



GENERAL INFORMATION

- 1. Company Name (Applicant): _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 E-mail Address: _____
 Web Address: _____

AREAS OF CONCENTRATION

- 2. Provide the percentage of your firm's Gross Receipts attributable to the following areas of concentration during the last complete year:

ARCHITECTURE

- Architecture _____%
- Architectural planning (incl. Master planning) _____%
- Interior design and graphics _____%
- Landscape architecture _____%

ENGINEERING

- | | |
|---------------------------------|-------------------------------|
| Structural engineering _____% | Mechanical engineering _____% |
| Acoustical engineering _____% | Civil engineering _____% |
| Process engineering _____% | Land surveying _____% |
| Electrical engineering _____% | Traffic engineering _____% |
| Illumination engineering _____% | Forensic engineer _____% |
| HVAC engineering _____% | Other: _____% |

- 3. Please list your firm's billings for the past three years and the estimate for the next year:

Current Year: \$ _____ First Prior Year: \$ _____
 Second Prior Year: \$ _____ Projected Next Year: \$ _____

PROJECTS

- 4. Provide the percentage of your firm's Gross Receipts attributable to the following projects during the last complete year:

- | | |
|---|----------------------------|
| Residential condominiums _____% | Commercial Building _____% |
| Planned Unit Developments _____% | Schools, Colleges _____% |
| Single-family residential subdivisions _____% | Industrial _____% |
| Custom homes _____% | Hospitals _____% |
| Multi-family and/or affordable housing _____% | Apartments _____% |
| Other: _____% | |

CLAIM DATA

5. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities? Yes No
If Yes, please describe: _____

6. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees? Yes No
If Yes, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts: _____

7. Does the Applicant, Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No
If Yes, please describe: _____

It is understood and agreed that if the answer to the previous three queries is Yes, any such claim or potential claim is specifically excluded from this proposed coverage.

8. Please indicate the number of suits filed by you for the collection of fees during the last two years: _____

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

Warranty: The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

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

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____