



## Architects / Engineers Application

NEW APPLICANT     RENEWAL CLIENT

### PREFACE

This application is for professional liability insurance that is provided on a claims-made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the Limits of Insurance available to pay claims and the Company has the right to designate legal counsel and uses panel counsel, as needed, for claims covered by any insurance provided.

### FIRM INFORMATION

Firm name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### SUBMISSION REQUIREMENTS

**New applicants** must submit a list of your firm's ten largest projects and copy of your firm's standard contract form. If you use standard professional association forms, provide form numbers only.

**Renewal applicants** need only submit a list of your firm's five largest projects (completed or in progress) for the last policy period.

### GENERAL INFORMATION

1. Date your firm was established: \_\_\_\_\_

Entity Type:

- Sole proprietorship                       Joint venture                                       Other
- Partnership                                       Limited liability corporation
- Corporation                                       Limited liability partnership

If "Other" then please describe: \_\_\_\_\_

2. List all pre-existing entities, including acquisitions and mergers, and their dates of existence:

Entity	From	To

3. Number of personnel:

- \_\_\_\_\_ a. Principals (Do not include below.)
  - \_\_\_\_\_ b. Professionals (project managers, architects, engineers, scientists)
  - \_\_\_\_\_ c. Technical (CAD operators, drafting, field, laboratory)
  - \_\_\_\_\_ d. Non-technical (equipment operators and other field personnel)
  - \_\_\_\_\_ e. Administrative and other
- \_\_\_\_\_ **PERSONNEL TOTAL**

4. Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm?  Yes  No

If yes, list the owners and indicate their percentage of interest in your firm:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

5. Does your firm or any principal partners or officers (**KEY PERSONNEL**) own any interest in any other entity?  Yes  No

If yes, list the owner, amount of ownership, name of entity, relationship to your firm, nature of activities and the entity's **GROSS RECEIPTS** during the last complete year:


6. Are professional services provided by your firm to any entity in which your firm or **KEY PERSONNEL** maintains a cumulative ownership interest greater than ten percent (10%)?  Yes  No

If yes, complete the Entity Ownership Questionnaire.

## FINANCIAL INFORMATION

7. Provide your firm's **GROSS RECEIPTS** attributable to the following years. (Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the project policy receipts column.)

**GROSS RECEIPTS** means the EXACT dollar amount of your firm's gross revenues but not including interest income, rental income on real estate, or sales and service taxes.

**PROJECT POLICY RECEIPTS** are fees for projects covered under a separate professional liability project policy. Please complete Project Insurance Questionnaire if you record Project Policy Receipts.

Fiscal Year End (month/day/year)		GROSS RECEIPTS	PROJECT POLICY RECEIPTS
_____	Estimated current year	_____	_____
_____	Last complete year	_____	_____
_____	Two years ago	_____	_____
_____	Three years ago	_____	_____

To be considered for a multi-year policy premium quotation, provide your firm's projected **GROSS RECEIPTS** for next year: \_\_\_\_\_

8. List all office locations with a contact name and the percentage of your firm's **GROSS RECEIPTS** derived from each location for the last complete year: street address, city, state, zip, contact name.

\_\_\_\_\_

\_\_\_\_\_

9. Provide the percentage of your firm's **GROSS RECEIPTS** that were paid to subconsultants and subcontractors during the last complete year.

N/A

Subconsultants	Insured for Professional Liability	Not Insured for Professional Liability
Structural engineering	_____	_____
Environmental services*	_____	_____
Other professional services	_____	_____

\* As described within Environmental Services in Question 11 C.

Subconsultants (Environmental only)	Insured for Contractors Pollution Liability (CPL)	Not Insured for Contractors Pollution Liability (CPL)
Field services (drilling, sampling, testing)	_____	_____
Site remediation activities	_____	_____
Asbestos, lead or radon abatement	_____	_____

10. Does your firm obtain the appropriate certificates of insurance?

From your subconsultants  
From your prime professionals  
From your subcontractors

Yes     No     N/A  
 Yes     No     N/A  
 Yes     No     N/A

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## SERVICES

11. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following services during the last complete year.

### A. Design and Other Related Services (non-environmental)

- \_\_\_\_\_ % 1. Design services:
- \_\_\_\_\_ % a. Total of all design services
- Percentage with construction observation \_\_\_\_\_ %
- Percentage without construction observation \_\_\_\_\_ %
- DESIGN SERVICES SUBTOTAL: 100% (must equal 100%)** \_\_\_\_\_ %
- \_\_\_\_\_ % 2. Non-design services:
- \_\_\_\_\_ % a. Quantity or cost estimates without design
- \_\_\_\_\_ % b. Plan checking without design
- \_\_\_\_\_ % c. Building commissioning (quality assurance process as a separate service)
- \_\_\_\_\_ % d. Feasibility, programming, planning, economic or seismic studies
- \_\_\_\_\_ % e. Architectural master planning
- \_\_\_\_\_ % f. Forensic inspections, expert witness services, failure analysis
- \_\_\_\_\_ % 3. Field services:
- \_\_\_\_\_ % a. Construction observation without design
- \_\_\_\_\_ % b. Inspection as a stand-alone service
- \_\_\_\_\_ % c. Boundary and construction staking
- \_\_\_\_\_ % d. Construction materials testing (including compaction testing)
- \_\_\_\_\_ % e. Drilling and sampling (geotechnical)
- \_\_\_\_\_ % 4. Laboratory analysis (including soils & construction materials, but not environmental)
- \_\_\_\_\_ % 5. Other (describe): \_\_\_\_\_

### B. Operation and Management Services (of these facilities)

- \_\_\_\_\_ % 1. Domestic water, utility, building, other facilities
- \_\_\_\_\_ % 2. Wastewater treatment plants, landfills, chemical processing plants  
(Describe): \_\_\_\_\_
- \_\_\_\_\_ % 3. Other (describe): \_\_\_\_\_

### C. Environmental Services

- \_\_\_\_\_ % 1. Environmental engineering (detection, determination and remediation of contaminated sites):
- \_\_\_\_\_ % a. Preliminary site assessments (PSA-Phase I)
- \_\_\_\_\_ % b. Other environmental assessments (compliance audits, environmental impact studies)
- \_\_\_\_\_ % c. Investigations (drilling and sampling, Phase II)
- \_\_\_\_\_ % d. Studies (feasibility, siting, closure, hydrogeological, hydrological)
- \_\_\_\_\_ % e. Asbestos and lead studies (inspection, identification, work plans)
- \_\_\_\_\_ % f. Asbestos and lead abatement
- \_\_\_\_\_ % g. Design services (remediation, environmental facilities, pollution control systems)
- \_\_\_\_\_ % h. Site remediation activities and remediation observation or management
- \_\_\_\_\_ % i. Environmental project observation/oversight (non-remediation)  
(describe): \_\_\_\_\_



_____ %	_____ %	<b>ENVIRONMENTAL</b>
_____ %	_____ %	Environmental engineering (including mines and mining waste treatment)*
_____ %	_____ %	Environmental science*
_____ %	_____ %	Industrial wastewater engineering (non-municipal)
_____ %	_____ %	Geo-environmental engineering (including landfills, waste treatment and retention ponds)

\* See question 11 C

_____ %	_____ %	<b>OTHER</b>
_____ %	_____ %	Marine engineering (describe): _____
_____ %	_____ %	Naval architecture (describe): _____
_____ %	_____ %	Other (describe): _____
_____ %	_____ %	<b>DISCIPLINES TOTAL</b> (must equal 100%)

## PROJECTS

13. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following projects during the last complete year.

_____ %	<b>HIGH RISE</b>	
	All buildings over 15 stories (Do NOT classify these buildings below.)	
	Do any of these buildings include residential condominiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____ %	<b>RESIDENTIAL</b>
_____ %	Residential condominiums
_____ %	Planned Unit Developments (PUDs)
_____ %	Single-family residential subdivisions
_____ %	Custom homes
_____ %	Apartments

_____ %	<b>INSTITUTIONAL</b>
_____ %	Hospitals, retirement homes, convalescent hospitals
_____ %	Public schools, colleges and universities
_____ %	Private schools, colleges and universities
_____ %	Churches
_____ %	Correctional institutions

_____ %	<b>INDUSTRIAL</b>
_____ %	Processing, manufacturing and production systems
_____ %	Mines, quarries, tunnels
_____ %	Oil refineries
_____ %	Chemical plants and pipelines
_____ %	Facilities related to nuclear activities

**GENERAL BUILDING**

- \_\_\_\_\_ % Parking garages
- \_\_\_\_\_ % Hotels
- \_\_\_\_\_ % Motels
- \_\_\_\_\_ % Retail, malls, shopping centers
- \_\_\_\_\_ % Office, warehouse, processing, manufacturing and production buildings
- \_\_\_\_\_ % Restaurants

**RECREATION FACILITIES**

- \_\_\_\_\_ % Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks (describe your services for each): \_\_\_\_\_
- \_\_\_\_\_ % Ski lifts, amusement rides (describe your services for each): \_\_\_\_\_

**INFRASTRUCTURE**

- \_\_\_\_\_ % Utilities
- \_\_\_\_\_ % Roads and highways
- \_\_\_\_\_ % Airport runways
- \_\_\_\_\_ % Transportation passenger terminals (describe your services): \_\_\_\_\_
- \_\_\_\_\_ % Structures for offshore or marine use, harbors, jetties, docks, piers, wharves
- \_\_\_\_\_ % Bridges, trestles
- \_\_\_\_\_ % Dams, reservoirs, levees
- \_\_\_\_\_ % Landfills
- \_\_\_\_\_ % Wastewater, sewage and water treatment systems
- \_\_\_\_\_ % Waste treatment, storage or disposal facilities

**OTHER**

- \_\_\_\_\_ % All other environmental projects (including remediation sites, e.g., National Priorities List, Superfund and UST)
- \_\_\_\_\_ % Other (describe): \_\_\_\_\_

\_\_\_\_\_ % **PROJECTS TOTAL** (must equal 100%)

**CLIENTS**

14. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following types of clients during the last complete year.

**Private sector:**

- \_\_\_\_\_ % Owners
- \_\_\_\_\_ % Developers
- \_\_\_\_\_ % Contractors
- \_\_\_\_\_ % Design professionals
- \_\_\_\_\_ % Environmental consultants
- \_\_\_\_\_ % Other (describe): \_\_\_\_\_

\_\_\_\_\_ % **Public sector**

\_\_\_\_\_ % **Foreign** ( Please provide a list of Foreign Locations, if any, by separate attachment)

\_\_\_\_\_ % **CLIENTS TOTAL** (must equal 100%)

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## PROJECT DELIVERY METHODS

15. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to projects delivered in the following manner during the last complete year.

\_\_\_\_\_ % Design-Bid-Build (traditional delivery method)  
\_\_\_\_\_ % Design-Build (submit Design-Build Questionnaire)  
\_\_\_\_\_ % Fast Track (describe): \_\_\_\_\_  
\_\_\_\_\_ % Turnkey (describe): \_\_\_\_\_  
\_\_\_\_\_ % Construction management \*  
\_\_\_\_\_ % **PROJECT DELIVERY METHOD TOTAL** (must equal 100%)

\* Do you perform any construction activities or hire contractors?  Yes  No

\* During the last year, was your firm, or any subconsultant or subcontractor to you, responsible for construction means, methods, techniques, procedures or jobsite safety?  Yes  No

If yes to either question above, explain and provide details about your firm's **GROSS RECEIPTS** attributable to these services and a copy of the contract. If you use unmodified standard professional association forms, provide form numbers only, not copies.

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## ABANDONED PROJECTS

16. Does your firm wish to report (or reinstate) any permanently abandoned projects that were originally intended for construction and where design receipts were generated this year or within the last three years?  Yes  No  
(Do NOT include master planning projects, feasibility studies or inspections.)

If yes, complete the Abandoned Projects Questionnaire, if not previously submitted to us.

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## BUSINESS PRACTICES

17. Do your firm's quality control procedures include:

A written quality control manual?  Yes  No

Procedures for reviewing all client and subconsultant contracts before they are signed?  Yes  No

Use of specification and design checklists as well as procedures for their review?  Yes  No

Procedural or technical manuals for both in-house and field personnel?  Yes  No

Continuing education and training programs for professional and technical personnel?  Yes  No

18. Has your firm completed an organizational peer review through a professional association?  Yes  No

If yes, when and by whom? \_\_\_\_\_

19. Provide the percentage of your firm's **GROSS RECEIPTS** derived from the following during the last complete year.

- \_\_\_\_\_ % a. Your firm's standard contract form (attach copy)
  - \_\_\_\_\_ % b. Your firm's letter of agreement (attach copy)
  - \_\_\_\_\_ % c. A professional association contract form
  - \_\_\_\_\_ % d. Your client's contract form\*
  - \_\_\_\_\_ % e. Your client's purchase order form\*
  - \_\_\_\_\_ % f. Verbal agreements\*\*
  - \_\_\_\_\_ % g. Other (describe): \_\_\_\_\_
- \_\_\_\_\_ % **BUSINESS PRACTICES TOTAL** (must equal 100%)

\*Describe what steps your firm takes to protect itself against unfavorable contract language.  
\*\*Describe what steps your firm takes to confirm agreement by all parties.

20. Does your firm enter into contracts which give ownership of your documents to clients?  Yes  No

If yes, do you use a written disclaimer regarding reuse of those documents?  Yes  No

21. Does your firm design any building, system or component that is intended to be used for more than one location without adaptation?  Yes  No

If yes, describe: \_\_\_\_\_

22. Does your firm use a limitation of liability provision in its contracts?  Yes  No

If yes, complete the Limitation of Liability Report for possible premium credit.

### CLAIMS

23. In the last five (5) years, has your firm had a claim against your practice, or against you on a project policy, as described below?  Yes  No

If yes, complete a Claim Questionnaire for each claim.

*(Renewal clients need only complete a Claim Questionnaire for any claim not reported to us during their policy period.)*

Claim means: (a) a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act; or (b) an event, a circumstance, an incident, or unresolved fee dispute, of which you have knowledge that may result in a claim as described in (a).

**\*\*\*ONLY COMPLETE IF YOU WANT QUOTE FOR OPTIONAL CYBER COVERAGE\*\*\***

**CYBER SUITE FOR DESIGN PROFESSIONALS (Optional)**

24. Has your firm had any data breaches, intrusions, unauthorized access or been a target of a security, cyber ransom or virus incident of its Computer Systems in the last five (5) years or are aware of any fact, circumstance or situation that could give rise to a claim under this or similar insurance policy?  Yes  No

25. Does your firm:

a. Store sensitive data\* on laptops or web servers?  Yes  No

If yes, is the data encrypted?  Yes  No

b. Does your firm use anti-virus software?  Yes  No

\*sensitive data includes personally identifiable information (PII) of employees and customers and confidential business information.

**Only for firms with GROSS RECEIPTS of \$2M or more for each of the last three completed fiscal years and projected fiscal year, noted in Question 7 above.**

26. Does your firm have a corporate-wide privacy policy or internal training for employees concerning the handling of PII and confidential business information?  Yes  No

27. Does your firm have restricted employee access to PII?  Yes  No

28. Does your firm terminate all associated computer access and user accounts when an employee leaves the company?  Yes  No

**\*\*\*ONLY COMPLETE IF YOU WANT QUOTE FOR OPTIONAL EMPLOYMENT PRACTICES COVERAGE\*\*\***

**EMPLOYMENT PRACTICES LIABILITY FOR DESIGN PROFESSIONALS (Optional)**

29. In the last five (5) years has your firm had any claims, administrative or regulatory proceedings, or criminal or civil charges, hearings, demands or lawsuits involving employment related matters been made against your firm or any entity or person proposed for this insurance?  Yes  No

30. In the next twelve (12) months (or during the past twenty-four (24) months) has your firm completed or been in the process of completing the following:

a. Any actual or proposed employee layoffs, facility closing, or divestiture?  Yes  No

b. Involuntary employee terminations in any annual period which exceed fifteen percent (15%) of the total number of employees or any involuntary termination of an officer of the company?  Yes  No

c. Any reorganization or arrangement with creditors under federal or state law?  Yes  No

31. Does your firm have a negative net worth/equity balance\*?  Yes  No

\*Negative net worth/equity balance is a financial condition in which the firm's total liabilities exceed its total assets plus shareholders equity.

32. Do more than twenty-five percent (25%) of your firm's employees earn greater than \$100,000?  Yes  No
33. Does your firm have the following human resources policies and procedures:
- a. Employment application or employee handbook containing 'Employment at Will' language?  Yes  No
  - b. Discrimination Prevention Policy  Yes  No
  - c. Equal Employment Opportunity Policy  Yes  No
  - d. Zero Tolerance Sexual Harassment Policy  Yes  No

## INSURANCE

34. Identify your firm's current commercial general liability insurance company:

Expiration date: \_\_\_\_\_ Policy limits: \_\_\_\_\_

35. Provide the following information about your firm's professional liability insurance:  None

	Policy Period From:	To:	Insurance Company	Limits of Insurance	Deductible	Premium
Current year						
Last year						
Two years ago*						
Three years ago*						
Four years ago*						

**\*New Applicants Only**

Retroactive date on current policy (**New Applicants Only**): \_\_\_\_\_

## QUOTATION OPTIONS

36. **Professional Liability Insurance (New Applicants Only):**

Combined Single / Aggregate Limit	Split Limits Per Claim / Aggregate	Deductible
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$3,000,000 / \$5,000,000	
<input type="checkbox"/> \$4,000,000		
<input type="checkbox"/> \$5,000,000		

Additional Quotation Options:

- Shared Cost of Defense
- Dollar One Defense

**Cyber Suite for Design Professionals (select from each column)**

Privacy and Network Security Liability Aggregate Limit	Data Breach Response Coverage Aggregate Limit	Deductible Per Claim
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$2,000,000		<input type="checkbox"/> \$25,000

Current Policy limits: \_\_\_\_\_ **(New applicants only)**

Current Carrier: \_\_\_\_\_

Retroactive date on current policy: \_\_\_\_\_ **(New applicants only)**

**Employment Practices Liability (select from each column)**

Employment Practices Liability Aggregate Limit	Deductible
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$20,000
	<input type="checkbox"/> \$25,000

Current Policy limits: \_\_\_\_\_ **(New applicants only)**

Current Carrier: \_\_\_\_\_

Retroactive date on current policy: \_\_\_\_\_ **(New applicants only)**

37. Provide any information that you feel will further the Company's understanding of your firm:

**FRAUD WARNINGS, CLAIMS REPRESENTATION, SIGNATURE**

**CLAIMS-MADE BASIS**

This application is for professional liability insurance that is provided on a claims-made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

**EXPENSE WITHIN LIMITS**

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the limits of insurance available to pay claims, and the company has the right to designate legal counsel and uses panel counsel, as needed for claims covered by any insurance issued by the Company.

## APPLICANT FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

**CLAIMS REPRESENTATION / SIGNATURE**

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response to questions 23, 24 and 29, above. There are none.

If we become aware of any claim or potential claim against us, before the inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer:

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Name (print):

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Title:

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Date of Application:

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**PLEASE RETURN THE COMPLETED FORM TO:**  
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