



ERRORS & OMISSIONS PROGRAM

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APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S

THIS APPLICATION IS FOR A
"CLAIMS MADE" INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

1. All questions must be answered completely; please type or print clearly; if any questions are considered "not applicable", please explain why.
2. If you need more space, continue on a separate sheet & indicate question number.
3. Please complete application & supplements where required.
4. This application & all supplement forms must be signed & dated by a principal of the firm.

1. A. Name of Applicant: _____

Proprietorship Partnership Corporation

B. Address: _____

City: _____ County: _____

State: _____ Zip: _____

C. Telephone: _____ Facsimile: _____ E-Mail: _____

D. Branch Office Address(es) (use a separate addendum if applicable).

E. Date Established (current entity): _____

F. Number of Staff:	Last Year:	This Year:
Principals/Partners/Directors:	_____	_____
Other Licensed Professionals:	_____	_____
Other Staff:	_____	_____
Total Licensed Professionals:	_____	_____

G. Please indicate the Applicant's annual staff turnover. _____

H. Please complete Professionals Supplement – No. 1.

2. A. Has the name of the Applicant changed or has any other firm or organisation amalgamated with or been merged into the Applicant? Is there any pending change in the name of the Applicant or pending amalgamation or merger?

If yes, please give full details on a separate addendum YES NO

B. Please indicate the 4 States from which the Applicant derived the highest percentage of Total Billings for the last year.

_____	_____	_____	_____
State	%	State	%
_____	_____	_____	_____
State	%	State	%

C. Disciplines as a Percentage of Billings:

Architecture:	_____ %	Construction Management:	_____ %
Civil Engineering:	_____ %	HVAC:	_____ %
Structural Engineering:	_____ %	Environmental / Soil / Geo:	_____ %
Mechanical Engineering:	_____ %	Interior Design:	_____ %
Electrical Engineering:	_____ %	Design / Build:	_____ %
Acoustical Engineering:	_____ %	Other:	_____ %
		Total:	<u>100</u> %

* If yes, please give full details on a separate addendum.

D. Please complete Environmental Supplement – No. 2 if at any time in the last complete fiscal or current year the Applicant has performed “environmental” work, including but not limited to the testing of hazardous materials.

E. Please indicate the percentage of the Applicant’s billings derived from work performed on a “Fast Track” basis: i.e. those projects in which construction begins before design is complete. _____ %

F. Please indicate the percentage of the Applicant’s billings derived from repeat business. _____ %

G. Please indicate percentage by fees of current projects where the construction contract is a:

Bid Contract: _____ % Negotiated Contract: _____ %

H. Please indicate types of projects as a percentage of the Applicant’s billings:

	Last Year	This Year
Hotels/Motels/Convention Centers:	_____ %	_____ %
Office Buildings/Retail Outlets:	_____ %	_____ %
Hospitals:	_____ %	_____ %
Schools/Colleges/Recreational:	_____ %	_____ %
Sports Arenas/Stadiums:	_____ %	_____ %
Condominiums:	_____ %	_____ %
Warehouses:	_____ %	_____ %
Other Residential	_____ %	_____ %

Manufacturing/Industrial facilities:	_____ %	_____ %
Roads/Highways/Runways:	_____ %	_____ %
Parking Structures:	_____ %	_____ %
Bridges/Tunnels/Dams:	_____ %	_____ %
Harbours/Piers/Ports:	_____ %	_____ %
Utilities:	_____ %	_____ %

Petro/Chemical:	_____ %	_____ %
Wastewater:	_____ %	_____ %
Landfills/Industrial Waste:	_____ %	_____ %
Nuclear:	_____ %	_____ %
Other: Please specify:	_____ %	_____ %
	_____ %	_____ %
Total:	<u>100</u> %	<u>100</u> %

I. Please Complete Largest Project Supplement – No 3.

J. Please attach a copy of your company's brochure.

3. A. Client Profile:

Please indicate the percentage of the Applicant's billings and derived from each of the following categories:

Contractors:	_____ %	Lending Institutions	_____ %
Other Design Professionals:	_____ %	Federal Governments:	_____ %
Commercial:	_____ %	State Governments:	_____ %
Private Owners including		Local Governments:	_____ %
Corporations:	_____ %	Other, please specify:	_____ %
Real Estate Developers:	_____ %	Other, please specify:	_____ %

B. Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract? YES NO

If yes, for each client representing more than 20%, please specify client, project(s), & describe services rendered.

C. Is the Applicant or any subsidiary, parent or other organization related thereto, engaged in:

- | | | | |
|------|--|------------------------------|-----------------------------|
| i. | Actual construction, fabrication or erection. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ii. | Development, sale or leasing of computer software. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iii. | Real Estate development. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| iv. | Manufacture, sale, leasing or distribution of any product, process or patented production process. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any of the above is yes, please give full details on a separate addendum.

D. Does the Applicant or any subsidiary, parent or other organization related thereto, provide professional services as a partner in any joint venture projects That were established during the current or last complete fiscal year? YES NO

If yes, please give details including project name, description, construction value Services performed, both by the Applicant & by other joint venture parties, & the status of the project on a separate addendum.

E. Please list all professional services sub-contracted by the Applicant, & indicate percentage of Total billings for each.

_____ % _____ % _____ % _____ % _____ %

F. Does the Applicant require evidence of Professional Liability Insurance for it's consultants by obtaining certificates of insurance on an annual basis? YES NO

- 4.
- | | Total Billings: | Construction Values: |
|--|-----------------|----------------------|
| A. Joint Venture Projects:* | \$ _____ | \$ _____ |
| * Please give full details, including project name, description, contract value, other joint venture parties involved, status of project, who manages the project, on a separate addendum. | | |
| B. Projects insured under separate project policies: | \$ _____ | \$ _____ |
| C. Projects which have been permanently abandoned: | \$ _____ | \$ _____ |
| * Please give full details, to include stage of abandonment and reason, on a separate addendum | | |
| D. Feasibility Studies, Master Plans, reports-opinions, etc: | \$ _____ | \$ _____ |
| E. Direct Reimbursables: | \$ _____ | \$ _____ |
| F. All other billings: | \$ _____ | \$ _____ |
| G. Total Gross Billings for professional services (whether collected or not). Do not include interest, rental or other revenues unrelated to professional practice: | | |

NOTE: New firms should use estimated total billings for the next 12 months.

Next Year Est. \$ _____ Current Year \$ _____ Past Year \$ _____

MANAGEMENT

5. A. Does the Applicant have an in-house quality control procedure? Yes No
- B. Is it in written form? Yes No
- C. Are all appropriate staff members familiar with these procedures?
If the answer to any of the above is no, please give full details on a separate addendum. Yes No
- D. Has the Applicant participated in a peer review program?
If yes, briefly describe the program, when conducted & by whom: Yes No
-
- E. Does the Applicant or any principal, partner, director or shareholder thereof or any Subsidiary thereof or any immediate family member of any such person have an ownership interest in any project for which professional services are being rendered by the Applicant?
If yes, please provide details: Yes No
-
- F. Does the Applicant render services on behalf of any other entity in which any principal, partner or director thereof or an immediate family member of such person is a partner, shareholder or employee?
If yes, please provide details: Yes No
-

G. Is the Applicant controlled, owned or associated with or does the Applicant Control or own any other entity? Yes No

If yes, please provide details:

H. Are new clients subject to the approval of the Applicant's management committee or at least three partners or officers of the Applicant? Yes No

If yes, please provide details:

I. Does the approval include credit checks? Yes No

MISCELLANEOUS:

6. A. Has any professional listed in Supplement 1 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If yes, please give full details on a separate addendum

B. How many professionals have participated in formal continuing education programs of at least seven hours during the last year? This would include attendance at AIA/NSPE/PEPP sponsored seminars and similar functions. _____

C. Please indicate percentage by fees of professional services rendered under AIA or EJCDC standard forms of agreement: _____%

D. Does the Applicant use written contracts on every project? Yes No
If no, please describe the circumstances when oral agreements are used:

E. If non-standard or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by the Applicant's legal counsel for liability implications prior to signing? Yes No

F. Please attach a copy of the Applicant's standard professional services contract.

INSURANCE

7. A. After enquiry have any claims or suits been made against the Applicant? Please include those claims that attach to separately insured projects. Yes No

B. After enquiry are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant? Yes No
If yes to A) or B) please complete Claims Supplement – No. 4.

C. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured? Yes No
If yes, please give full details on a separate addendum.

8. Please give details of previous insurance (past 5 years) including periods of coverage (including predecessor firms) and any extended claims reporting period ("tail") coverage.
 INFORMATION BELOW MUST INCLUDE POLICY NUMBER.

Carrier	Policy No.	Limits Each Claim/ Aggregate	Deductible	Paid Premium	Coverage Effective From	To
1. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
2. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
3. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
4. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
5. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____

Retroactive coverage date in current policy: _____

9. Please state coverage Limits & Deductibles required:

A. Coverage Limits of Liability

B. Self Insured Retention

\$	any one claim & in the aggregate, including costs & expenses
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\$	each & every claim, including costs & expenses.
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The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a policy be issued.

This application is signed on behalf of all owners, principals, partners, shareholders, directors and employees.

 AUTHORISED SIGNATURE OF APPLICANT

 TITLE

 Date

 Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTAL FORMS ARE ANSWERED.



**FIVE STAR
MANAGERS, L.L.C.**

SUPPLEMENT 1

**APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD'S**

**IN ACCORDANCE WITH QUESTION 1 H. PLEASE NAME ALL PRINCIPALS, PARTNERS, DIRECTORS
AND EMPLOYED PROFESSIONALS**

**NB: COVERAGE ONLY APPLIES TO PROFESSIONAL SERVICES UNDERTAKEN BY OR ON BEHALF OF THE
APPLICANT FIRM.**

	Name:	Date First Licensed:	Professional Bodies of which a member:	Years with Firm:
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____
21	_____	_____	_____	_____
22	_____	_____	_____	_____
23	_____	_____	_____	_____
24	_____	_____	_____	_____
25	_____	_____	_____	_____
26	_____	_____	_____	_____
27	_____	_____	_____	_____
28	_____	_____	_____	_____
29	_____	_____	_____	_____
30	_____	_____	_____	_____

	Name:	Date First Licensed:	Professional Bodies of which a member:	Years with Firm:
31	_____	_____	_____	_____
32	_____	_____	_____	_____
33	_____	_____	_____	_____
34	_____	_____	_____	_____
35	_____	_____	_____	_____
36	_____	_____	_____	_____
37	_____	_____	_____	_____
38	_____	_____	_____	_____
39	_____	_____	_____	_____
40	_____	_____	_____	_____
41	_____	_____	_____	_____
42	_____	_____	_____	_____
43	_____	_____	_____	_____
44	_____	_____	_____	_____
45	_____	_____	_____	_____
46	_____	_____	_____	_____
47	_____	_____	_____	_____
48	_____	_____	_____	_____
49	_____	_____	_____	_____
50	_____	_____	_____	_____
51	_____	_____	_____	_____
52	_____	_____	_____	_____
53	_____	_____	_____	_____
54	_____	_____	_____	_____
55	_____	_____	_____	_____
56	_____	_____	_____	_____
57	_____	_____	_____	_____
58	_____	_____	_____	_____
59	_____	_____	_____	_____
60	_____	_____	_____	_____
61	_____	_____	_____	_____
62	_____	_____	_____	_____
63	_____	_____	_____	_____

I UNDERSTAND AND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

 AUTHORISED SIGNATURE OF APPLICANT

 TITLE

 Date



APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

ENVIRONMENTAL SUPPLEMENT

APPLICANT'S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY ENVIRONMENTAL PROFESSIONAL SERVICES AS REFERRED TO BY QUESTION 2D.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS.

1. Name of entity performing this type of work: _____

2. Date the Applicant commenced this type of work: _____

3. Please indicate number of professionals in the following categories:

Table with 3 columns: Category, This Year, Last Year. Rows include Geologists / Hydrologists, Geotechnicians, Industrial Hygienists or Toxicologists, and Chemists/Biologists.

4. Please indicate the 4 states from which the Applicant derived the highest percentages of environmental billings for the last year:

Table with 4 columns: State, %, State, %, State, %, State, %.

5. Please indicate the percentage of the Applicant's billings derived from each of the following categories for this type of work only:

Table with 2 columns: Category, %. Categories include Contractors, Other Design Professionals, Commercial, Private Owners Including Corporations, Real Estate Developers, Lending Institutions, Federal Governments, State Governments, Local Governments, Other, please specify, and Total (100%).

6. Where the Applicant has represented the buyer or seller in an actual or pending sale of land or property, please give details including site name, client and value.

Two horizontal lines for providing details.

7. Does the Applicant always obtain a "hold harmless" in it's contract provisions? If not, please explain how the Applicant protects its' liability.

Form with checkboxes for Yes and No.

Horizontal line for additional information.



FIVE STAR MANAGERS, L.L.C.

SUPPLEMENT 4

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

CLAIM FORM

APPLICANT'S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 7A OR 7B. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS.

1. Full Name of individual(s) and name of firm involved in the claim:

- a)
b)
c)

2. Additional Defendants:

- a)
b)
c)

3. Full name of claimant:

4. Date of alleged error:

5. To what insurance company was this claim reported?

6. Date reported to insurance company:

7. Present status of claim (circle one): Open In Suit Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$
b) Claimants Settlement demand: \$
c) Defendant's offer for settlement: \$
d) Total amount paid in defense costs to date: \$
e) Total damages paid/outstanding: \$

9. If closed, please indicated amounts paid in:

Indemnity \$ Costs \$

10. Description of claim - including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS AND COMPLAINT.

a) Allegation upon which Claimant bases claim: _____

b) Description of events: _____

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORISED SIGNATURE OF APPLICANT

TITLE

Date