

# PROJECT SPECIFIC APPLICATION

## *IMPORTANT NOTICE*

This is an Application for Claims-Made Coverage. The policy if issued, will not cover claims arising out of acts, errors or omissions which took place prior to the Retroactive Date stated therein. Judgments, settlements and defense costs are subject to the Deductible Amount you choose.

This application and any required supplemental data must be completed in a full and legible manner. All questions and sections must be completed and the application dated and signed. If space is insufficient to answer any question fully, attach a separate sheet. If questions are not applicable, indicate "N/A". Acceptance is subject to underwriting approval.

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### PLEASE SPECIFY THE TERMS FOR WHICH QUOTATIONS ARE DESIRED.

	<u>AGGREGATE LIMIT OF LIABILITY</u>	<u>DEDUCTIBLE</u>	<u>POLICY PERIOD</u>
1)	_____	_____	_____
2)	_____	_____	_____

### DESIGN TEAM INFORMATION

- 1) Name and address of Applicant:  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Indicate the name and address of the General Contractor and/or Construction Manager for the project if already selected:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Complete the following regarding Prime Professional's Consultants rendering Services in connection with this Project. Also, please list the Design Team's Professional Liability Insurance and attach a five year claim run. (For those firms who do not currently carry Professional Liability Insurance, please include an audited financial statement):

	<b>Name of Firm</b>	<b>Address</b>	<b>Type of Service</b>	<b>Ins. Co.</b>	<b>Limit/ Deductible</b>
1.					
2.					
3.					
4.					
5.					
6.					

- 4) Has any claim, suit or demand for arbitration been made during the past five years against any person or firm comprising the Design Team?

YES or  NO

If yes, please explain:

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**Please attach a five year claim run for each firm comprising the Design Team.**

5) Has any insurer during the past ten years canceled or refused to renew any insurance issued to any of the Consultants?

YES or  NO

If yes, please explain:

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6) Do the Principals of any of the Firms comprising the Design Team have knowledge of any error, omission or any other circumstance that is, or could be, a basis for a claim under the proposed policy?

YES or  NO

If yes, please explain:

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7) With regard to this Project, will any Firms comprising the Design Team or any Partner, Officer, Employee, Subsidiary or otherwise related entity be engaged in actual construction, or in the manufacturing, selling, or supplying of any goods, components or products?

YES or  NO

If yes, please explain:

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8) With regard to this Project, will any of the Firms comprising the Design Team or any Partner, Officer, Employee, Subsidiary or otherwise related entity maintain an equity interest?

YES or  NO

If yes, please explain:

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**PROJECT INFORMATION**

1) Description of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Location of Project:

\_\_\_\_\_  
\_\_\_\_\_

3) Name and Address of Project Owner:

\_\_\_\_\_  
\_\_\_\_\_

4) Name and Address of Client for whom Design Services are to be rendered:

\_\_\_\_\_  
\_\_\_\_\_

5) Describe the Project (use separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

6) List the starting and ending date for:

Design Phase	(from)	_____	(to)	_____
Construction Phase	(from)	_____	(to)	_____

7) Total estimated Project billings: \$ \_\_\_\_\_  
Value of equipment included  
in Construction Value: \$ \_\_\_\_\_  
Total estimated Project Construction Value: \$ \_\_\_\_\_

8) Indicate the Estimated Fees by Service:

Architecture	_____ %	Construction Mgmt.	_____ %
Civil Engineering	_____ %	Mechanical Engineering	_____ %
Electrical Engineering	_____ %	Land Surveying	_____ %
Structural Engineering	_____ %	Landscape Architecture	_____ %
Soils Engineering	_____ %	Construction Testing	_____ %
Others (Please List)			_____ %

TOTAL SHOULD EQUAL 100%

9) With regard to this project, will you or one of your Consultants perform Services in the following areas: (If so, provide full details on a separate sheet).

Boundary Surveys	_____	Surveys of Subsurface Conditions	_____
Tunnels	_____	Bridges	_____
Ground Testing	_____	Dams	_____
Asbestos Service	_____	Contaminant/Pollution Services	_____

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT WITH THE COMPANY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO SELL NOR THE APPLICANT TO PURCHASE THE INSURANCE.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Officer/Partner

\_\_\_\_\_  
Date