attach a copy and specify the date that it was last revised or updated.

2. Does your firm subscribe to MASTERSPEC? YES NO What percentae of your projects incorporate sepecifications 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 EJCDC standard forms of agreement between owner and architect or engineer _____%

b) Firms Standard Form (attach copy) _____%

c) Client Drafted Agreement _____%

d) Client Purchase Order _____%

e) 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(s) of the review. _____

6. Does your firm have an in-house program of continuing education for professional employees YES NO If YES, describe program and give percentage of professional staff that have participated in the program for the past 12 months: _____%

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects & 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 a part of the policy should one be issued.

Date: _____

Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)