

9. PROFESSIONAL ACTIVITIES AND SPECIALITY (Attach narrative description if necessary)

a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: _____

b. Please attach separately lists of:

- (i) Five largest projects and description of work performed at each;
- (ii) Names of partners, key employees, etc. and their professional qualifications including resumes.

c. Please attach copies of:

- (i) Advertisements, brochures, descriptive literature;
- (ii) Sample contract between you and your clients outlining services to be rendered;
- (iii) Latest financial data (Annual Report or Balance Sheet).

10. TOTAL PERSONNEL: including those listed in 6.b.(ii) _____

a. Number of Engineers	_____	e. Number of Fieldmen	_____
b. Number of Surveyors	_____	(rodmen, chairmen, etc.)	_____
c. Number of Architects	_____	f. Number of Draftsmen	_____
d. Number of Inspectors	_____	g. Number of Technical Employees	_____
		Number of Clerical & Accounting employees	_____

11. States in which licensed? _____

12. Please indicate the approximate percentages of the professions in which your firm is engaged:

Architects	_____ %	Electrical Eng.	_____ %
Build. Designers	_____ %	HVAC Eng.	_____ %
Civil Eng.	_____ %	Land Surveyors	_____ %
Design/Const.	_____ %	Mechanical Eng.	_____ %
Environmental Eng.	_____ %	Interior Design	_____ %
Naval / Marine	_____ %	Const. Mgmt.	_____ %
Process Eng.	_____ %	Soil Eng.	_____ %
Struct. Eng.	_____ %		

Others not shown please specify: _____

13. Has the Applicant ever provided any service other than noted under Question 9.? Yes No

If "Yes", please explain: _____

14. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes No

If "Yes", please specify what is sublet or subcontracted: _____

15. Foreign Work? Yes No If "Yes", please five full details: _____

16. Have any of those listed in item 6.b.(ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No If "Yes", please explain: _____

17. What professional Association does the Applicant belong to? _____

18. Please indicate the type and approximate percentage of work under each heading:

I. Type of Services

Work in connection with:

a. Feasibility studies, reports, surveys where applicant is not involved in design	None _____	Yes _____	_____ %
b. Design without supervisory services	None _____	Yes _____	_____ %
c. Design and Observation	None _____	Yes _____	_____ %
d. Boundary Surveys	None _____	Yes _____	_____ %
e. Soil Testing	None _____	Yes _____	_____ %
f. Sewerage Systems	None _____	Yes _____	_____ %
g. Water Systems	None _____	Yes _____	_____ %
h. Foundations	None _____	Yes _____	_____ %
i. Interior Design	None _____	Yes _____	_____ %
j. HVAC, plumbing & electricity	None _____	Yes _____	_____ %
k. Naval / Marine	None _____	Yes _____	_____ %
l. Work as construction managers	None _____	Yes _____	_____ %
m. Testing Labs	None _____	Yes _____	_____ %
n. Materials handling	None _____	Yes _____	_____ %
o. Disposal or handling of hazardous waste	None _____	Yes _____	_____ %
p. Other _____	None _____	Yes _____	_____ %

Please specify the percentages relative to the Applicant's total work volume:

Services not resulting in construction	_____ %
Design with no construction phase services	_____ %
Design with periodic inspection of construction to ensure design compliance per AIA/ACEC/NSPE contracts	_____ %
Design with responsibility for directing the contractor	_____ %
Other _____	_____ %
TOTAL	100 %

II. Type of Projects

Work with connection with:

a. Private Dwellings Single Family Homes	None _____	Yes _____	_____ %
b. Private Dwellings Townhouses, Apartments	None _____	Yes _____	_____ %
c. Private Dwellings Condominiums	None _____	Yes _____	_____ %
d. Commercial Buildings	None _____	Yes _____	_____ %
e. Hospitals, Schools, Churches and Municipal Buildings	None _____	Yes _____	_____ %
f. Industrial Buildings	None _____	Yes _____	_____ %
g. Petrochemical, refinery, fertilizer, ammonia, urea plants	None _____	Yes _____	_____ %
h. Mines	None _____	Yes _____	_____ %
i. Harbors and Jetties	None _____	Yes _____	_____ %
j. Bridges and Tunnels	None _____	Yes _____	_____ %

k. Dams	None _____	Yes _____	_____ %
l. Nuclear and Atomic Projects	None _____	Yes _____	_____ %
m. Parking Structures	None _____	Yes _____	_____ %
n. Highways and Roads	None _____	Yes _____	_____ %
o. Power Plants	None _____	Yes _____	_____ %
p. Subdivisions	None _____	Yes _____	_____ %
q. Industrial / Process	None _____	Yes _____	_____ %
r. Environmental	None _____	Yes _____	_____ %
s. Other _____	None _____	Yes _____	_____ %
		TOTAL	100 %

19. Does the Applicant foresee any substantial changes in item No. 9.a. during the next twelve months?

Yes No If "Yes", please explain: _____

20. If the Applicant provides any of the following services, please indicate the percentage:

Product or Equipment Design _____% Material Testing _____% Soil Mechanics _____%
 Solar Heating _____% Valuations _____% Financial or Economic Studies _____%

21. Does the Applicant, or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following activities?

Construction, erection, fabrication or installation Yes No
 The letting of construction contracts Yes No
 Construction or project management Yes No
 Manufacture, sale or distribution of any product, good or process Yes No
 Real Estate Development Yes No

If any of the above are answered "Yes", please explain: _____

22. 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

23. Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDE COVERAGE FOR THESE PROJECTS)? Yes No
 If coverage is desired provide complete details.

24. Does any one contract or client represent more than 50% of annual work? Yes No

If "Yes", please give details: _____

25. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing or fabrication? Yes No If "Yes", please give details: _____

26. Are any of the individuals named in item 9.b.(ii) owners, officers, or employees of firm engaged in actual construction, manufacturing or fabrication? 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 "Yes", please provide complete details: _____

28. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims maid policy, what is the retroactive date? _____

29. Is the Applicant concurrently insured under a Commercial General Liability Policy? Yes No

If "Yes", please provide details:

Insurance Company:	Type of Coverage:	BI:	Limits PD:	From:	Effective To:
_____	_____	_____	_____	_____	_____

30. Has any application for Architects & 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 provide details: _____

31. Has any claim ever been made against the Applicant or any persons named in question 1. or item 6.b.(ii)? Yes No If "Yes", how many? _____ Please attach currently valued company loss runs for the past 5 years and 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 involved including reserves; and 6) final disposition.

32. Is the Applicant aware of any circumstances which may result in any claim against the Applicant or any persons Named in question 1. or item 6.b.(ii)? Yes No If "Yes", how many? _____ Please attach currently valued company loss runs for the past 5 years and 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 involved including reserves; and 6) final disposition.

33. Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____

34. Limit of Liability requested: _____ Deductible: _____

35. Desired term of policy: From: _____ To: _____

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal _____ Title _____ Date _____

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