

General Star Indemnity Company

APPLICATION

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE. THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY CLAIM EXPENSES. CLAIM EXPENSES ARE ALSO APPLIED AGAINST THE DEDUCTIBLE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED. IF YOU HAVE ANY QUESTIONS ABOUT THE COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

INSTRUCTIONS FOR COMPLETING APPLICATION:

Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This Application and all supplemental forms must be signed and dated by an active owner, officer or partner of the firm. The original copy of the signed and dated Application is needed before any coverage can be bound. Return this and all supplemental applications to the Program Administrator above.

1. Limits requested: Please indicate the limit of liability desired:

PER CLAIM/ANNUAL AGGREGATE

- | | | |
|--|---|---|
| <input type="checkbox"/> \$ 100,000 / \$300,000 | <input type="checkbox"/> \$ 500,000 / \$ 500,000 | <input type="checkbox"/> \$ 1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 250,000 | <input type="checkbox"/> \$ 500,000 / \$1,000,000 | <input type="checkbox"/> \$2,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000 | <input type="checkbox"/> \$ 1,000,000 / \$1,000,000 | <input type="checkbox"/> Other: _____ |

ANNUAL AGGREGATE DEDUCTIBLE

Financial statements may be required for optional deductibles

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$10,000 | |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Higher (specify) \$ _____ |

- Name of Applicant: _____ Email Address _____
- Street Address: _____
City: _____ State: _____ Zip Code: _____
- Name of Contact Person: _____ Email Address _____
- Street Address of all branches _____
City: _____ State: _____ Zip Code: _____
- Date Firm was established: Month: _____ Day: _____ Year: _____
- Is the Firm a: _____ Corporation, _____ Partnership, _____ Professional Corporation or _____ Individual?
- Has the name of the Firm been changed, or has any other business been purchased or any merger or consolidation taken place? _____ Yes _____ No If "Yes", please detail changes in chronological order on a separate sheet and indicate the question number.

9. Please provide the following:

Name of all Licensed Principals to be Insured	Licensed As *	Date Licensed	States Licensed	Years in Practice	Year Joined Applicant Firm	Design Services Yes / No	Construction Services Yes / No

* i.e. - Architect, Engineer, Landscape Architect, Land Surveyor, Construction Manager, or Other (please specify)

10. Of Named Licensed Principals in Item 9. above, please name all temporary or part time professionals:

- a. _____
- b. _____

11. Total Personnel: (including those listed in 9. above)

FULL TIME PART TIME

- a. Architects, Engineers: _____
- b. Surveyors and other technical personnel: _____
- c. Office staff: _____
- d. TOTAL _____

12. To what professional associations does the Firm or Principals belong: _____

13. Does your Firm follow in-house quality control procedures? ___ Yes ___ No

If Yes:

- a. Are they in written form? ___ Yes ___ No
- b. Are all appropriate staff members familiar with the procedure? ___ Yes ___ No

14. Name of Insurance or Risk Manager _____ If none check here: ___

15. Does your firm use an automated master specification system such as MASTERSPEC^R or SPEC SystemTM?
 ___ Yes ___ No

16. Does your firm use an in-house program of continuing education for professional employees? ___ Yes ___ No

17. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months? _____ #

18. How many suits for collection of fees have been filed by your firm or your employees against a client in the last two (2) years? _____ #

19. When evaluating whether to sue for collection of unpaid fees, does the firm review the file for the purpose of evaluating whether a counterclaim alleging malpractice might be filed in response? ___ Yes ___ No

20. Do you have a procedure that requires the use of a written contract with new clients of the firm? ___ Yes ___ No

21. Does legal counsel review all contracts, warranties, brochures and product literature? ___ Yes ___ No

22. Do all your contracts require customers to sign written agreements outlining the scope of your job and the services that will be provided? ___ Yes ___ No

23. Listing the most recent projects first, provide the below information about services rendered for the firm's five largest jobs during the last five years:

Date Project Commenced And Terminated	Client Name	Professional Service Provided (use Services from Number 24 below)	Describe Type of Project, (use descriptions in Number 26 below)	Project Fees	For each project listed below, indicate which contractual provisions or protections listed in 23 a-o below were present

a. Clear statement of Scope of Services provided	h. Termination provisions outlined
b. Confidentiality agreement	i. Arbitration provision
c. Disclaimer of Warranties	j. Force Majeure Clause
d. Hold harmless agreement in favor of Insured	k. Forum selection clause
e. Hold harmless agreement in favor of Client	l. Payment terms
f. Limitation of Liability to cost of the services provided	m. Written guidelines on Milestone Management
g. Ownership rights outlined	n. Clear definitions of Technical terms
h. Sign-off and acceptance procedures outlined	o. Contractual Statute of Limitation

24. From the professional services listed below in which the Firm is engaged, indicate the approximate percentages of your total gross billings during the past accounting year:

Architecture	%	Hydrological Engineering	
Chemical Engineering	%	HVAC Engineering	%
Civil Engineering	%	Landscape Architecture	%
Commissioning/Test & Balance	%	Land Surveying	%
Construction/Program Management *	%	Marine Engineering	%
Design/ Build *	%	Mechanical Engineering	%
Electrical Engineering	%	Mining Engineering	%
Environmental Engineering or Abatement **	%	Nuclear Engineering	%
Forensic Engineering	%	Oil/Gas Well Engineering	%
Geotechnical Engineering	%	Process Engineering	%
Other (please specify)	%	Structural Engineering	%

If Construction/ Program Management *or Design/Build * services are greater than 10% of the total billings, complete the Design Build/Construction Management Supplemental Application. If Environmental Engineering or Abatement** services are greater than 10% of the total billings or Environmental Contracting coverage is desired, complete the Environmental/Contractors Pollution Liability Supplemental Application.

25. Show the approximate percentages of your total gross billings of the activities listed below that the Firm was engaged in during the past accounting year:

Air Quality Testing/Evaluation	___ None	___ Yes	___ %
Alarm Systems/Fire Protection	___ None	___ Yes	___ %
Feasibility studies, surveys, reports, (Applic. not involved in design)	___ None	___ Yes	___ %
Design, with observation of construction	___ None	___ Yes	___ %
Design only, no construction phase duties	___ None	___ Yes	___ %
Design, with supervision of construction	___ None	___ Yes	___ %
Boundary surveys	___ None	___ Yes	___ %
Design/Build	___ None	___ Yes	___ %
Foundations, sheeting and shoring	___ None	___ Yes	___ %
Interior design	___ None	___ Yes	___ %
Construction management	___ None	___ Yes	___ %
Machinery/Equipment Design	___ None	___ Yes	___ %
Drafting Services	___ None	___ Yes	___ %
Management consulting	___ None	___ Yes	___ %
Subsurface soil exploration	___ None	___ Yes	___ %
Ground testing or soil analysis	___ None	___ Yes	___ %
Laboratory testing	___ None	___ Yes	___ %
Site development	___ None	___ Yes	___ %
Continuing services or inspection services	___ None	___ Yes	___ %
Asbestos evaluation/deletion	___ None	___ Yes	___ %
Asbestos abatement	___ None	___ Yes	___ %
Lead Abatement or Evaluation	___ None	___ Yes	___ %
Environmental Consulting or Assessment	___ None	___ Yes	___ %
Permitting	___ None	___ Yes	___ %
Other (specify) _____			___ %
		TOTAL	100%

26. Indicate the approximate percentages of the types of projects listed below in which the Firm is engaged:

Airports	___ %	Parking Structures	___ %
Apartments	___ %	Petro / Chemical	___ %
Asbestos abatement	___ %	Pools/Playgrounds	___ %
Asbestos evaluation	___ %	Pre-engineered buildings	___ %
Bridges	___ %	Private dwellings	___ %
Churches	___ %	Recreation/Sports	___ %
Condominiums	___ %	Roads/Highways	___ %
Convention centers/Theaters	___ %	Schools/Colleges	___ %
Dams	___ %	Sewage systems	___ %
Harbors/Piers/Ports	___ %	Sewage treatment plants	___ %
Hospitals/Healthcare	___ %	Shopping centers	___ %
Hotels/Motels	___ %	Superfund/Pollution*	___ %
Industrial waste treatment	___ %	Tunnels	___ %
Jails	___ %	Warehouses	___ %
Manufacturing/Industrial	___ %	Water treatment plants	___ %
Mass transit	___ %	Other (please specify)	
Mines	___ %	_____	___ %
Nuclear/Atomic	___ %	_____	___ %
Office Buildings	___ %	_____	___ %

* **Complete the Environmental Supplement.**

27. Does the Applicant foresee any substantial changes in the percentages in the above Items 24, 25, or 26 during the next 12 months? Yes No If "Yes", please provide details:

28. In the past five (5) years, has the firm provided services (include any sub-contracted services) in the following areas? If "Yes", please provide details of any of these services on a separate sheet and indicate the question number.

Amusement Rides or Park Design	Yes ___ No ___	Hazardous Waste remediation or monitoring Plans	Yes ___ No ___
Aerospace Engineering	Yes ___ No ___	Inspection of Residential/Commercial Properties for Buyers or Lenders	Yes ___ No ___
Boat or Ship Design	Yes ___ No ___	Soils or Geological Engineering	Yes ___ No ___
Computer Software Design	Yes ___ No ___	Nuclear Engineering	Yes ___ No ___
Concrete Formwork Design	Yes ___ No ___	Product Design	Yes ___ No ___
Residential condominiums in Florida, California or Nevada.	Yes ___ No ___	Projects Located Outside the U.S.	Yes ___ No ___
Construction Inspection or Cost Estimation	Yes ___ No ___	Retaining wall, Scaffolding or Shoring Design	Yes ___ No ___
Super Fund Assessments	Yes ___ No ___	Mining Structures Design (below ground)	Yes ___ No ___
Oil, Gas or Geotechnical Testing/Evaluation	Yes ___ No ___	Structural Engineering -- Parking or high rise structures	Yes ___ No ___
Grain Elevator or Silo Design	Yes ___ No ___		

29. Please indicate the approximate percentage of your total gross billings contemplated in Item 24. derived from the following categories of clients?

Commercial _____% Local government _____% Other (specify) _____%

Contractors _____% Real estate developers _____% _____%

Other design professionals _____% Lending institutions _____% _____%

Industrial _____% Owners who act as their own contractors _____%

Federal government _____% State government _____% Joint Ventures _____%

30. Is your Firm, any Principal, Partner, Officer, Director or Shareholder of your Firm or any Subsidiary, Parent or other Organization related to your Firm engaged in:

- a. actual construction, fabrication or erection? Yes No
- b. development, sale or leasing of computer software to others? Yes No
- c. real estate development? Yes No
- d. manufacture, sale, leasing or distribution of any product? Yes No

If answer is "Yes", use separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

31. Is the Applicant controlled, owned and or associated with any other firm, corporation or company or does your Firm own or control any other entity? Yes No If "Yes", provide details:

32. Does any one contract or client represent more than 25% of your firm's annual work? Yes No If "Yes", provide details:

33. Does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are to be rendered by your Firm? Yes No? If "Yes", does the Firm desire coverage for these projects? Yes No If "Yes", complete the Equity Interest Supplemental Application.

34. Does your Firm render services on behalf of any entity in which any Principal, Partner or Officer of your Firm or an immediate family member of any such person is a partner, officer, director, shareholder or employee? Yes No

35. Does the Applicant work with other firms in joint ventures? Yes No If "Yes", and if coverage is desired, complete the Joint Venture Supplemental Application.

36. a. Does the firm subcontract to other design professionals? Yes No. If "Yes", indicate the percentage of receipts subcontracted: _____% Service or Activity _____

b. Does the Firm obtain insurance certificates from all subcontractors or consultants? Yes No

37. Gross Billings and Construction Values

Total Gross Billings
Current Fiscal Period
From: _____ To: _____

Construction Values
Current Fiscal Period
From: _____ To: _____

a. Projects insured under separate project policies* _____

b. Projects which have been permanently abandoned* _____

c. Foreign Projects _____

d. Feasibility Studies / Plans _____

e. All other billings _____

f. TOTAL GROSS BILLINGS _____

g. Projection for upcoming year _____

h. Gross billings for each of past 5 years:

(20__)

(20__)

(20__)

(20__)

(20__)

** Provide listing on separate sheet.*

If you are a current Insured of General Star Indemnity on an Architects, Engineers and Construction Managers Policy Form, do not answer the following Questions # 38 to #44, and go directly to DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY to complete this application

38. (Check here if None):

- Insurance Company: _____
- Limits: Bodily Injury: _____ Property Damage: _____
- Effective Date: From _____ To _____

39. a. Provide the following detail concerning your current Architects & Engineers Professional Liability Insurance coverage (Check here if None):

- Insurance Company: _____
- Limits: _____ Deductible: _____ Policy number: _____
- Expiring premium is: \$ _____ Expiration Date: _____
- Retroactive date on present policy: ___ Yes ___ No. If Yes, indicate the date and attach a copy of the your firm's current policy's prior acts endorsement and Declarations Page: Date: _____

b. Are any specific projects not covered (or excluded) under your firm's practice policy? ___ Yes ___ No
If "Yes", provide details:

40. Detail Architects and Engineers Professional Liability Coverage for five years prior to present coverage:

COMPANY	POLICY PERIOD	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE	Number of Professionals Covered	PREMIUM

41. Has your firm or any predecessor firm, or any present partner of this firm ever been declined for Professional Liability Insurance Coverage or has any such coverage been canceled or renewal refused?

___ Yes ___ No If "Yes", please provide complete details: _____

42. Has your firm or any predecessor firm ever purchased an extended reporting period or tail endorsement?

___ Yes ___ No If Yes, please provide complete details: _____

43. Attach a list of the ten largest jobs in the last five years detailing project name, type of structure, services performed, construction values and fees and date of project.

44. Attach a copy of Form 254 and firm's brochure.

DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY

IMPORTANT NOTICE: Report all known claims and/or circumstances to your firm's current insurer. If any professional proposed for insurance has knowledge of an act, error, omission or Personal Injury that might reasonably be expected to result in a claim, then such claim is excluded from any coverage that may be provided by the Company. Further, failure to disclose such claim, or such act, error, omission or Personal Injury may result in any insurance being void and/or subject to rescission.

- 1. Have any of those listed in Item 9. ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No
If "Yes", provide complete details
- 2. After inquiry, are any of your firm's professionals aware of any deficiencies in work, during the last five (5) years, due to professional services by him or her, or by others whom the professional is legally responsible which may exceed \$10,000 in amount? Yes No
If "Yes", provide complete details.
- 3. a. Has any professional liability claim or suit been made in the past five (5) years against your firm or its predecessor firm(s) or any current or former professional of the firm or its predecessor firm(s)? If Yes, indicate total number of claims _____ Yes No
b. After inquiry, does any of your firm's professionals know of any act, error, omission or **Personal Injury** that might reasonably be expected to result in a claim against your firm or its predecessor firm(s) or any of the current or former professionals of the your firm or its predecessor firm(s)? If Yes, indicate total number of such incidents _____ Yes No

If Yes to Question 3, a Supplemental Claim Form must be completed for each claim or incident in order for your Application to be considered.

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF THE APPLIANT FIRM'S PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, the undersigned, on behalf of the Applicant firm and all professionals proposed for coverage represents and agrees to each of the following five (5) items:

- 1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm professional is aware of any actual or alleged act, error, omission or **Personal Injury** that might reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
- 2. This Application, along with each of the attached applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> CONSTRUCTION MANAGEMENT / DESIGN BUILD SUPPLEMENTAL APPLICATION (PAGE 14) | <input type="checkbox"/> JOINT VENTURE SUPPLEMENTAL APPLICATION (PAGE 12) |
| <input type="checkbox"/> SUPPLEMENTAL CLAIM FORM (PAGE 10) | <input type="checkbox"/> EQUITY INTEREST SUPPLEMENTAL APPLICATION (PAGE 13) |
| <input type="checkbox"/> ENVIRONMENTAL CONSULTANTS/ENGINEERS SUPPLEMENTAL APPLICATION (PAGE 11) | <input type="checkbox"/> |

3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
 - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the Company to provide insurance, and any policy issued by the Company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

Warning -- New York Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for such violation.

Fraud Prevention -- Ohio Warning

Any person who, with the 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.

SUBMITTING THIS FORM AND/OR TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

An authorized representative who is an active owner, officer, or partner of the Applicant firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature of Owner, Officer or Partner _____

Date _____

Print or Type Name and Title _____

Producer _____

Address _____

Code _____

City _____

State _____

Zip Code _____



Supplemental Claim Form

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY. 10005-2863
(212) 344 8774

Instructions: Complete one form for each claim or suit, which has occurred during the past 10 years. Leave no blanks. If extra space is needed, attached separate sheet.

- 1. Name of Claimant:
2. Date of alleged error: Date Claim first reported:
3. Name of your insurance company:
4. Name of specific individuals of your firm named in action:
5. Present status of Claim: Pending Suit Closed
6. Date file closed:
7. If closed total loss amount: \$ If closed total expense paid:
8. If pending, amount asked in Summons: \$
9. Insurer's expense reserve: \$ Insurer's loss reserve:
10. Description of Claim including assessment of liability if pending: (Please provide complete enough information to allow evaluation)
a. Allegation upon which Claimant bases Claim:
b. Description of case and events:

Signature of Director/Partner/Principal:
Title: Date:
Name of Insured



**ENVIRONMENTAL CONSULTANTS /
ENGINEERS SUPPLEMENTAL APPLICATION**

**Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY. 10005-2863
(212) 244 8774**

Fiscal year ends: _____

A. Enter the firm's gross receipts (gross receipts to include reimbursable expenses and consulting fees) attributable to the following:

<u>OPERATIONAL AREA</u>	<u>GROSS RECEIPTS</u>			<u>PERCENTAGE TO BE SUBCONTRACTED</u>
	<u>Past 12 Months</u>	<u>Present 12 Months</u>	<u>Projected 12 Months</u>	
1. Preparation of environmental studies, reports, assessments and audits:	_____	_____	_____	_____ %
2. Remedial action investigation, feasibility studies and inspection where firm is not involved in design:	_____	_____	_____	_____ %
3. Site selection evaluation:				
a. Real estate selection:	_____	_____	_____	_____ %
b. Waste site selection:	_____	_____	_____	_____ %
c. Other: (please describe below)	_____	_____	_____	_____ %
4. Environmental Project Management:	_____	_____	_____	_____ %
5. Preparation of Environmental Permit Applications:	_____	_____	_____	_____ %
6. Laboratory analysis and testing, including sub-contracted costs:	_____	_____	_____	_____ %
7. Soil, air and water sampling and testing:	_____	_____	_____	_____ %
8. Training and education:	_____	_____	_____	_____ %
9. Preparation of manuals and other publications:	_____	_____	_____	_____ %
10. Remedial design: (with supervisory services, please describe below)	_____	_____	_____	_____ %
11. Remedial design: (without supervisory services, please describe below)	_____	_____	_____	_____ %
12. Other: (please describe below)	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

B. To what entities are operations subcontracted? Please list them with a description of contracted operations below.

<u>ENTITY</u>	<u>TYPE OF OPERATIONS</u>
_____	_____
_____	_____
_____	_____

Name of Insured: _____ Title: _____

Signature: _____ Date: _____



Joint Venture Supplemental Application

**Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY. 10005-2863
(212) 344 8774**

**SUPPLEMENTAL APPLICATION FOR JOINT VENTURE COVERAGE
TO BE COMPLETED FOR EACH JOINT VENTURE.**

1. Name of Applicant: _____
2. Legal name of Joint Venture: _____
3. Description of Project: _____

4. Location of Project: _____
City: _____ State: _____ ZIP Code: _____
5. Owner of Project: _____
6. Services to be performed by Applicant: _____

7. Name and address of other Members: (If you need additional space, continue on a separate sheet and indicate the question number)
 - a. Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
 - b. Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
 - c. Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
 - d. Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
8. Total construction value of Project: \$ _____
9. Gross fees from Project for all Members: \$ _____
10. Applicant's gross fees from Project:
Prior year: \$ _____ Current year: \$ _____ Next year: \$ _____
11. Joint Venture contract signing date: _____
12. Design: Beginning date: _____ Completion date: _____
13. Construction: Beginning date: _____ Completion date: _____
14. Percentage of Joint Venture completed: _____ %
15. Is Applicant's portion of Joint Venture currently insured? YES NO
If YES, provide complete details:

16. Do other Members carry insurance on Joint Venture? YES NO
If YES, provide complete details:

Name of Insured: _____ Title: _____

Signature: _____ Date: _____



EQUITY INTEREST SUPPLEMENTAL APPLICATION

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY. 10005-2863
(212) 344 8774

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CURRENT OR CONTEMPLATED CLIENT PROJECT IN WHICH YOUR FIRM OR ANY PRINCIPAL, PARTNER, OFFICER, DIRECTOR OR SHAREHOLDER OF YOUR FIRM OR AN IMMEDIATE FAMILY MEMBER OF ANY SUCH PERSON, HAVE AN OWNERSHIP INTEREST

1. Name and location of Project: _____
2. Description of Project: _____
3. Name of individual holding interest: _____
4. Names of other Owners of the project: _____
5.
 - a. Provide the highest percentage of total ownership held by the firm (include all individuals) during period of service : _____%
 - b. Provide the highest dollar amount of equity held by the individual(s) during such period of service \$ _____
6. Services provided by your firm: _____

7. Total construction value of project: \$ _____
8. Total fees from the project: \$ _____
9. Applicant's fee from the project: \$ _____
10. Design phase: Beginning date: _____ Completion date: _____
11. Construction phase: Beginning date: _____ Completion date: _____
12. Has any claim or suit such as would be covered by the proposed insurance been made against the Applicant or any of the Owners named in Question 4? ___YES ___NO If "YES", provide complete details:

13. Does the applicant or any of the owners named in Question 4 have knowledge of any prior act, error, omission or **Personal Injury** or of any other circumstance that is or could be a basis for a claim under the proposed insurance? ___YES ___NO If "YES", provide complete details:

Name of Insured: _____ Title: _____

Signature: _____ Date: _____



CONSTRUCTION MANAGEMENT/DESIGN BUILD
SUPPLEMENTAL APPLICATION

Administered by:
PCM Services, LLC
11 Hanover Square, 6th Floor
New York, NY. 10005-2863
(212) 344 8774

1. Name of Firm: _____

2. **Construction Management/Design Build Construction Values:**

	<u>Construction Values</u>		
	<u>Prior</u>	<u>Current</u>	<u>Projected</u>
	<u>Year</u>	<u>Year</u>	<u>Year</u>
<u>Construction Management (CM)</u>			
CM Only	_____	_____	_____
CM & Design	_____	_____	_____
CM & Construction	_____	_____	_____
CM, Design & Construction	_____	_____	_____
<u>Design and Construction</u>			
Design Only	_____	_____	_____
Construction Only	_____	_____	_____
Design and Construction	_____	_____	_____
<u>Other</u> (Describe below)			
_____	_____	_____	_____

3. List on a separate sheet the 10 largest construction management or design/build projects including the type of project, services performed, construction values and completion date.

4. Do you subcontract services to others? If "Yes", specify on a separate sheet the type and approximate percentage of services subcontracted. _____ Yes _____

Dated this _____ day of _____, 20____

Signature of Director/Partner/Principal: _____

Title: _____

Name of Insured: _____