



- o DEERFIELD INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

If you obtained this application at www.markelshand.com, please submit this application through your local insurance professional.

DESIGNED PROTECTIONSM FOR LAW FIRMS
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE POLICY PERIOD. THE LIMITS OF LIABILITY SHALL BE REDUCED BY "CLAIM EXPENSES" AND "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY.

If space is insufficient to answer any question fully, attach a separate sheet.

I. GENERAL INFORMATION

1. (a) Full name of Applicant (if corporation or LLC provide entity name): _____

- (b) Principal business premises address: _____
 (Street) (County)

 (City) (State) (Zip)
- (c) Secondary practice locations: _____

- (d) Phone Number: _____
- (e) Website address: _____ (f) Date established (MM/DD/YYYY): _____
- (g) Business is a: corporation partnership sole proprietorship limited liability partnership (LLP)
 individual other _____
2. Is the Applicant a single lawyer firm? Yes No
 If Yes, is there a lawyer that will be responsible for Applicant's practice if the Applicant is unable to work for an extended period of time? Yes No
 If Yes, provide the following:
 Name of back-up lawyer: _____
 Address: _____ Phone Number: _____
3. List the names of all predecessor firms of the Applicant. A "Predecessor Firm" is any legal entity which was engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest.

Name of Predecessor Firm	Date Established	% of Lawyers that are members of Applicant Firm	Did Firm Dissolve, Change Name or Form, or Continues to Exist?	Insurer on Last Prof. Liab. Insurance	Retroactive Date on Predecessor Firm's Prof. Liab. Insurance Policy

II. FINANCIAL AND STAFFING INFORMATION

1. Provide the Applicant's total annual gross revenues for the last three (3) years. If newly established, provide estimated annual gross revenues for the current year.
 \$ _____ last twelve months \$ _____ 1st prior year \$ _____ 2nd prior year

7. Is any lawyer proposed for this coverage
- (a) An employee of any organization, entity or governmental body other than Applicant? [] Yes [] No
If Yes, provide details. _____
- (b) Engaged in any professional/business activities other than the private practice of law? [] Yes [] No
If Yes, provide details. _____

III. PRACTICE AREAS

1. Indicate percentage of time devoted to the following areas of practice.

<i>Area of Practice</i>	<i>Percentage</i>	<i>Area of Practice</i>	<i>Percentage</i>
Administrative		Plaintiff Work	
Admiralty/Marine		Civil Rights/Discrimination	
Adoptions/Domestic Children		Class Action/Mass Tort	
Adoptions/Foreign Children		PI/PD Litigation	
Antitrust/Trade Regulation		Medical Malpractice	
Appellate		Professional Liability	
Arbitration		Social Security	
Bankruptcy		Workers Compensation	
Business/Commercial Law		Other _____	
Collections		Defense Work	
Communications/FCC		Class Action/Mass Tort	
Construction Law		Medical Malpractice	
Corporate Law		PI/PD Defense	
Administrative/Record		Other _____	
Formation		Real Estate	
Mergers & Acquisitions		Commercial Transactions	
Stock Options – Any		Foreclosure/Repossession	
Criminal Law		Limited partnership	
Elder Law		Syndication/Development	
Energy/Natural Resources		Title Work	
Entertainment/Sports		Securities	
Environmental Law		Municipal Bonds	
Estate, Trust, Probate, Wills		Private Stock Offerings	
Family/Domestic		Public Stock Offerings	
Custody/Child Support		Tax	
Divorce – Assets under 1 mil		Tax Opinions	
Divorce – Assets over 1 mil		Tax Returns	
Financial Institutions		Tax Shelter Related Work	
Government/Municipal		Traffic	
Healthcare		Utilities	
Immigration/Naturalization		Other (describe):	
Intellectual Property			
International Law			
Juvenile Law			
Labor Relations – Union			
Labor Relations – Management		TOTAL (must equal 100%)	100%

IV. BUSINESS PRACTICES

1. **INSOLVENT, BANKRUPT, LIQUIDATION OR RECEIVERSHIP CLIENTS** – Have any of the Applicant's past or present corporate clients became insolvent, bankrupt, or went into liquidation or receivership during the past year? [] Yes [] No
If Yes, answer the following for each such client:

Client Name	Client Address, City and State	Is/Was Client Publicly Traded? (Yes or No)	Description of Legal Services Provided
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. (a) Have any suits for collection of fees have been filed against any client in the last two (2) years? Yes No
 If Yes, how many? _____
 If Yes, provide the following for each suit for unpaid legal fees. Attach a separate sheet if necessary.

Date Filed	Name of Client	\$ Amount Sought	Status/Result

- (b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?

3. When evaluating whether a case should be sent for collection, does the Applicant review the file for the purpose of evaluating whether the possibility of a counterclaim alleging malpractice might be filed in response thereto? Yes No
4. Does the Applicant accept cases where the cause of action arises and is adjudicated outside of the Applicant's local jurisdiction (i.e., in another state)? Yes No
 If Yes, does the Applicant refer such cases to local counsel? Yes No
5. Has the Applicant outsourced any work in the last two (2) years, either domestically or out of the country? Yes No
6. Does the Applicant have any single client or group of related clients which produce more than 25% of total gross billings in the last 24 months? Yes No
 If Yes, provide the percentage of gross billings, name of client, business activities of client, and services provided on behalf of client. _____
7. In the last five (5) years, has the Applicant accepted client securities or other forms of compensation in lieu of fees? Yes No
 If Yes, provide details. _____
8. Does the Applicant share office space with any other lawyer? Yes No
 If Yes,
 (a) Is letterhead shared? Yes No
 (b) Is any staff shared? Yes No
 If Yes to above, provide details. _____

V. FIRM MANAGEMENT AND ADMINISTRATION

1. (a) Does the Applicant's docket control system include:
 (i) Computer system? Yes No
 (ii) Dual calendar? Yes No
 (iii) Immediate entry of all dates? Yes No
 (iv) Master listings? Yes No
 (v) Provisions for illness of document administrator? Yes No
 (vi) Single calendar? Yes No
 (vii) Tickler system? Yes No
 (viii) Verification of completion of events? Yes No
- (b) How frequently are deadlines cross-checked? ___ Daily ___ Weekly ___ Monthly
- (c) Does the docket control system produce a daily or weekly calendar? Yes No
2. Does the Applicant maintain a system to avoid potential conflicts of interest? Yes No
 If Yes, check all that apply:
 (a) ___ oral/memory ___ computer ___ index file ___ conflict committee

(b) Indicate the items captured by the system:
 ___ client name ___ clients principals ___ client subsidiaries ___ opposing party ___ opposing counsel
 ___ related individuals ___ predecessor firm conflict information ___ other _____

3. Provide the percentage of matters that the Applicant sends:
 (a) An engagement letter when accepting a representation _____ %
 (b) A non-engagement letter when declining a representation _____ %
 (c) A disengagement letter when ceasing a representation _____ %

4. Does the Applicant have:
 (a) A policy prohibiting its attorneys from participating as a partner, officer, or director in any entity other than Applicant when the Applicant provides legal services? [] Yes [] No
 If No, explain. _____
 (b) A formal training program for lawyers joining the firm? [] Yes [] No
 (c) Internal (risk management) audits performed on a regular basis? [] Yes [] No
 (d) Annual audited financial statements produced each year? [] Yes [] No

VI. INSURANCE AND CLAIM HISTORY

1. (a) Limits of Liability: Indicate the limit of liability requested:
 Per Claim/Annual Aggregate
 [] \$ 250,000 / \$ 250,000 [] \$1,000,000 / \$3,000,000
 [] \$ 250,000 / \$ 500,000 [] \$2,000,000 / \$2,000,000
 [] \$ 500,000 / \$ 500,000 [] \$2,000,000 / \$4,000,000
 [] \$ 500,000 / \$1,000,000 [] \$3,000,000 / \$3,000,000
 [] \$1,000,000 / \$1,000,000 [] \$4,000,000 / \$4,000,000
 [] \$1,000,000 / \$2,000,000 [] \$5,000,000 / \$5,000,000

(b) Deductible - Indicate the deductible requested:
 [] \$2,500 [] \$5,000 [] \$10,000 [] \$25,000 [] higher – specify \$ _____

THE COMPANY DOES NOT GUARANTEE TO OFFER ANY OF THE ABOVE LIMITS AND/OR DEDUCTIBLES.

2. List the Lawyers Professional Liability Insurance for the last three (3) years.
 If none, check here []

Insurance Company	Limits of Liability	Deductible	Premium	Expiration Dates (MM/DD/YYYY)	Retroactive/ Prior Acts Date*	No. of Lawyers Covered

* Attach a copy of Applicant's current insurance policy's prior acts endorsement or declarations which states the retroactive date.

3. Has any insurer declined, canceled, or nonrenewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance?..... [] Yes [] No
 If Yes, provide details. _____
4. Has any lawyer Applicant, past or present, ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned, fined, or held in contempt by any court, state or local bar association, administrative agency, or regulatory body? [] Yes [] No
 If Yes, provide complete details on a separate sheet, including a copy of the court's final opinion.
5. Is any person(s) or entity(ies) proposed for this insurance currently under investigation, or has any disciplinary complaint or grievance been made to any court, bar association, administrative agency or regulatory body in the last five (5) years that resulted in any formal censure or other formal action? ... [] Yes [] No
 If Yes, provide details on a separate sheet.
6. Has (have) any Professional Liability claim(s) been made against the Applicant or any person or entity proposed for this insurance or any predecessor firm(s) in the past five (5) years? [] Yes [] No
 If Yes, indicate total number of claims. _____

Complete a copy of our Supplemental Claim Form for Lawyers Professional Liability Insurance for each one.

7. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, error, omission, circumstance or situation that might provide grounds for any claim under the proposed insurance? [] Yes [] No
If Yes, indicate total number: _____

Complete a copy of our Supplemental Claim Form for Lawyers Professional Liability Insurance for each one.

VII. ADDITIONAL INFORMATION

As part of this Application attach the following:

A copy of the Applicant's current letterhead for all offices.

NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ENTITY(IES) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO PROVIDE OR THE APPLICANT TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO OF WHICH THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF RECEIVES NOTICE IS ON FILE WITH THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF AND IS CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF WILL HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL PROMPTLY NOTIFY THE UNDERWRITING MANAGER, COMPANY AND/OR AFFILIATES THEREOF, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD";
- (II) UNLESS AMENDED BY ENDORSEMENT, THE LIMITS OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED BY "CLAIM EXPENSES" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE LIABLE FOR "CLAIM EXPENSES" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH COSTS EXCEED THE LIMITS OF LIABILITY IN THE POLICY; AND
- (III) UNLESS AMENDED BY ENDORSEMENT, "CLAIM EXPENSES" SHALL BE APPLIED AGAINST THE "DEDUCTIBLE".

WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Note: This application is signed by undersigned authorized agent of the Applicant(s) on behalf of the Applicant(s) and its, owners, partners, directors, officers and employees.

Must be signed by the owner, principal, partner, executive officer or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date

Notice to 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 the person to criminal and civil penalties.



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DESIGNED PROTECTIONSM FOR LAW FIRMS
SUPPLEMENTAL CLAIM FORM FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

Full name of Applicant: _____

If Yes to Question 6. or 7. in Part VI. of the Application for Lawyers Professional Liability Insurance provide details below for each claim, fact, circumstance or situation. If more space is needed, attach additional pages.

1. Date Claim Made: _____ Date of Alleged Error: _____
 Current Status/Date settled: _____ Claim, Suit or Incident: _____
 Claimant(s)/Plaintiff(s): _____
 Additional Defendant(s) (if any): _____
 Nature of Claim and Allegations: _____

Date Reported to Insurance Company and Name of Insurance Company: _____
 Amount Reserved (Loss/ Expense): \$ _____ / \$ _____ Amount Paid (Loss/Expense): \$ _____ / \$ _____

2. Date Claim Made: _____ Date of Alleged Error: _____
 Current Status/Date settled: _____ Claim, Suit or Incident: _____
 Claimant(s)/Plaintiff(s): _____
 Additional Defendant(s) (if any): _____
 Nature of Claim and Allegations: _____

Date Reported to Insurance Company and Name of Insurance Company: _____
 Amount Reserved (Loss/ Expense): \$ _____ / \$ _____ Amount Paid (Loss/Expense): \$ _____ / \$ _____

3. Date Claim Made: _____ Date of Alleged Error: _____
 Current Status/Date settled: _____ Claim, Suit or Incident: _____
 Claimant(s)/Plaintiff(s): _____
 Additional Defendant(s) (if any): _____
 Nature of Claim and Allegations: _____

Date Reported to Insurance Company and Name of Insurance Company: _____
 Amount Reserved (Loss/ Expense): \$ _____ / \$ _____ Amount Paid (Loss/Expense): \$ _____ / \$ _____

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, principal, partner, executive officer or equivalent within 60 days of the proposed effective date.

Name of Applicant

Title

Signature of Applicant

Date



**TUDOR
INSURANCE COMPANY**

A Member Company of the Western World Insurance Group

**APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY
(CLAIMS-MADE BASIS)**

1. a) Name of Applicant/Firm: _____
- b) Applicant is: Sole Proprietor Partnership Corporation

2. a) Address: _____
- City: _____ State: _____ Zip Code: _____
- b) Web Site Address (if none, then so state) _____
- c) Date Current Firm Established: _____
- d) List all names and locations of all branch offices on separate sheet.

Note: Application must reflect information including all locations.

3. If the name of the Applicant has ever changed, or if there has been a consolidation, dissolution or change in business structure, please provide details listing each firm in chronological order and specify date of change. If the predecessor firms are not listed they will not be included for coverage. If firms are accepted for coverage they will be listed on the Policy. Without direct lineage or being the source of the current firm, a firm will not be considered a predecessor.

Name of Predecessor Firm(s)	Date Established
------------------------------------	-------------------------

4. Indicate the percentage of the following disciplines in which the Applicant is engaged.
NOTE: Total must equal 100 percent.

_____ Acoustical Engineering	_____ HVAC Engineering	_____ Mining Engineering
_____ Architecture	_____ Interior Design	_____ Nuclear Engineering
_____ Asbestos Testing/Abatement	_____ Land Surveying	_____ Process Engineering
_____ Chemical Engineering	_____ Landscape Architecture	_____ Soils Engineering
_____ Civil Engineering	_____ Machine/Equipment Design	_____ Structural Engineering
_____ Construction Management	_____ Marine Engineering	_____ Traffic Engineering
_____ Electrical Engineering	_____ Materials Testing	_____ Other (Specify) _____
_____ Energy Conservation Consultant	_____ Mechanical Engineering	_____ Other (Specify) _____

5. List all Principals, Partners, Owners or Officers (use separate sheet if necessary). If firm has been in existence for less than two years, supply resume of each principal including prior project experience.

Name	College/Degree	Years in Practice	Date Licensed

6.	Number of total staff:	Full Time	Part Time
a)	Principals		
b)	Architects/Engineers and other technical staff (excluding principals)		
c)	Clerks, typists, accountants and other non-technical staff		

7. a) To what professional organization(s) does the Applicant belong: _____
- b) What, if any, continuing education programs has the Applicant attended during the past year? _____
- c) Please indicate the states in which the Applicant or staff as individuals is licensed. If any state accounts for more than 25 percent of the overall work volume, please indicate the percentage by state: _____

8. Has any member of the Applicant ever been the subject of complaint to or disciplinary action by authorities as a result of their professional activities? Yes No
 If "Yes", provide full details. _____

9. Has the Applicant, predecessors in business or any other person for whom coverage is being requested had any professional liability application denied, policy canceled or policy not renewed? Yes No
 If "Yes", please explain: _____

10. a) Does your firm use written contracts on every project? Yes No
 If "No", provide the percentage of your past 12 months' billings where oral agreements were used: _____ %
- b) Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____ %
- c) If non-standard contracts or modified AIA or EJCDC contracts of "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No

11. a) Has the applicant or its predecessor in business carried similar professional liability insurance? Yes No
 If "Yes", provide full details of current and prior insurance:

Insurance Company	Policy Period	Limits of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Provide retroactive date on current policy: _____ (month/day/year)
- b) Requested limits for your quotation: _____ Deductible: _____
- c) Does the Applicant maintain General Liability Insurance? Yes No
 If "Yes", please specify **insurance carrier, limit and expiration date:** _____
- d) Is the Applicant covered by any specific professional liability project policy? Yes No
 If "Yes", provide full details including name and location of project as well as name of Insurance Company: _____

12. a) Gross Fees are to be reported on an accrual basis (whether collected or not). Gross Fees are defined as the exact dollar amount of gross income including fees paid to consultants and direct reimbursables but not including Joint Venture Fees, interest income or rental income.

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
From: _____	From: _____	From: _____
To: _____	To: _____	To: _____
Gross Fees: \$ _____	Gross Fees: \$ _____	Gross Fees: \$ _____

- b) Please specify the estimated value of construction put in place that the Applicant designed:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

13. a) Does the Applicant's practice involve subletting or subcontracting work to others? Yes No
 If "Yes", specify what disciplines are sublet or subcontracted: _____

- b) Is evidence of professional liability coverage required of all subconsultants? Yes No

- c) If "No", specify the subcontracted disciplines that are not required to maintain professional liability coverage: _____

- d) Indicate fees paid to subconsultants:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

14. a) Please indicate percentages of the type of projects undertaken. NOTE: Total must equal 100 percent.

_____ Airports	_____ Hotels/Motels	_____ Recreation/Sports
_____ Airport Runways	_____ Industrial Waste Treatment	_____ Roads/Highways
_____ Amusement Rides/Water Slides	_____ Jails	_____ Schools/Colleges
_____ Bridges under 500 feet	_____ Landfills	_____ Sewage Treatment Plants
_____ Bridges over 500 feet	_____ Low Income Housing	_____ Sewer/Water Lines
_____ Chemical/Processing Systems	_____ Manufacturing/Industrial	_____ Shopping Centers/Retail
_____ Churches/Synagogues	_____ Mass Transit	_____ Site Develop./Street Plans
_____ Condominiums/Townhouses	_____ Mining	_____ Superfund/Pollution
_____ Convention Halls/Stadiums	_____ Municipal Pumping Stations	_____ Tract Homes/Subdivisions
_____ Custom Homes	_____ Nuclear/Atomic	_____ Traffic Planning
_____ Dams	_____ Office/Commercial Buildings	_____ Tunnels
_____ Environmental Impact Statements	_____ Parking Structures	_____ Utility (Specify) _____
_____ Flood Plain Studies	_____ Petrochemical	_____ Water/Sewer Systems
_____ Foundations	_____ Playgrounds	_____ Other (Specify) _____
_____ Harbors/Piers/Ports	_____ Pools	_____
_____ Hazardous/Toxic Waste	_____ Power Plants	_____
_____ Hospital/Health Care	_____ Prefabricated Structures	_____

- b) In relation to 14a) please provide the tallest building (# of stories) applicant provides services for. _____

- c) In relation to 14a) please provide the total percentage of projects which involve the renovation or alteration of existing structures. _____

- d) Does the Applicant foresee any substantial changes in the percentages in question 14a)? Yes No

If "Yes", please explain: _____

15. Please indicate the percentage of services rendered for each of the following categories of clients. NOTE: Total must equal 100 percent.

_____ Commercial	_____ Developers	_____ Industrial
_____ Contractors	_____ Governmental	_____ Utilities
_____ Design Professionals	_____ Institutional	_____ Other (Specify) _____

16. Does, has or will the Applicant provide professional services on projects resulting in construction outside the United States or Canada? Yes No

Please be advised these projects are excluded by Tudor's policy form. To consider for coverage, please provide a detailed listing of such projects including name, location, client gross fees, construction value and date of completion.

17. Does any one client or contract represent more than 50 percent of annual gross income? Yes No
If "Yes", please provide name of client or contract and provide the actual percentage: _____

18. a) Please specify the percentages relative to the Applicant's total work volume.
NOTE: Total must equal 100 percent.

- 1) Planning and feasibility studies: _____
- 2) Design with no construction phase services: _____
- 3) Design with periodic observation of construction to ensure design compliance: _____
- 4) Construction Management: _____
- 5) Inspection services on existing structures: _____
- 6) Construction observation with no design: _____
- 7) Other (Specify): _____

b) If Applicant has responded to any of 18a) 4- 7, please provide a full description of projects and services provided:

19. Does the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer, sale or distribution of any goods, products or process	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos testing/detecting/abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pollution Control Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" to any of the above, please attach a description of services provided.

20. Does the Applicant ever perform services on a salaried or annual retainer basis? Yes No
If "Yes", please provide full details: _____

21. Does the Applicant or any principal, partner, officer or employee wholly or partly own, operate, manage or control any other enterprise or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise? Yes No

If "Yes", please provide full details and include nature of relationship: _____

22. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by the Applicant? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

23. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by a subcontractor of the Applicant, a person or enterprise that wholly or partly owns, operates or controls the Applicant or by the Applicant's principals, partners, directors or officers? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

24. Does the Applicant or any principal, partner, officer, employee or an immediate family member of such person have any ownership interest in any project for which professional services have been, are being or will be done? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

25. Has the Applicant participated in any past or present joint venture? Yes No
If "Yes", please attach complete details:

Please be advised such projects are excluded by Tudor's policy form.

26. Is the Applicant directly involved in the design or re-design of HVAC systems? Yes No
If "Yes", please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality: _____

27. Is the Applicant involved in the selection of furnishings or building materials? Yes No
If "Yes", comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination: _____

28. Does, has or will the applicant provide any professional services related to the design, evaluation, removal or the replacement of underground storage tanks? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

29. Does, has or will the applicant provide any professional services related to solid waste site evaluations or the design, evaluation, monitoring or closure of landfill projects? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

30. Does, has or will the applicant provide any environmental site assessments, environmental audits or environmental monitoring services? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

31. Does, has or will the applicant be involved in asbestos inspection, asbestos abatement services or does the applicant accept responsibility for those services within their contracts? Yes No
If "Yes", please attach complete details.

32. Does, has or will the applicant provide pre-purchase site assessments and/or inspections? Yes No
If "Yes", attach a detailed narrative and the percentage of gross fees received from these services.

CLAIMS AND LOSS HISTORY

33. Have any claims involving professional service ever been made against the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is requested? Yes No

If "Yes", on a separate sheet please supply the following: a) name of project, b) date of contract, c) name of claimant, d) allegations, e) date of claim, f) demand amount, g) reserve, h) expenses paid to date, i) current status and j) carrier handling claim.

34. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of any act, error, omission or circumstance which may result in a claim being made against them? Yes No

If "Yes", provide details requested in question #33 above a) through j).

35. Has the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested ever reported a potential claim or circumstance to a professional liability carrier? Yes No

If "Yes", provide details requested in question #33 above a) through j).

36. Is the Applicant aware of any actual or alleged defective or incomplete construction, installation, assembly (including roof leakage and structural problems) that has not been remedied to the client's satisfaction? Yes No

If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier.

37. Is the Applicant aware of any unresolved construction dispute including but not limited to an unexcused delay, an exceeding of a budget, a change order or compensation dispute that has not been agreed upon (whether or not the insured is an involved party)? Yes No

If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier.

38. During the past two years, has anyone been seriously injured or died during construction, or has bodily injury or property damage occurred at a project that has been accepted or occupied? Yes No

If "Yes", please attach a statement providing name of project, name of injured party, injury and indicate if such circumstance has been reported to a professional liability carrier.

39. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of or have knowledge of any error, omissions, unresolved job dispute or accident involving the discharge, dispersal, seepage, migration or release of a pollutant(s) or contamination? Yes No

If "Yes", provide a statement of full details.

40. Please attach a list of the 10 largest projects in the last five years including the following information: a) name and location of project, b) services performed, c) construction value and, d) completion date. If Applicant's practice is over 20 percent structural, provide the number of stories on each project.

41. Please attach a list of the 10 largest current projects including all information requested in question #40 a) through d).

42. Please attach any literature, including government forms, and brochures which describe the Applicant's capabilities and practice.

43. Provide financial statements including most current income statement and balance sheet if available.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS.

The undersigned represents that the statements and particulars herein are true and there has been no suppression or misstatement of any material facts and agrees that this application shall be the basis of coverage and considered part of any Policy issued by the Company.

Signed: _____ Dated: _____

(Please Print Name)

Capacity: _____

MUST BE SIGNED BY PRINCIPAL OR PARTNER OF FIRM.

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE
TUA-10 (01/04)