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St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota

IMPORTANT NOTE: The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by claims expenses. Claims expenses also may be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

New **Renewal / Policy #**

Your Firm's "Trade Name" or "Doing Business As" Name			Date Established Month _____ Year _____	
Predecessor Firm Name(s) For Whom Coverage is Desired				
Your Firm's Principle Business Address			Tax ID Number	
City	County	State	Zip	
Principal Contact		Title		
Phone	Fax	E-mail		
Website				

Please attach a copy of your firm's brochure (New Applicants only).

GENERAL INFORMATION

1. What is the total number of staff in your firm, including part-time employees? _____
2. How many registered architects, landscape architects, land surveyors, and licensed engineers does your firm employ? _____
3. What is the number of employees who have left your firm in the past fiscal year?
 - a. Management..... _____
 - b. Other Staff _____
4. What were your firm's gross annual billings (not including direct reimbursables) for the past three fiscal years?

a. Last year	_____	\$	_____
	Year		Billings
b. Two years ago	_____	\$	_____
	Year		Billings
c. Three years ago	_____	\$	_____
	Year		Billings
5. What are your firm's projected gross billings for the current and next fiscal years?

a. Current	_____	\$	_____
	Year		Billings
b. Next	_____	\$	_____
	Year		Billings
6. On a separate sheet, please list your firm's five largest projects in terms of gross annual billings over the past three years. Please include location, services rendered, and billings.

7. What percentage of your firm's annual gross billings from the last fiscal year (4.a.) were derived from each of the following disciplines **(Total must equal 100%)**

Discipline	% of annual Gross Billings	Discipline	% of annual Gross Billings
Acoustical Consulting	%	Kitchen Consulting	%
Agricultural Engineering	%	Laboratory Testing	%
Air Balancing	%	Lighting Designers	%
Audio/Visual Consulting	%	Management Consulting	%
Construction Management	%	Mining Engineering	%
Drafting Services	%	Modelers/Renderers	%
Elevator Consulting	%	Non-Destructive Testing	%
Environmental Engineering***	%	Photogrammetry	%
Facilities/Operations Management Consulting	%	Roof Consulting	%
Forensic Consulting	%	Soils Engineering	%
Geology	%	Sprinkler Design	%
Graphic/Signage Consulting	%	Telecommunication/Communication Engineering	%
Hydrology	%	Transportation Consulting	%
Interior Design	%	Urban/Rural Planning	%
Irrigation Engineering	%	Other (please describe)	%

**Please complete the Design Build Questionnaire.

***Please complete the supplemental Environmental Questionnaire.

8. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from each of the following project type or category. **(Total must equal 100%)**

Project Type or Category	% of annual Gross Billings	Project Type or Category	% of annual Gross Billings
Air/Water Quality Testing	%	Jails/Prisons	%
Air Emission Control Systems*	%	Landfills*	%
Airports	%	Low Rise Commercial/Office/Retail	%
Amusement Parks/Zoos	%	Machinery/Equipment Design	%
Apartments	%	Military Facilities	%
Asbestos Abatement	%	Mines/Quarries	%
Banks	%	Museums	%
Bridges/Tunnels/Dams	%	Mold Abatement*	%
Condominiums:		Parking Garages	%
Residential	%	Parks/Golf Courses	%
Commercial	%	Refinery/Petro Chemical*	%
Educational	%	Religious	%
Environmental Consultants	%	Residential Subdivisions	%
Environmental Permitting/Monitoring	%	Sewer/Water Systems	%
Facade Restoration/Maintenance	%	Single Family Homes	%
Foundation, Sheeting, and Shoring Design	%	Stadiums/Arenas/Convention Centers	%
Ground Testing	%	Superfund Sites*	%
Harbors/Piers/Ports	%	Surveys of Subsurface Conditions	%
Hazardous Waste Sites	%	Swimming Pools	%
High Rise Commercial/Office Bldg (> 15 stories)	%	Townhouses	%
Highways/Roads	%	Toxic/Hazardous Waste Sites*	%
Hospitals/Assisted Living Facilities	%	Underground Storage Tanks*	%
Hotels/Motels	%	Wastewater Treatment Plants/Systems	
Industrial Processing/Monitoring	%	Municipal	%
Inspections of Commercial Properties for Prospective Buyers and Lenders	%	Industrial	%
Inspections of Homes for Prospective Buyers or Lenders	%	Other (please describe)	%

* If greater than 2% in any category, please complete the supplemental Environmental Questionnaire.

9. Please list all professional or trade associations for which your firm or any principal holds membership. Please use a separate sheet if necessary.

10. Describe the nature of your firm's operations. Please be sure to attach a brochure describing your firm's services.

11. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from feasibility studies, master planning, reports and opinions? %

12. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from each of the following categories of project owners? **(Total must equal 100%)**

Categories of Project Owners	% of annual Gross Billings	Categories of Project Owners	% of annual Gross Billings
Federal Government	%	Private	%
State or Local Government	%	Other (please describe)	%
Institutional	%		

13. a. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from the following clients:

Clients	% of annual Gross Billings	Clients	% of annual Gross Billings
Contractors	%	Developers	%
Owners	%	Other (please describe)	%
Design Firms	%		

b. What percentage of your firm's annual gross billings for the past fiscal year (4.a.) were derived from repeat clients? %

c. Does more than 50% of your work come from one client? Yes No

If yes, provide details _____

14. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from projects located outside the U.S. its territories and possessions and Canada? %

15. a. Do you or any principal, partner, member, officer, director or shareholder of your firm or an immediate family member have an ownership interest in any entity for whom professional services are being rendered? Yes No

If yes, please provide complete details: _____

b. *If yes, is the combined ownership interest greater than 49%?* Yes No

16. Is your firm or any subsidiary, parent or other organization related to your firm engaged in:

- a. Actual construction, fabrication or erection? Yes No
- b. Computer software development for, or sales to, others? Yes No
- c. Real estate development? Yes No
- d. The design, development, manufacture, sale, lease, or distribution of any product, process or patented design? Yes No

Note: If you answer yes to any part of Question 16, please provide full details, including relationships, a description of the services performed, construction values involved and any fees received. Also enclose sample contract(s).

17. Does your firm or any subsidiary, parent or other organization related to your firm ever have single-point responsibility for the design and installation or construction of a project?..... Yes No

If yes, please complete and return the supplemental Design/Build Questionnaire.

18. Please provide information about your firm's current general liability insurance:

Carrier	Policy Term	Limits of Liability
	_____ to _____	

19. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11?..... Yes No

If yes, please provide complete details: _____

20. Is there a Specific Additional Project Limit Endorsement on your firm's current policy? Yes No

If yes, please complete and return the Specific Additional Project Limit Questionnaire.

RISK AND PRACTICE MANAGEMENT

21. a. Please specify the type of contracts used. **Must total 100%.**

Type of Contract	% Used	Type of Contract	% Used
Professional association contract	%	Letter agreement	%
Client drafted contract	%	Verbal agreement	%
Purchase order	%	Other (please describe)	%
Your firm's standard contract	%		

b. Does your firm incorporate a limitation of liability provision in its agreements? Yes No

If yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)..... _____ %

c. Please describe the situations when your firm uses verbal agreements. _____

d. Is your firm willing to use some form of written agreement on all projects? Yes No

22. Does your firm use subconsultants? Yes No

If yes:

a. What is the percentage of your firm's total fees in 4.a. attributable to subconsultants? _____ %

b. What percentage of your subconsultants have errors and omissions insurance? _____ %

23. Does your firm use written agreements with all subconsultants?..... Yes No

If no, please provide complete details: _____

24. Does your firm have a client selection process? Yes No

If yes, please describe the new client selection process: _____

25. Does your firm have a project selection process?..... Yes No

If yes, please describe the project selection process: _____

26. Does your firm:

a. Have non-standard contracts reviewed by legal counsel for liability implications prior to signing? Yes No

b. Have procedures for monitoring or collecting outstanding fees? Yes No

27. In the past 3 years, has your firm brought suit against any clients to collect fees? Yes No
If yes, please provide complete details. Include date, circumstances and amount of fees. _____
28. Does your firm currently have any unresolved fee disputes?..... Yes No
If yes, please provide complete details. Include date, circumstances and amount of fees. _____

NEW APPLICANT INFORMATION ONLY

29. Please provide information about your firm's professional liability insurance for the past four years:

Carrier	Limits of Liability	Deductible (Straight/Shared/First Dollar)	Policy Term	Premium
			—	
			—	
			—	
			—	

Retroactive coverage date _____ Policy expiration _____
MM/DD/YYYY MM/DD/YYYY

30. Have you or any principal, partner, officer, director, insurance manager or shareholder of your firm ever been declined for professional liability insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri)..... Yes No
If yes, please provide complete details on a separate sheet and attach to this application.

31. a. Do you or any principal, partner, officer, director, insurance manager or shareholder of your firm have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy? Yes No
- b. *If yes, please provide the following information on a separate sheet and attach to this application:*
- | | |
|----------------------------------|--|
| 1) Date reported to your insurer | 4) Claimant |
| 2) Name of project | 5) Allegations/nature of situation |
| 3) Date of incident | 6) Demand/amount of damages (if known) |

32. a. Have any professional liability claims been made, incidents reported or legal action brought in the past five years (ten years for firm's with gross annual billings greater than \$5 million) or made earlier and still pending against your firm, its predecessors or any past or present principal, partner, officer, director, shareholder or employee? Yes No
- b. *If yes, please provide the following information on a separate sheet and attach to this application:*
- | | |
|--|---|
| 1) Name of project | 6) Insurance company reserve, if any |
| 2) Date of claim/incident/legal action | 7) Defense attorney's or insurance company's evaluation of exposure/potential liability |
| 3) Claimant/plaintiff | 8) If closed, total amount paid for indemnity/defense costs |
| 4) Allegations | 9) Applicable deductible |
| 5) Demand/amount of claim | |

Note: The policy for which you are applying will not respond to any claim or circumstance identified, or that should have been identified, in Questions 31. and 32.

ARKANSAS: 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: 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.

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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

LOUISIANA: 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.

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 a denial of insurance benefits.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

NEW YORK (Non Auto): 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.

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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE (Non WC): 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.

VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

VIRGINIA: 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.

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.

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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Principal Name (Please print)

Principal Signature

Date

Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Agency Name

Agency Address

City State Zip Code

Phone Fax

Agency E-mail Agent's License#

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this application. (Please reference the question number.)