



**Real Estate Developers
Professional Liability Insurance Application**

APPLICANT'S INFORMATION

Applicant's Legal Name of Business (Include all Named Insured):

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Web Address: _____

Date Established: _____ Policy Effective Date: _____

Select One:

Sole Proprietor Partnership Corporation Professional Corporation LLC

Other (describe):

CURRENT PROFESSIONAL LIABILITY COVERAGE

1.

| Carrier | Policy Period | Limit | Deductible | Premium |
|---------|---------------|-------|------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Retroactive Date (Prior Acts):

3. Has the Applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? Yes No

(Missouri Applicants - Do not answer this question

If "Yes", please provide full details (if required, please attach additional sheet).

APPLICANT'S INFORMATION

4. Total Staff (includes branch offices)

| | | |
|-------------------------------|--|--|
| Licensed Design Professionals | | |
| Contractors | | |
| Executive Staff | | |
| Administrative Staff | | |
| Total Staff | | |

5. Construction Values / Revenues / Fees

| | Previous Fiscal Year 20 | Current Fiscal Year 20 | Projection for Next Fiscal Year 20 |
|---------------------------------------|-------------------------|------------------------|------------------------------------|
| Total Construction Values of Projects | \$ | \$ | \$ |

| | | | |
|------------------------------|-----------|-----------|-----------|
| Construction Management Fees | \$ | \$ | \$ |
| Sale of Developed Properties | \$ | \$ | \$ |
| Real Estate Development Fees | \$ | \$ | \$ |
| Property Management Fees | \$ | \$ | \$ |
| All Other Fees / Revenues | \$ | \$ | \$ |
| Total Gross Revenues | \$ | \$ | \$ |

PLEASE INCLUDE A COPY OF YOUR MOST RECENT YEAR'S FINANCIAL STATEMENTS WITH THIS APPLICATION.

6. Does the applicant retain any ownership interest in the project after its completion? Yes No

If "Yes", please provide full details:

7. Indicate the disciplines provided by the Firm (Note: must total 100%):

| | | | |
|---|---|--|---|
| Master Planning | % | Projects utilizing BIM Technology | % |
| Feasibility Studies, Reports & Planning | % | Projects delivered utilizing multiple prime construction contractors | % |
| Schematic Design | % | Commissioning | % |
| Design only with no construction Phase Services | % | Models & Renderings | % |
| Design with Construction Phase Services* | % | Graphics & Signage | % |
| Design with Construction Responsibility (construction subcontracted)* | % | Boundary Surveys | % |
| Observation of Construction Only* | % | Construction Stakeout* | % |
| Subcontractor to a Design-Build Contractor | % | Construction Materials Testing | % |
| Inspection Services | % | Non-Residential Interiors/Fit Out | % |
| Fast Track Projects | % | Other (describe): | % |

***Complete the Design Build and Construction Management Supplemental Application.**

8. Specify the services provided by the Firm (Note: Total must equal 100%):

| | | | |
|----------------------------------|---|------------------------------------|---|
| Aerial Surveying | % | Interior Design | % |
| Architecture | % | Land Surveying | % |
| Civil Engineering | % | Landscape Architecture | % |
| Construction Management | % | LEED Consulting | % |
| Electrical Engineering | % | Lighting Engineering | % |
| Environmental Consulting | % | Mechanical Engineering | % |
| Excavation Contracting | % | Property Management | % |
| Facilities/Operations Management | % | Real Estate Development | % |
| General Contracting | % | Real Estate Development Consulting | % |
| Geotechnical/soils Engineering | % | Real Estate Agency/brokerage | % |
| HVAC | % | Structural Engineering | % |
| Other (specify): | % | Other (specify): | % |

9. Indicate the types of projects undertaken (Note: must total 100%):

| | | | |
|---------------------------------------|---|-------------------------------------|---|
| Agriculture | % | Municipal Buildings | % |
| Airports | % | Nuclear/Atomic | % |
| Amusement Rides/Parks | % | Office Buildings | % |
| Apartments | % | Parking Structures | % |
| Arenas/Stadiums | % | Petro/Chemical | % |
| Banks | % | Pools | % |
| Bridges | % | Pre-Engineered Buildings/Structures | % |
| Building Façade Restoration | % | Private Dwellings (custom) | % |
| Colleges | % | Recreation/Playgrounds | % |
| Commercial/Retail | % | Religious | % |
| Condominiums/Townhouses - Commercial | % | Residential Subdivisions | % |
| Condominiums/Townhouses - Residential | % | Roads/Highways | % |
| Convention Centers | % | Schools K-12 | % |
| Dams | % | Sewage/Wastewater Treatment Plants | % |
| Harbors/Piers/Ports | % | Solar/Wind Energy Facilities | % |
| Hospitals/Healthcare | % | Superfund/Pollution | % |
| Hotels/Motels | % | Telecommunications | % |
| Industrial Waste Treatment | % | Theaters | % |
| Jails | % | Tunnels | % |
| Landfills | % | Utilities | % |
| Libraries | % | Warehouses | % |
| Manufacturing/Industrial | % | Water Systems | % |
| Mass Transit | % | Other (specify): | % |
| Mines | % | | |

10. Indicate the types of projects undertaken (Note: must total 100%):

| | | | | | |
|----------------------|---|----------------------|---|----------------------|---|
| Commercial | % | Commercial | % | Lending Institutions | % |
| Contractors | % | Contractors | % | Private Owners | % |
| Design Professionals | % | Design Professionals | % | Governmental | % |
| Other (specify): | % | Other (specify): | % | Other (specify): | % |

11. Specify the services provided by the Firm (Note: Total must equal 100%):

| Location | Project Type | Services Rendered | Billings | Construction Value | Construction Period |
|----------|--------------|-------------------|----------|--------------------|---------------------|
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |
| | | | \$ | \$ | |

12. Does the Firm have Projects constructed outside U.S.? Yes No

If "Yes", please provide full details:

13. Pre-existing entities:

a. List all pre-existing entities, including name changes, mergers and acquisition, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

| Name of Predecessor Firm | Dates in Existence | Nature of Change |
|--------------------------|--------------------|------------------|
| | | |
| | | |
| | | |

b. Is coverage desired for any predecessor firm? Yes No

If "Yes", please provide full details.

c. Are there any significant changes in ownership, name changes, mergers and acquisitions, including pre-existing entities anticipated in the next twelve (12) months? If "Yes", please provide full details.

14. Ownership Control

a. Does the Firm wholly or partly own, manage or control any other enterprise? Yes No

If "Yes", please provide full details, and if coverage is desired for such.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? Yes No

If "Yes", please provide full details.

15. List professional society memberships:

| | | |
|---------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> AIA | <input type="checkbox"/> ASCE | <input type="checkbox"/> ASME |
| <input type="checkbox"/> Other: | | |

RISK MANAGEMENT

16. Do your employees obtain annual continuing education? Yes No
If "Yes", please provide full details.

17. Please indicate the types of contracts utilized by the client:

| | |
|--|---|
| Standard Industry Contracts | % |
| Applicants standard contracts language | % |
| Client-drafted contract | % |
| Verbal Agreement | % |
| Other | % |

18. Does the applicant include a limitation of liability clause within their contracts? Yes No
If "Yes", what percentage of contracts include such?

19. Are all contracts reviewed by the Firm's legal counsel prior to signing? Yes No

20. Does the Firm have a written quality control document? Yes No

21. Does the Firm include a provision for alternative dispute resolution such as mediation in its contracts?
 Yes No

22. Does the applicant subcontract any professional services? Yes No
If "Yes," please provide full details as to what services are subcontracted.

If "Yes," does your organization obtain evidence of insurance from subcontractors? Yes No

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing full details.

23. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 30 IS EXCLUDED FROM THE PROPOSED INSURANCE.

24. Has the Firm or any predecessor firm reported a potential claim to a professional liability insurer in the last five (5) years? Yes No

25. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission, or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? Yes No

If "Yes", have you reported same to your current insurer? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 32 IS EXCLUDED FROM THE PROPOSED INSURANCE.

26. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "Yes", how many? _____

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies)

Alabama

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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.

Maine

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 denial of insurance benefits.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico

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 civil fines and criminal penalties.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

New York

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

| | |
|-----------------------------------|------|
| APPLICANT/NAMED INSURED | |
| APPLICANT/NAMED INSURED SIGNATURE | DATE |

Agent/Broker:

Are you personally familiar with this Applicant's operations? Yes No

Did your office control this risk in the past year? Yes No

| | | |
|--------------------------------------|------------------|-------------|
| AGENT'S OR BROKER'S NAME AND ADDRESS | TELEPHONE NUMBER | LICENSE NO. |
| AGENT'S OR BROKER'S SIGNATURE | | DATE |