



BESSO LIMITED

**RENEWAL 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 SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

Renewal of Policy Number: _____ Expiration Date: _____

1. Name of Applicant: _____

2. Address: _____

City: _____ County: _____

State: _____ Zip: _____

PERSONNEL

3. a. Number of Staff	This year
Total Licensed Professionals	_____

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees.

4. Projected 20__ : \$ _____
 Present 20__ : \$ _____
 Previous 20__ : \$ _____

5. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A and Canada _____%

6. Were more than 20% of the Applicant's billings during the past fiscal year derived from a single client or contract?

Yes No



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PROFESSIONAL DISCIPLINES

7. Have you services changed from last year? Yes No

If yes, please indicate percentages of the Applicant’s Gross Billings derived from each of the following.

(Total must equal 100%)

Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Mechanical Engineering	%	Construction Management	%
Electrical Engineering	%	Process Engineering	%
Structural Engineering	%	Chemical Engineering	%
Soils Engineering	%	Environmental*	%
Laboratory Testing	%	Hydrogeology/Geology	%
HVAC Engineering	%	Interior Design	%
Marine/Coastal Engineering	%	Land Use Planning	%
Nuclear Engineering	%	Design/Build**	%
Mining Engineering	%	Project management	%
		Foundation Design	%
		Forensic/Expert witness	%
		Other (please specify)	%

* If yes, Supplement 1 must be submitted. ** If yes, Supplement 2 must be submitted.

8. Please indicate the percentage of the Applicant's billings derived from repeat business _____%

PROJECTS

9. Since last year has there been any change in the types of projects undertaken.
Yes No

If yes, please explain:

10. Please list 3 largest projects.

CONTRACTS

11. Please confirm written contracts always used. Yes No



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CLIENTS

12. Confirm no changes from last years from last years application form. Yes No

If yes, please explain:

13. Has the Applicant entered into any Joint Ventures?

Is Joint Venture coverage required? Yes No

If yes, please explain:

14. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes No

Is coverage for Equity interest required? Yes No

If yes, please explain:

15. Has the name of the Applicant changed or has any other firm or been merged organisation amalgamated with or into the Applicant, or is any such change pending?

Yes No

16. Have there been any changes to the ownership or control of Assured.

Yes No

If yes, please explain:



FINANCIAL AND RELATED INTERESTS

17. During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in.

- a Actual construction, fabrication, or erection. Yes No
- b Development, sale or leasing of computer software. Yes No
- c Real Estate development. Yes No
- d Manufacture, sale, leasing or distribution of any product, process or patented production process. Yes No
- e Design of a building, component or system which might be used on more than one project. Yes No

LOSS HISTORY

18. a. Provide details of any changes and developments of all previously reported claims and/or circumstances. Please attach claim supplement 3. in addition and after enquiry.

Yes No

If yes, Supplement must be submitted.

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, Supplement must be submitted.

c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?

Yes No

If yes, please give details by attachment.

19. Please state coverage Limits and Deductibles required:

A. Coverage Limits of Liability \$ _____ B. Self Insured Retention \$ _____



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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 mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this renewal application, if subsequent to the date of this renewal application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this renewal application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This renewal application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

.....
Must be signed by Owner, Partner or Officer:

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE



BESSO LIMITED

SUPPLEMENT **1**

LLOYD'S

LLOYD'S LONDON

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

ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE

This Supplement to the Application for Architects and Engineers is to be completed by firms providing professional services on environmental projects, unless unchanged from last year?

Name of Applicant: _____ Phone (____) _____

Address: _____

Please indicate Gross Billings attributable to each of the following.

1. ENVIRONMENTAL SERVICES	Gross Billings (Amounts in \$000's)		
	Last Fiscal Year	Projected Current Fiscal Year	Percentage to be Sub-Contracted
a. Preparation of environmental studies and reports	_____	_____	_____
b. Phase I & Phase II remedial action investigations, feasibility studies, inspections and audits	_____	_____	_____
c. Remedial design with supervisory services	_____	_____	_____
d. Remedial design without supervisory services	_____	_____	_____
e. Environmental project management	_____	_____	_____
f. Preparation of environmental permit applications	_____	_____	_____
g. Laboratory analysis and testing	_____	_____	_____
h. Soil, air and water sampling/testing	_____	_____	_____
i. Training and education	_____	_____	_____
j. Preparation of manuals and other publications	_____	_____	_____
k. Underground storage tank management	_____	_____	_____
l. Other (<i>please specify</i>) _____	_____	_____	_____

TOTAL ENVIRONMENT



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2. **ASBESTOS CONSULTING SERVICES**

a.	Air monitoring	_____	_____	_____
b.	Sampling and testing	_____	_____	_____
c.	Abatement design	_____	_____	_____
d.	Abatement project management	_____	_____	_____
e.	Other (please specify) _____	_____	_____	_____

TOTAL ASBESTOS

3. Does the Applicant contract or sub-contract to provide hands-on remediation services?

If yes, please complete Question 4.

Yes No

4. **SERVICES**

(Amounts in \$000's)

	Work Performed By You	Work Performed By Others
--	------------------------------	---------------------------------

PROFESSIONAL

Project management	_____	_____
Sampling/analysis	_____	_____
Monitoring System design/installation	_____	_____
Tank testing/monitoring	_____	_____
Tank design/installation	_____	_____

(Amounts in \$000's)

	Work Performed By You	Work Performed By Others
--	------------------------------	---------------------------------

REMEDIAL ACTION

Hazardous materials clean up/soil removal	_____	_____
On-site hazardous waste treatment	_____	_____
Groundwater treatment/recovery	_____	_____
Mobile incinerators	_____	_____
Barrier construction/slurry walls/liners	_____	_____
Hazardous materials emergency response/clean up	_____	_____
Tank removal	_____	_____

(Amounts in \$000's)



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Work Performed By You

Work Performed By Others

TRANSPORTATION

Hazardous waste

Non-hazardous waste

Other (*please specify*)

(Amounts in \$000's)

Work Performed By You

Work Performed By Others

DRILLING

Operating oil/gas wells

Oil/gas drilling

Remedial monitoring wells

Other (*please specify*)

SUBCONTRACTORS

5. Please list all the Applicant's remedial action subcontractors and indicate the services they provide:

Subcontractors

Type of Services

6. Are all subcontractors hired under written contract? Yes No

Please provide a copy of the Applicant's subcontractor contract.

7. Please describe in detail the Applicant's procedures for qualifying subcontractors:

8. Please describe the extent of the Applicant's supervision of subcontractors:



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PERMITS, RIGHTS, AUTHORITIES

- 9 a. List all permits held with Federal, State, County or Municipal governments, including permit numbers and expiration dates:

Permit	Number	Expiration

- b. What percentage of subcontractors work under **their own** permits, rights or authority?
_____ %
- c. What percentage of subcontractors work under the **Applicant's** permits, rights or authority?
_____ %
- d. Does the Applicant check required permits for subcontractors? Yes No

INSURANCE

- 10 a. Is the Applicant named as an Additional Insured on the subcontractors' General Liability and Pollution Legal Liability insurance policies? Yes No
- b. Does the Applicant require certificates of insurance from subcontractors? Yes No
- c. What minimum limits does the Applicant require?

Workers Compensation: _____
 General Liability: _____
 Pollution Legal Liability: _____

- d. What is the Applicant's procedure for monitoring certificates of insurance?



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I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

.....
Must be signed by Owner, Partner or Officer:

AUTHORISED SIGNATURE OF APPLICANT	TITLE
-----------------------------------	-------

DATE



BESSO LIMITED

SUPPLEMENT **2**

LLOYD'S LLOYD'S LONDON

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

DESIGN/BUILD COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

Name of Applicant: _____ Phone (____) _____

Address: _____

Please indicate Gross Billings attributable to each of the following.

CONSTRUCTION VALUES/PROFESSIONAL FEES

1.	Last Fiscal Year 19____		Projected Current Fiscal Year 19____	
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction	\$ _____	\$ _____	\$ _____	\$ _____
Design Only - No Construction	\$ _____	\$ _____	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____	\$ _____	\$ _____
Construction Management	\$ _____	\$ _____	\$ _____	\$ _____
<i>Other (please specify)</i> _____	\$ _____	\$ _____	\$ _____	\$ _____
Total - All Operations	\$ _____	\$ _____	\$ _____	\$ _____



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DESIGN/BUILD SERVICES

2. Please describe relationship between the design firm and construction firm:

3. Please describe construction observation services performed by design firm:

4. Please list by attachment the 10 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates.

5. What is the Applicant's current bonding capacity? \$ _____

6. Has a surety company ever declined to offer a bond? Yes No
If yes, please provide details by attachment

LIABILITY ISSUES

For all "yes" responses to questions 7 - 10, please provide details by attachment. Include project name and indicate if circumstance has been reported to insurance carrier.

7. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?
Yes No

8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?
Yes No

9. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them?
Yes No

10. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000?
Yes No



11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	CGL	Umbrella
Company	_____	_____
Term	_____	_____
Limit	_____	_____
Deductible	_____	_____

12. Please detail by attachment the Applicant's Commercial General Liability loss history for the past year.

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

.....
Must be signed by Owner, Partner or Officer

AUTHORISED SIGNATURE OF APPLICANT **TITLE**

DATE



LLOYD'S LLOYD'S LONDON

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

10 LARGEST PROJECTS – PAST FIVE YEARS

	Name & Location	Client/Owner:	Project Type:	Professional Services:	Fees:	Construction Values:	Completion Date
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____

.....
Must be signed by Owner, Partner or Officer

APPLICANT **TITLE** _____ **AUTHORISED SIGNATURE OF**

DATE



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SUPPLEMENT 4

LLOYD'S

LLOYD'S LONDON

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

JOINT VENTURE INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest.

Use a separate Supplement for each Equity Interest Project

Name of Applicant: _____ Phone (____) _____

Address: _____

JOINT VENTURE

1. Name of Joint Venture: _____

2. Names and addresses of all firms comprising Joint Venture: _____

(Please submit a copy of the Joint Venture Agreement between the member firms).

PROJECT INFORMATION

3. Name and location of project: _____

4. Project description and services the Applicant is to perform: _____



CONSTRUCTION VALUES/FEES

5. Give estimated beginning and completion dates for all designs and construction phases, indicating gross receipts for each phase:

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Documentation Phase:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration Phase:	_____	_____	_____

- 6. Total estimated construction value of the project: \$ _____
- 7. Total estimated gross receipts from project to Joint Venture: \$ _____
- 8. Total estimated gross receipts from project received by applicant to date: \$ _____
- 9. Total estimated gross receipts from project to Applicant in next 12 months: \$ _____

LIABILITY ISSUES

10. Has any insurer declined to provide, cancelled or refused to renew any similar insurance for any member firm participating in the Joint Venture?

If yes, please explain in detail. Yes No

11. Is the Applicant aware of any circumstance which may result in any claim against the Applicant or any other member firm, with respect to this Joint Venture project?

If yes, please explain in detail. Yes No

12. Has any claim or suit ever been made against the Applicant, or against any other member firm, with respect to this Joint Venture project?

If yes, please explain in detail. Yes No



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13. Indicate the Professional Liability insurance currently in force by each member firm of the Joint Venture:

NAMED INSURED	COMPANY	TERM	LIMIT	DEDUCTIBLE

14. Describe nature of work the Joint Venture subcontracts to others:

15. Does the Join Venture require certificates of insurance from it subcontractors?

Yes No

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

.....
Must be signed by Owner, Partner or Officer

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE



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SUPPLEMENT 5

LLOYD'S

LLOYD'S LONDON

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

EQUITY INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest.

Use a separate Supplement for each Equity Interest Project

Name of Applicant: _____ Phone (____) _____

Address: _____

PROJECT INFORMATION

1. Name of project: _____

2. Project description and services the Applicant is to perform: _____

3. Please indicate the following:

	Beginning Dates	Completion Dates
Design Phase	_____	_____
Construction Phase	_____	_____

4. Total construction value: \$ _____

5. Total gross receipts to all design professionals: \$ _____

6. Total gross receipts to Applicant: \$ _____



EQUITY INTEREST

7. Give full name of all parties having an Equity Interest in the project. Please indicate percentage of ownership for each party.

Name	Percent Ownership <i>(Total must equal 100%)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. Was Equity Interest taken in lieu of gross receipts?

If yes, please provide details by attachment.

Yes No

GENERAL INFORMATION

9. Does the Applicant or any subsidiary, parent or related entity, engage in construction, manufacturing or fabrication in connection with this project?

If yes, please explain in detail.

Yes No

10. Do any of the parties named in Question 7, including their owners, officers or employees, engage in construction, manufacturing or fabrication in connection with this project?

If yes, please explain in detail.

Yes No

11. Has any claim or suit ever been made against any of the parties named in question 7?

If yes, please explain in detail.

Yes No



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12. Is the Applicant aware of any circumstance which may result in any claim against the Applicant, or any other party named in Question 7?

If yes, please explain in detail.

Yes No

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

.....
Must be signed by Owner, Partner or Officer

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE



LLOYD'S LLOYD'S LONDON

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 10 YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 29a. AND b. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY; PLEASE USE SEPARATE SHEET. *DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT*
3. PLEASE NOTE THIS SUPPLEMENT IS FOR UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
4. 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: _____
7. Present status of claim (circle one): Open In Suit Closed



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8. If pending, please indicate:

- a) Amount asked in summons: \$ _____
- b) Claimant's 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 indicate 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 & COMPLAINT

a) Allegation upon which Claimant bases claim: _____

b) Description of events: _____

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

.....
Must be signed by Owner, Partner or Officer

AUTHORISED SIGNATURE OF APPLICANT

TITLE

DATE

PROFESSIONAL DISCIPLINES & PROJECT AREAS

Supplement

Professional Disciplines

1. Please provide the percentages, based on your firm's annual gross billings from the last fiscal year (2a), attributed to the following professional disciplines provided by firm. (Total must equal 100%)

% of annual Gross Billings		% of annual Gross Billings	
Architect	<input style="width: 50px;" type="text" value="%"/>	Landscape Architect	<input style="width: 50px;" type="text" value="%"/>
Civil Engineer	<input style="width: 50px;" type="text" value="%"/>	*Land Surveyor <small>(Please complete Qu. A & Qu. B below)</small>	<input style="width: 50px;" type="text" value="%"/>
Chemical Engineer	<input style="width: 50px;" type="text" value="%"/>	Land Use Planning	<input style="width: 50px;" type="text" value="%"/>
Construction Management	<input style="width: 50px;" type="text" value="%"/>	Marine Engineer	<input style="width: 50px;" type="text" value="%"/>
*Design & Build <small>(Complete Supplement 1)</small>	<input style="width: 50px;" type="text" value="%"/>	Mechanical Engineer	<input style="width: 50px;" type="text" value="%"/>
Electrical Engineer	<input style="width: 50px;" type="text" value="%"/>	Mining Engineer	<input style="width: 50px;" type="text" value="%"/>
*Environmental Consultants <small>(Complete Supplement 4)</small>	<input style="width: 50px;" type="text" value="%"/>	Nuclear Engineer	<input style="width: 50px;" type="text" value="%"/>
Forensic Engineer	<input style="width: 50px;" type="text" value="%"/>	Process Engineer	<input style="width: 50px;" type="text" value="%"/>
Geotechnical Engineer	<input style="width: 50px;" type="text" value="%"/>	Soils Engineer	<input style="width: 50px;" type="text" value="%"/>
HVAC Engineer	<input style="width: 50px;" type="text" value="%"/>	Structural Engineer	<input style="width: 50px;" type="text" value="%"/>
Hydrogeology Engineer	<input style="width: 50px;" type="text" value="%"/>		
Interior Design	<input style="width: 50px;" type="text" value="%"/>	Other:	<input style="width: 50px;" type="text" value="%"/>

Land Surveyors Sub-Section if applicable.

- a. Please provide the following percentage split of project area derived from Land Surveyor services above. (Total must equal 100%)

Aerial/Photogrammetry	<input style="width: 50px;" type="text" value="%"/>	Mapping	<input style="width: 50px;" type="text" value="%"/>
As-built Plates	<input style="width: 50px;" type="text" value="%"/>	Right-of-Way Surveys	<input style="width: 50px;" type="text" value="%"/>
Boundary Surveys	<input style="width: 50px;" type="text" value="%"/>	Studies & Research	<input style="width: 50px;" type="text" value="%"/>
Construction Staking	<input style="width: 50px;" type="text" value="%"/>	Topographical Surveys	<input style="width: 50px;" type="text" value="%"/>
Hydrographical Surveys	<input style="width: 50px;" type="text" value="%"/>	Other:	<input style="width: 50px;" type="text" value="%"/>

- b. Please provide the following percentage split of clients based upon the following professions & sectors: (Total must equal 100%)

Commercial	<input style="width: 50px;" type="text" value="%"/>	Government &/or Public Entities	<input style="width: 50px;" type="text" value="%"/>
Contractors	<input style="width: 50px;" type="text" value="%"/>	Industrial / Utilities	<input style="width: 50px;" type="text" value="%"/>
Design Professionals	<input style="width: 50px;" type="text" value="%"/>	Private Owners	<input style="width: 50px;" type="text" value="%"/>
Financial Institutions	<input style="width: 50px;" type="text" value="%"/>	Residential	<input style="width: 50px;" type="text" value="%"/>
		Other:	<input style="width: 50px;" type="text" value="%"/>

Project Type & Category

2. Please provide the percentages, based on your firm's annual gross billings from the last fiscal year (2a), attributed to the following project type or category.

Airports	%	Nuclear Facilities / Plants / Power Stations	%
Amusement parks / zoo	%	Parking garages	%
Apartments	%	Pipelines	%
Banks/Financial Institutions	%	Refinery / Petrochemical	%
Bridges / Tunnels / Dams / Reservoirs	%	Religious / Churches	%
Condominiums (Total)	%	Research and development laboratories	%
(a) Commercial Condo:	%	Residential subdivisions	%
(b) Residential Condo:	%	Sewer / Water systems	%
Educational	%	Shopping centres	%
Golf Courses	%	Single family homes	%
Harbours / Piers /Ports	%	Stadiums / Arenas / Convention centres	%
High rise commercial/office (> 15 stories)	%	Swimming Pools / Ponds	%
Highways / Roads	%	Townhouses	%
Hospitals / Assisted Living Facilities	%	Toxic / Hazardous waste sites	%
Hotels / Motels	%	Wastewater treatment plants / systems	%
Industrial / Manufacturing	%	Municipal	%
Jails / Prisons	%	Industrial	%
Landfills	%		
Low Rise commercial/office	%	Other:	%
Machine Design / Mechanical Design	%	Other:	%
Military Facilities	%	Other:	%
Mines / Quarries	%		
Museums	%	Total:	100%

Supplement Disclosure

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Full legal name of your firm:
(Please type or print name)

Name of Principle, Partner or Officer:
(Please type or print name)

Signature of Principle, Partner or Officer:

Dated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PLEASE NOTE DATE FORMAT.