

JOINT VENTURE 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.

A. **Insured Information**

Name of Insured: _____

Policy Number: _____

B. **Joint Venture Project Information**

Legal Name of Joint Venture Entity: _____

Name of Project: _____

Location of Project: _____

Owner of Project: _____

Estimated Construction Value of Project: _____

Estimated Date of Completion of Services of Joint Venture: _____

C. **Co-Ventures' Information**

Name of Co-Venturers: _____

Address of Co-Venturers: _____

Has a professional liability policy held by a Co-Venturer ever been cancelled or not renewed at the option of the Carrier? YES _____ NO _____

If yes, provide details: _____

D. **Fee Income From Joint Venture Project**

Total Fee Income for Joint Venture Project: _____

Named Insured's Total Fee Income for Joint Venture Project: _____

Total Fee Income for each Co-Venturer: _____

Named Insured's Total Fee Income from Project
Present Fiscal Year: _____

Named Insured's Total Fee Income from Project
Last Fiscal Year: _____

Named Insured's Total Fee Income from Project
Second Last Fiscal Year:

E. **Joint Venture Services**

Services Provided by Named Insured: _____

Services Provided by Each Co-Venturer: _____

**PLEASE ATTACH A COPY OF THE CO-VENTURER'S CERTIFICATE OF INSURANCE,
JOINT VENTURE ENDORSEMENT, AND THE EXECUTED JOINT VENTURE AGREEMENT.**

F. **Schedule**

Date Contract Signed Between Co-Venturers: _____

Date Contract Signed with Owner:

Effective Date Requested for Joint Venture Coverage: _____

Have any claims involving professional services provided on this project been made against the
named insured or any Co-Venturer? YES _____ NO _____

If yes, provide details of claim including name of claimant, circumstances of claim, claim amount,
amount paid, current status, etc. _____

Is the named insured or a Co-Venturer aware of any error or omission which may result in a claim
being made on this project? YES _____ NO _____

If yes, provide details.

Is there, or has there ever been, any professional liability insurance in effect for this joint venture?
YES _____ NO _____

If yes, provide details of coverage.

Coverage applied for under this application will provide additional coverage only to the named insured. Any Co-Venturer will be afforded no coverage for liability arising out of this joint venture. Application for joint venture coverage should be made within 60 days subsequent to the formation of the joint venture.

The signatory, being authorized by and acting on behalf of the Named Insured and after specific inquiry (where warranted), represents that the answers given with respect to the foregoing questions are true, with no misrepresentation, omissions, or any other concealment of fact.

It is agreed that the completion of this application does not obligate the named insured to purchase additional coverage for this joint venture or bind the company to effect insurance for this joint venture.

Signature

Name

Date

Title

Application must be signed before it can be processed.