

**Application for Contractors, Design-Builders and Construction Managers
Professional Liability & Pollution Incident Liability Coverage**

| | |
|--|---------------------|
| <input type="checkbox"/> New Application | Schinnerer Use Only |
| <input type="checkbox"/> Renewal Application | ISN: |
| Renewal Policy #: | Broker #: |

Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Self Insured Retention, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

Please indicate the limits (000's) for quotes:
 1000 1000/2000 2000 3000 4000 5000 Other: _____

Please indicate the SIR/deductible(s) (000's) for quotes:
 5 10 15 25 50 75 100 150 200 Other: _____

COMPANY INFORMATION
If multiple firms are named please describe the relationship and ownership of all firms on a separate sheet. List addresses of all branch offices and all persons or entities for which you are seeking coverage on a separate sheet.

1. Company Name:
 Website URL:
 Contact Name: Contact Name's e-mail:
 Address: City:
 State: Zip: County: Phone: Fax:
 Year Company Established:

2. Staff:

| Personnel: | Full Time: | Seasonal/PT: | Total Number: |
|---------------------------------------|------------|--------------|---------------|
| Construction Personnel | | | |
| Licensed Engineers | | | |
| Licensed Architects | | | |
| Registered Land Surveyors | | | |
| Construction Managers | | | |
| Certified Construction Managers (CCM) | | | |
| Nicet Level III | | | |
| Nicet Level IV | | | |
| RCDD | | | |
| LEED Certified | | | |
| Other (Please Specify) | | | |

Please provide resumes of key personnel

SERVICES

3. Please indicate the percentage of professional services performed in-house and by sub-consultants.

| | | | |
|---------------------------------|---|--------------------------------|---|
| Agency Construction Management | % | Landscape Architecture | % |
| Architecture | % | Management Consulting | % |
| At-Risk Construction Management | % | Machinery/Equipment Design | % |
| Chemical Engineering | % | Marine Engineering | % |
| Civil Engineering | % | Mechanical Engineering | % |
| Electrical Engineering | % | Oil/Gas Well Engineering | % |
| Environmental Engineering | % | Nuclear Engineering | % |
| Forensic Engineering | % | Process Engineering | % |
| HVAC Engineering | % | Soils/Geotechnical Engineering | % |
| Laboratory Testing | % | Structural Engineering | % |
| Land Surveying | % | Other (please specify) | % |
| Total should equal 100% | | | |

OPERATIONS AND ACCOUNTING YEAR INFORMATION

4. Company Operations: Describe the nature of company operations or provide the company website or brochure.

5. Is the company a General Contractor? Y N Is the company a Specialty Contractor? Y N

6. Report all revenue generated by every entity to be listed as a Named Insured broken down by the following contract types/activities:

| Reporting Periods | Past 12 Months | | Estimate For Next 12 Months | |
|---|-------------------------------|-------------------|-------------------------------|-------------------|
| | From: / | To: / | From: / | To: / |
| Types of Contracts/Activities | Estimated Construction Values | Professional Fees | Estimated Construction Values | Professional Fees |
| A. Design Only – perform design services only with no contractual obligations for construction or construction management (CM) | \$ | \$ | \$ | \$ |
| B. Construction Only – perform as general or specialty contractor with no contractual obligations for design or agency CM services | \$ | N.A. | \$ | N.A. |
| C. Agency CM – provide project administration and management services as agent of owner but hold no design or construction subcontracts (If applies, please complete question 7) | \$ | \$ | \$ | \$ |
| D. At-Risk CM – provide agency CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction | \$ | \$ | \$ | \$ |
| E. Design-Build w/In-House Design – assume contractual obligation for design and construction where design is performed by in-house employees | \$ | \$ | \$ | \$ |
| F. Design-Build w/Subcontracted Design – assume contractual obligation for design and construction where design is subcontracted to an outside firm/individual. | \$ | \$ | \$ | \$ |
| G. Projects insured by specific project policies. (Attach details – carrier, limits of liability, construction values per project.) | \$ | \$ | \$ | \$ |
| H. Other – revenue generated from sources other than the above contract types/activities (Please describe) | \$ | \$ | \$ | \$ |
| TOTALS: | \$ | \$ | \$ | \$ |

| | | | |
|---|---|----------------------------|---|
| 7. If firm renders Agency Construction Management Services, please identify the service types and %. | | | |
| Budgeting | % | Code Compliance | % |
| Commissioning | % | Constructibility Review | % |
| Construction Observation | % | Cost Estimating | % |
| Facility Management | % | Obtaining/Evaluating Risks | % |
| Preparing Contracts | % | Program Management | % |
| Schedule Coordination | % | Value Engineering | % |
| Other | % | | |

| | |
|--|---|
| 8. What percentage of your subcontracted design work is performed by sub-consultants who: | |
| • Are uninsured? | % |
| • Carry professional liability limits less than \$1,000,000? | % |
| • Carry professional liability limits of \$1,000,000 or greater? | % |

| | | | |
|---|---|--|---|
| 9. Indicate the approximate percentage of your total professional fees in question 6, if any, derived from the following categories: | | | |
| Air Emissions Testing or Evaluation | % | Foundation, Sheeting, and Shoring Design | % |
| Home/Commercial Inspections Properties for Prospective Buyers or Lenders (including mold) | % | Continuing Service, Maintenance, or Inspection Contracts | % |
| Permitting or Monitoring Related to Hazardous Waste | % | Ground Testing/Surveys – Including Soil Testing or Subsurface Conditions | % |
| Lead Paint Testing or Evaluation | % | Asbestos Abatement, Evaluation or Monitoring* | % |
| Emergency Response or Clean Up* | % | | |

***Please provide a description and the extent of the noted services on a separate sheet.**

PROJECTS

| | | | | | |
|--|---|---------------------------------------|---|-------------------------------------|---|
| 10. Please provide a breakdown of the firm's project types into the following categories. | | | | | |
| Airport Facilities (except terminals) | % | Hotels/Motels | % | Petro/Chemical | % |
| Airport Terminals | % | Houses/Single Family Residential | % | Potable Water Systems | % |
| Amusement Rides | % | Industrial Waste Treatment | % | Recreation/Sports | % |
| Apartments | % | Jails/Justice | % | Roads/Highways | % |
| Assisted Living Facilities | % | Landfills/Solid Waste Facilities | % | Schools/Colleges | % |
| Bridges | % | Libraries | % | Shopping Centers/Retail/Restaurants | % |
| Churches/Religious | % | Manufacturing/Industrial | % | Storm Water Systems | % |
| Condos/Co-ops | % | Mass Transit | % | Tunnels | % |
| Convention Centers/Arenas/Stadiums | % | Multi-family Residential excl. Condos | % | Warehouses | % |
| Dams | % | Nuclear/Atomic | % | Water/Sewer Pipelines | % |
| Dormitories | % | Office Buildings/Banks | % | Water/Wastewater Treatment | % |
| Environmental Remediation | % | Parking Structures | % | Utilities (Gas, Electric, Steam) | % |
| Harbors/Piers/Ports | % | Parks/Playgrounds/ Pools | % | Other (specify) | % |
| Hospitals/Health Care | % | Other (specify) | % | Other (specify) | % |

Total should equal 100%

| | |
|---|-------|
| 11. Please provide total construction values for each of the past 5 years. | |
| Total Construction Values: | Year: |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |

12. On a separate sheet, please list your 5 largest projects in terms of construction value during the past 3 years. Provide name, location, type, client, nature of services rendered and status.

CLIENTS

| | | | | | |
|---|---|--------------------------------------|---|----------------------------|---|
| 13. Please indicate the approximate percentage of services rendered for each of the following categories of clients: | | | | | |
| Design Professionals | % | Real Estate Developers | % | Federal Government | % |
| Financial | % | Owners Who Act As their Own Builders | % | Foreign Government | % |
| General Contractors | % | Institutional Entities (Non-Public) | % | State or Local Governments | % |
| Commercial Entities | % | Manufacturing/Industrial | % | Local Governments | % |

| Other (specify) | % | Other (specify): | % | Other (specify): | % |
|---|--|------------------|--------------------------|--|---|
| 14. Was more than 50% of all your total project volume derived from a single client or contract? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, specify client, projects, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue. | | | | | |
| 15. Approximately what percentage of your total project volume is derived from repeat clients? % | | | | | |
| RISK MANAGEMENT AND LOSS PREVENTION | | | | | |
| 16. | What percentage of your staff is familiar and charged with implementing your firm's written in-house quality management procedures? | | | | % |
| 17. | What percentage of your firm's projects utilize an automated master specification system? | | | | % |
| 18. | What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? | | | | % |
| 19. | A. What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.? | | | | % |
| | B. What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I? | | | | % |
| | What percentage of eligible staff has completed the VEP Level II? | | | | % |
| | C. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AGC/AIA/CMAA/DBIA/NSPE/PEPP sponsored seminars and similar functions. | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | D. What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months? | | | | % |
| | E. Does your firm attend IRMI seminars? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 20. | A. What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.) | | | | % |
| | B. What percentage of your firm's professional services are rendered under AGC, AIA, CMAA, Consensus Documents, DBIA or EJCDC documents? | | | | % |
| | C. If non-standard contracts or modified AGC, AIA, CMAA, Consensus Documents, DBIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 21. | On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document on projects where the firm provides professional services? | | | | % |
| 22. | On what percentage of your firm's projects do you engage in a documented constructability review process during project design? | | | | % |
| 23. | On projects in which you perform construction contract administration services, what percentage do you maintain a documented submittal or shop drawing log indicating as planned dates, actual dates of receipt and dates of response? | | | | % |
| 24. | On what percentage of your projects with sub-consultants providing professional design or construction management services do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages? | | | | % |
| 25. | Who from your firm should receive Schinnerer's risk management publications, <i>Guidelines for Improving Practice</i> ? Name and Title: E-mail: | | | | |
| 26. | Please indicate professional society memberships and percentage of professional staff as members: | | | | |
| <input type="checkbox"/> | Associated General Contractors of America | % | <input type="checkbox"/> | The American Institute of Architects | % |
| <input type="checkbox"/> | Design Build Institute of America | % | <input type="checkbox"/> | American Consulting Engineers Council | % |
| <input type="checkbox"/> | Associated Builders and Contractors | % | <input type="checkbox"/> | Construction Management Association of America | % |
| <input type="checkbox"/> | Mechanical Contractors of America | % | <input type="checkbox"/> | Independent Electrical Contractors | % |
| <input type="checkbox"/> | National Society of Professional Engineers | % | <input type="checkbox"/> | American Society of Landscape Architects | % |
| <input type="checkbox"/> | Other (specify) | % | <input type="checkbox"/> | Other (specify) | % |
| BUSINESS INFORMATION | | | | | |
| If the response is "yes" to any question in this section, please provide details on a separate sheet. | | | | | |
| 27. A. | Does your company or any principal, partner, officer, director or shareholder or an immediate family member of any such person have more than a 25% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

| | |
|--|---|
| B. Does your company render services on behalf of any other entity in which any principal, partner, officer, director or shareholder or an immediate family member of such person is a partner, officer, director, shareholder or employee? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| C. Is your company controlled, owned by, or does your company control or own, any other entity not listed on this application? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 28. Has your company or any predecessor or subsidiary company ever filed for or been in receivership or bankruptcy under a Chapter 7 or 11? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 29. Is your company or any subsidiary, predecessor or other organization related to you engaged in real estate development? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 30. A. Has your company ever held or do you now hold a patent for any product or process? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| B. Is your company engaged in the manufacture, sale or distribution of any product or process or patented production process? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 31. Do you require evidence of professional liability insurance from all joint venture partners on projects where design and construction management services are performed? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 32. Please provide the name of your surety company and bonding capacity. If your firm is not bonded, please explain by attachment. | |

33. Please provide the following information for your current policies: (Applicants must carry General Liability and Umbrella Liability Limits equal to or greater than the Professional Liability Limits being requested.)

| Particulars | | General Liability | Umbrella Liability |
|-------------|-------------------|-------------------|--------------------|
| A. | Insurer | | |
| B. | Policy Limits | | |
| C. | Policy Deductible | | |
| D. | Effective Dates | | |

Please provide the following:

| | | |
|---|---|--|
| Five year General Liability Loss Ratio: | % | Current Workers Compensation Modifier: |
|---|---|--|

Please provide full details regarding incurred or paid losses in excess of \$100,000 and/or open claims.

CONTRACTOR'S POLLUTION LIABILITY RISK INFORMATION

Complete Questions 34 through 45 only if you are applying for Contractor's Pollution Liability Coverage or if your firm renders services as an Agency Construction Manger.

| | |
|---|---|
| 34. Does your company have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 35. Are personnel trained in the use of personal protective equipment? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 36. Does your company have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 37. Does your company have a written health and safety manual? When was it last updated? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 38. Are site-specific health and safety plans prepared for all projects involving known or possible toxic substances? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 39. Is there a health and safety audit program for both office and field practice? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 40. Does your company carry Contractor's Pollution Liability coverage? | <input type="checkbox"/> Y <input type="checkbox"/> N |

If yes, please provide the following information:

| | |
|---|-------------|
| A. Name of Insurer: | |
| B. Limit of Liability per claim: | / aggregate |
| C. Deductible/SIR/per claim | / aggregate |
| D. Retroactive date | |
| E. Annual Premium | |

If the response is "yes" to any question in this section, please provide details on a separate sheet.

| | |
|---|---|
| 41. Does your company or any related company own or lease any licensed waste TSD facility or landfill? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 42. Is your company ever responsible for removing or transporting waste from job sites. If yes, please include how often and job types. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 43. Does your company subcontract the disposal and/or transportation of waste? If yes, do you require the subcontractor to name you as an additional insured on their pollution liability policy? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 44. Is your company ever responsible for selecting and contracting with the TSD facility? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 45. Please describe on a separate sheet of paper how your company handles job site waste in terms of the temporary storage and the protection from the weather. | |

NEW APPLICANT INFORMATION

Professional Liability and/or Pollution Liability Claim Information

| | | | | | |
|---|---|--|----------------|-----------------|---------|
| 46. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? <i>If yes, provide the following information for each claim on a separate sheet:</i> <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| A. Date of claim | | E. Insurance company reserve, if any | | | |
| B. Claimant or Plaintiff | | F. Defense attorney's or insurance company's evaluation of exposure/potential liability | | | |
| C. Allegations | | G. Defense and indemnity paid to date and status (open/closed) | | | |
| D. Demand or amount of claims | | H. Deductible applicable | | | |
| 47. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.</i> | | | | | |
| Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 46 and 47 of this application. | | | | | |
| 48. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (N/A in Missouri) If yes, please give details. <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| 49. Do you or any subsidiary or predecessor company have any current outstanding professional liability or pollution liability SIR/deductible obligations? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please give exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments on a separate sheet. | | | | | |
| 50. Has any similar insurance been issued to any of the firms named in Question 1. If yes, please complete the following for the last five years. <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | |
| Company | Policy # | Limit | Deductible/SIR | Dates | Premium |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| Retroactive coverage date on current policy (if applicable) | | | | | |
| Do you have first dollar defense coverage? | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | |
| AGENT OR BROKER MUST COMPLETE THE FOLLOWING | | | | | |
| Contact Name | | | License Number | Expiration Date | |
| Agency Name | | CNA Agent (Casualty Lines) | | | |
| Address | | E&S License | | | |
| Contact Email Address | | Other Casualty Agent License | | | |
| Phone | | Non-Resident License (If Applicable) | | | |
| Fax | | | | | |
| Applicant exposure may require policy placement within a non-admitted CNA company. Consult with underwriter in regard to specific underwriting criteria and placement. | | Licensed Broker | | | |

FRAUD NOTICE – Where Applicable Under The Law of Your State

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. (For Florida Residents only: 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.) (For Maine residents only: 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.) (For New York residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION:

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: Mr.
(Please Type or Print) Mrs.
Ms.

Title:

Signature: (Principal, Partner or Officer)

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



Underwriting Managers and Program Administrators

Two Wisconsin Circle, Chevy Chase, MD 20815

(301) 961-9800 Fax: (301) 951-5444