

## APPLICATION

(Any state, *EXCEPT* New York)

**THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE.**

**THE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY "CLAIM EXPENSES". "CLAIM EXPENSES" ALSO MAY BE APPLIED AGAINST THE DEDUCTIBLE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN "CLAIMS" OR CIRCUMSTANCES THAT COULD RESULT IN A "CLAIM" TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH "CLAIMS" OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR "CLAIMS" OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED. PLEASE DISCUSS THE COVERAGE AND ANY QUESTION WITH YOUR INSURANCE AGENT.**

**INSTRUCTIONS FOR COMPLETING APPLICATION:**

Please type or print clearly in ink. All questions must be answered completely. If any questions are considered "not applicable," please explain why. If you need more space, continue on a separate sheet and indicate the question number. This Application and all Supplemental Applications or forms must be signed and dated by an active owner, officer or partner of the firm. The original copy of the signed and dated Application is needed before any coverage can be bound. Return this and all supplemental applications to the Program Administrator above.

Do NOT use this Application for residents or corporations in New York. Ask the Program Administrator, above, for the New York Application.

1. Limits requested: Please indicate the limit of liability desired:

**PER CLAIM/ANNUAL AGGREGATE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> \$ 100,000 / \$100,000  | <input type="checkbox"/> \$ 500,000 / \$ 500,000    | <input type="checkbox"/> \$ 1,000,000 / \$2,000,000 |
| <input type="checkbox"/> \$ 100,000 / \$200,000  | <input type="checkbox"/> \$ 500,000 / \$1,000,000   | <input type="checkbox"/> \$2,000,000 / \$2,000,000  |
| <input type="checkbox"/> \$ 250,000 / \$ 250,000 | <input type="checkbox"/> \$ 1,000,000 / \$1,000,000 | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> \$ 250,000 / \$ 500,000 |   |   |

**ANNUAL AGGREGATE DEDUCTIBLE**

Financial statements may be required for optional deductibles

Select Amount & Type:	Loss & Claims Expenses (LE)	Loss Only (LO)
<input type="checkbox"/> \$2,500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$5,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$7,500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$10,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$15,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> \$25,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Higher (specify) \$ _____	<input type="checkbox"/>	Not Available

2. Name of Applicant: \_\_\_\_\_ Email Address \_\_\_\_\_

3. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Name of Contact Person: \_\_\_\_\_ Email Address \_\_\_\_\_

5. Street Address of all branches \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Date Firm was established: Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Year: \_\_\_\_\_
7. Is the Firm a: \_\_\_\_\_ Corporation, \_\_\_\_\_ Partnership, \_\_\_\_\_ Professional Corporation or \_\_\_\_\_ Individual?
8. Has the name of the Firm been changed, or has any other business been purchased or any merger or consolidation taken place? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", please detail changes in chronological order on a separate sheet and indicate the question number.
9. Please provide the following:

Name of all Licensed Principals to be Insured	Licensed As *	Date Licensed	States Licensed	Years in Practice	Year Joined Applicant Firm	Design Services Yes / No	Construction Services Yes / No

\* i.e. - Architect, Engineer, Landscape Architect, Land Surveyor, Construction Manager, or Other (please specify)

10. Of Named Licensed Principals in Item 9. above, please name all temporary or part time professionals:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_
11. Total Personnel: (including those listed in 9. above)
- |   | <u>FULL TIME</u> | <u>PART TIME</u> |
|---|------------------|------------------|
| a. Architects, Engineers:                   | _____            | _____            |
| b. Surveyors and other technical personnel: | _____            | _____            |
| c. Office staff:                            | _____            | _____            |
| d. TOTAL                                    | _____            | _____            |
12. To what professional associations does the Firm or Principals belong: \_\_\_\_\_  
 \_\_\_\_\_
13. Does your Firm follow in-house quality control procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes:  
 a. Are they in written form? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 b. Are all appropriate staff members familiar with the procedure? \_\_\_\_\_ Yes \_\_\_\_\_ No
14. Name of Insurance or Risk Manager \_\_\_\_\_ If none check here: \_\_\_\_\_
15. Does your firm use an automated master specification system such as MASTERSPEC<sup>R</sup> or SPEC System<sup>TM</sup>? \_\_\_\_\_ Yes \_\_\_\_\_ No
16. Does your firm use an in-house program of continuing education for professional employees? \_\_\_\_\_ Yes \_\_\_\_\_ No
17. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months? \_\_\_\_\_ #
18. How many suits for collection of fees have been filed by your firm or your employees against a client in the last two (2) years? \_\_\_\_\_ #

19. When evaluating whether to sue for collection of unpaid fees, does the firm review the file for the purpose of evaluating whether a counterclaim alleging malpractice might be filed in response? \_\_\_\_\_ Yes \_\_\_\_\_ No
20. Do you have a procedure that requires the use of a written contract with new clients of the firm? \_\_\_ Yes \_\_\_ No
21. Does legal counsel review all contracts, warranties, brochures and product literature? \_\_\_ Yes \_\_\_ No
22. Do all your contracts require customers to sign written agreements outlining the scope of your job and the services that will be provided? \_\_\_\_\_ Yes \_\_\_\_\_ No
23. Listing the most recent projects first, provide the below information about services rendered for the firm's five largest jobs during the last five years:

Date Project Commenced And Terminated	Client Name	Professional Service Provided (use Services from Number 24 below)	Describe Type of Project, (use descriptions in Number 26 below)	Project Fees	For each project listed below, indicate which contractual provisions or protections listed in 23 a-o below were present

a. Clear statement of Scope of Services provided	h. Termination provisions outlined
b. Confidentiality agreement	i. Arbitration provision
c. Disclaimer of Warranties	j. Force Majeure Clause
d. Hold harmless agreement in favor of Insured	k. Forum selection clause
e. Hold harmless agreement in favor of Client	l. Payment terms
f. Limitation of Liability to cost of the services provided	m. Written guidelines on Milestone Management
g. Ownership rights outlined	n. Clear definitions of Technical terms
h. Sign-off and acceptance procedures outlined	o. Contractual Statute of Limitation

24. From the professional services listed below in which the Firm is engaged, indicate the approximate percentages of your total gross billings during the past accounting year:

Architecture	%	Hydrological Engineering	
Chemical Engineering	%	HVAC Engineering	%
Civil Engineering	%	Landscape Architecture	%
Commissioning/Test & Balance	%	Land Surveying	%
Construction/Program Management *	%	Marine Engineering	%
Design/ Build *	%	Mechanical Engineering	%
Electrical Engineering	%	Mining Engineering	%
Environmental Engineering or Abatement **	%	Nuclear Engineering	%
Forensic Engineering	%	Oil/Gas Well Engineering	%
Geotechnical Engineering	%	Process Engineering	%
Other (please specify)	%	Structural Engineering	%

**If Construction/ Program Management \*or Design/Build \* services are greater than 10% of the total billings, complete the Design Build/Construction Management Supplemental Application. If Environmental Engineering or Abatement\*\* services are greater than 10% of the total billings or Environmental Contracting coverage is desired, complete the Environmental/Contractors Pollution Liability Supplemental Application.**

25. Show the approximate percentages of your total gross billings of the activities listed below that the Firm was engaged in during the past accounting year:

Air Quality Testing/Evaluation	___None	___Yes	_____%
Alarm Systems/Fire Protection	___None	___Yes	_____%
Feasibility studies, surveys, reports, (Applicant not involved in design )	___None	___Yes	_____%
Design, with observation of construction	___None	___Yes	_____%
Design only, no construction phase duties	___None	___Yes	_____%
Design, with supervision of construction	___None	___Yes	_____%
Boundary surveys	___None	___Yes	_____%
Design/Build	___None	___Yes	_____%
Foundations, sheeting and shoring	___None	___Yes	_____%
Interior design	___None	___Yes	_____%
Construction management	___None	___Yes	_____%
Machinery/Equipment Design	___None	___Yes	_____%
Drafting Services	___None	___Yes	_____%
Management consulting	___None	___Yes	_____%
Subsurface soil exploration	___None	___Yes	_____%
Ground testing or soil analysis	___None	___Yes	_____%
Laboratory testing	___None	___Yes	_____%
Site development	___None	___Yes	_____%
Continuing services or inspection services	___None	___Yes	_____%
Asbestos evaluation/deletion	___None	___Yes	_____%
Asbestos abatement	___None	___Yes	_____%
Lead Abatement or Evaluation	___None	___Yes	_____%
Environmental Consulting or Assessment	___None	___Yes	_____%
Permitting	___None	___Yes	_____%
Other (specify)_____			_____%
<b>TOTAL</b>			<b>100 %</b>

26. Indicate the approximate percentages of the types of projects listed below in which the Firm is engaged:

Airports	_____%	Parking Structures	_____%
Apartments	_____%	Petro / Chemical	_____%
Asbestos abatement	_____%	Pools/Playgrounds	_____%
Asbestos evaluation	_____%	Pre-engineered buildings	_____%
Bridges	_____%	Private dwellings	_____%
Churches	_____%	Recreation/Sports	_____%
Condominiums	_____%	Roads/Highways	_____%
Convention centers/Theaters	_____%	Schools/Colleges	_____%
Dams	_____%	Sewage systems	_____%
Harbors/Piers/Ports	_____%	Sewage treatment plants	_____%
Hospitals/Healthcare	_____%	Shopping centers	_____%
Hotels/Motels	_____%	Superfund/Pollution*	_____%
Industrial waste treatment	_____%	Tunnels	_____%
Jails	_____%	Warehouses	_____%
Manufacturing/Industrial	_____%	Water treatment plants	_____%

Mass transit	_____%	<b>Other (please specify)</b>	
Mines	_____%	_____	_____%
Nuclear/Atomic	_____%	_____	_____%
Office Buildings	_____%	_____	_____%

**\* Complete the Environmental Supplement.**

27. Does the Applicant foresee any substantial changes in the percentages in the above Items 24, 25, or 26 during the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", please provide details:

\_\_\_\_\_

\_\_\_\_\_

28. In the past five (5) years, has the firm provided services (include any sub-contracted services) in the following areas? If "Yes", please provide details of any of these services on a separate sheet and indicate the question number.

Amusement Rides or Park Design	Yes ___ No ___	Hazardous Waste remediation or monitoring Plans	Yes ___ No ___
Aerospace Engineering	Yes ___ No ___	Inspection of Residential/Commercial Properties for Buyers or Lenders	Yes ___ No ___
Boat or Ship Design	Yes ___ No ___	Soils or Geological Engineering	Yes ___ No ___
Computer Software Design	Yes ___ No ___	Nuclear Engineering	Yes ___ No ___
Concrete Formwork Design	Yes ___ No ___	Product Design	Yes ___ No ___
Residential condominiums in Florida, California or Nevada.	Yes ___ No ___	Projects Located Outside the U.S.	Yes ___ No ___
Construction Inspection or Cost Estimation	Yes ___ No ___	Retaining wall, Scaffolding or Shoring Design	Yes ___ No ___
Super Fund Assessments	Yes ___ No ___	Mining Structures Design (below ground)	Yes ___ No ___
Oil, Gas or Geotechnical Testing/Evaluation	Yes ___ No ___	Structural Engineering – Parking or high rise structures	Yes ___ No ___
Grain Elevator or Silo Design	Yes ___ No ___		

29. Please indicate the approximate percentage of your total gross billings contemplated in Item 24. derived from the following categories of clients?

Commercial _____%	Local government _____%	Other (specify)
Contractors _____%	Real estate developers _____%	_____ %
Other design professionals _____%	Lending institutions _____%	_____ %
Industrial _____%	Owners who act as their own contractors _____%	
Federal government _____%	State government _____%	Joint Ventures _____%

30. Is your Firm, any Principal, Partner, Officer, Director or Shareholder of your Firm or any Subsidiary, Parent or other Organization related to your Firm engaged in:

- a. actual construction, fabrication or erection? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. development, sale or leasing of computer software to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

- c. real estate development?  Yes  No
- d. manufacture, sale, leasing or distribution of any product?  Yes  No

If answer is "Yes", use separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

31. Is the Applicant controlled, owned and or associated with any other firm, corporation or company or does your Firm own or control any other entity?  Yes  No If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

32. Does any one contract or client represent more than 25% of your firm's annual work?  Yes  No  
If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

33. Does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are to be rendered by your Firm?  Yes  No? If "Yes", does the Firm desire coverage for these projects?  Yes  No If "Yes", complete the Equity Interest Supplemental Application.

34. Does your Firm render services on behalf of any entity in which any Principal, Partner or Officer of your Firm or an immediate family member of any such person is a partner, officer, director, shareholder or employee?  Yes  No

35. Does the Applicant work with other firms in joint ventures?  Yes  No If "Yes", and if coverage is desired, complete the Joint Venture Supplemental Application.

36. a. Does the firm subcontract to other design professionals?  Yes  No. If "Yes", indicate the percentage of receipts subcontracted: \_\_\_\_\_% Service or Activity \_\_\_\_\_

b. Does the Firm obtain insurance certificates from all subcontractors or consultants?  Yes  No

37. Gross Billings and Construction Values

	<u><b>Total Gross Billings</b></u>	<u><b>Construction Values</b></u>
	Current Fiscal Period	Current Fiscal Period
	From: _____ To: _____	From: _____ To: _____
a. Projects insured under separate project policies*	_____	_____
b. Projects which have been permanently abandoned*	_____	_____
c. Foreign Projects	_____	_____
d. Feasibility Studies / Plans	_____	_____
e. All other billings	_____	_____
f. TOTAL GROSS BILLINGS	_____	_____
g. Projection for upcoming year	_____	_____
h. Gross billings for each of past 5 years:		

(20\_\_ \_\_)      (20\_\_ \_\_)      (20\_\_ \_\_)      (20\_\_ \_\_)      (20\_\_ \_\_)

*\* Provide listing on separate sheet.*

38. a. Provide the following detail concerning your current general liability insurance coverage (Check here if None ):
- Insurance Company: \_\_\_\_\_
  - Limits: Bodily Injury: \_\_\_\_\_ Property Damage: \_\_\_\_\_  
Products and Completed Operations \_\_\_\_\_
  - Effective Date: From \_\_\_\_\_ To \_\_\_\_\_

**If you are a current Insured of General Star National on an Architects, Engineers and Construction Managers Policy Form, do not answer the following Questions # 39 to #44, and go directly to DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY to complete this application**

39. a. Provide the following detail concerning your current Architects & Engineers Professional Liability Insurance coverage (Check here if None ):
- Insurance Company: \_\_\_\_\_
  - Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Policy number: \_\_\_\_\_
  - Expiring premium is: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  - Retroactive date on present policy: \_\_\_\_ Yes \_\_\_\_ No. If Yes, indicate the date and attach a copy of the your firm's current policy's prior acts endorsement and Declarations Page: Date: \_\_\_\_\_
- b. Are any specific projects not covered (or excluded) under your firm's practice policy? \_\_\_\_ Yes \_\_\_\_ No  
If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

40. Detail Architects and Engineers Professional Liability Coverage for five years prior to present coverage:

COMPANY	POLICY PERIOD	LIMIT OF LIABILITY PER CLAIM/ AGGREGATE	DEDUCTIBLE	Number of Professionals Covered	PREMIUM

41. Has your firm or any predecessor firm, or any present partner of this firm ever been declined for Professional Liability Insurance Coverage or has any such coverage been canceled or renewal refused?  
\_\_\_\_ Yes \_\_\_\_ No If "Yes", please provide complete details: \_\_\_\_\_

\_\_\_\_\_

42. Has your firm or any predecessor firm ever purchased an extended reporting period or tail endorsement?  
\_\_\_\_ Yes \_\_\_\_ No If Yes, please provide complete details: \_\_\_\_\_

\_\_\_\_\_

43. Attach a list of the ten largest jobs in the last five years detailing project name, type of structure, services performed, construction values and fees and date of project.

44. Attach a copy of Form 254 and firm's brochure.

**DISCIPLINARY PROCEEDINGS AND CLAIM OR POTENTIAL CLAIM ACTIVITY**

**IMPORTANT NOTICE:** Report all known claims and/or circumstances to your firm’s current insurer. If any professional proposed for insurance has knowledge of an act, error, omission or Personal Injury that might reasonably be expected to result in a claim, then such claim is excluded from any coverage that may be provided by the Company. Further, failure to disclose such claim, or such act, error, omission or Personal Injury may result in any insurance being void and/or subject to rescission.

- 1. Have any of those listed in Item 9. ever been subject to disciplinary action by authorities as a result of their professional activities?  Yes  No  
If “Yes”, provide complete details
  - 2. After inquiry, are any of your firm’s professionals aware of any deficiencies in work, during the last five (5) years, due to professional services by him or her, or by others whom the professional is legally responsible which may exceed \$10,000 in amount?  Yes  No  
If “Yes”, provide complete details.
  - 3. a. Has any professional liability claim or suit been made in the past five (5) years against your firm or its predecessor firm(s) or any current or former professional of the firm or its predecessor firm(s)? If Yes, indicate total number of claims \_\_\_\_\_  Yes  No  
b. After inquiry, does any of your firm’s professionals know of any act, error, omission or **Personal Injury** that might reasonably be expected to result in a claim against your firm or its predecessor firm(s) or any of the current or former professionals of the your firm or its predecessor firm(s)? If Yes, indicate total number of such incidents \_\_\_\_\_  Yes  No
- If Yes to Question 3, a Supplemental Claim Form must be completed for each claim or incident in order for your Application to be considered.

**PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF THE APPLICANT FIRM’S PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.**

**By signing this Application, the undersigned, on behalf of the Applicant firm and all professionals proposed for coverage represents and agrees to each of the following five (5) items:**

- 1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm professional is aware of any actual or alleged act, error, omission or **Personal Injury** that might reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in Section VI. of this Application; and
- 2. This Application, along with each of the attached applicable Supplemental Applications, are hereby being submitted to the Company (Please check all that apply):
  - CONSTRUCTION MANAGEMENT / DESIGN BUILD SUPPLEMENTAL APPLICATION (PAGE 14)
  - JOINT VENTURE SUPPLEMENTAL APPLICATION (PAGE 12)
  - SUPPLEMENTAL CLAIM FORM (PAGE 10)
  - EQUITY INTEREST SUPPLEMENTAL APPLICATION (PAGE 13)
  - ENVIRONMENTAL CONSULTANTS/ENGINEERS SUPPLEMENTAL APPLICATION (PAGE 11)
  -



3. Each of the statements and answers given in this Application, and in each of the Supplemental Applications checked in Number 2. above, are:
  - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the Company to provide insurance, and any policy issued by the Company is issued in specific reliance upon these representations.
4. This Application, along with each of the Supplemental Applications checked in Number 2. above, are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the Supplemental Applications are signed or dated.
5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in this Application, or any Supplemental Application, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.**

#### **FRAUD WARNING**

**Notice to Applicants of all states except Colorado, Louisiana and Ohio:**

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 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**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 Ohio Applicants – Fraud Prevention:**

Any person who, with the 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 – STATE INSURANCE GUARANTEE FUNDS**

General Star National Insurance Company is an “admitted” or “licensed” insurer in all states (except Connecticut, where General Star Indemnity Company is “admitted” or “licensed”), subject to the financial solvency Regulation and enforcement which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

General Star Indemnity Company is approved as a nonadmitted or surplus lines insurer in all states (except Connecticut, where General Star National Insurance Company is a surplus lines insurer). This surplus lines company does NOT participate in state insurance guarantee funds.

**Notice to California Applicants:**

NOTICE:

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV).
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-HELP (4357).
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

**Notice to Rhode Island Applicants:**

NOTICE

THIS INSURANCE CONTRACT THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**Notice to South Carolina Applicants:**

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

**Notice to Virginia Applicants:**

STATE CORPORATION COMMISSION  
 BUREAU OF INSURANCE  
 RULES GOVERNING SURPLUS LINES INSURANCE  
 VIRGINIA FORM SLB-9  
 DATE \_\_\_\_\_

Applicant/Insured \_\_\_\_\_  
 Name of Non-Admitted Insurer (If available) \_\_\_\_\_  
 Policy No. \_\_\_\_\_

NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (ss 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

\_\_\_\_\_  
(Name of Surplus Lines Broker)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Broker's Mailing Address)

**IMPORTANT NOTICE:** Failure of the Applicant firm to report any claim, or any act, error, omission or Personal Injury that might reasonably be expected to result in a claim against the Applicant firm or its professionals, to its current insurance company BEFORE expiration of its current policy term may create a lack of coverage.

**COMPLETION OF THIS SUPPLEMENTAL APPLICATION FORM DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, REGARDLESS OF WHETHER IT IS ATTACHED TO THE POLICY.**

**SUBMITTING THIS FORM AND/OR TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.**

An authorized representative who is an active owner, officer, or partner of the Applicant firm must sign this Application within thirty (30) days prior to the policy inception date.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title

Producer: \_\_\_\_\_

Code: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

	<b>Supplemental Claim Form</b>	
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**Instructions: Complete one form for each claim or suit, which has occurred during the past 10 years. Leave no blanks. If extra space is needed, attached separate sheet.**

1. Name of Claimant: \_\_\_\_\_
2. Date of alleged error: \_\_\_\_\_ Date Claim first reported: \_\_\_\_\_
3. Name of your insurance company: \_\_\_\_\_
4. Name of specific individuals of your firm named in action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Present status of Claim:     Pending     Suit     Closed

6. Date file closed: \_\_\_\_\_

7. If closed total loss amount: \$\_\_\_\_\_ If closed total expense paid: \_\_\_\_\_

8. If pending, amount asked in Summons: \$\_\_\_\_\_

9. Insurer's expense reserve: \$\_\_\_\_\_ Insurer's loss reserve: \_\_\_\_\_

10. Description of Claim including assessment of liability if pending: (Please provide complete enough information to allow evaluation)

a. Allegation upon which Claimant bases Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Description of case and events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Director/Partner/Principal:** \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insured \_\_\_\_\_

	<b>ENVIRONMENTAL CONSULTANTS / ENGINEERS SUPPLEMENTAL APPLICATION</b>	
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Fiscal year ends: \_\_\_\_\_

A. Enter the firm's gross receipts (gross receipts to include reimbursable expenses and consulting fees) attributable to the following:

<u>OPERATIONAL AREA</u>	<u>GROSS RECEIPTS</u>			<u>PERCENTAGE TO BE SUBCONTRACTED</u>
	<u>Past 12 Months</u>	<u>Present 12 Months</u>	<u>Projected 12 Months</u>	
1. Preparation of environmental studies, reports, assessments and audits:	_____	_____	_____	_____ %
2. Remedial action investigation, feasibility studies and inspection where firm is not involved in design:	_____	_____	_____	_____ %
3. Site selection evaluation:				
a. Real estate selection:	_____	_____	_____	_____ %
b. Waste site selection:	_____	_____	_____	_____ %
c. Other: (please describe below)	_____	_____	_____	_____ %
4. Environmental Project Management:	_____	_____	_____	_____ %
5. Preparation of Environmental Permit Applications:	_____	_____	_____	_____ %
6. Laboratory analysis and testing, including sub-contracted costs:	_____	_____	_____	_____ %
7. Soil, air and water sampling and testing:	_____	_____	_____	_____ %
8. Training and education:	_____	_____	_____	_____ %
9. Preparation of manuals and other publications:	_____	_____	_____	_____ %
10. Remedial design: (with supervisory services, please describe below)	_____	_____	_____	_____ %
11. Remedial design: (without supervisory services, please describe below)	_____	_____	_____	_____ %
12. Other: (please describe below)	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____ %

B. To what entities are operations subcontracted? Please list them with a description of contracted operations below.

<u>ENTITY</u>	<u>TYPE OF OPERATIONS</u>

Name of Insured: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JOINT VENTURE  
SUPPLEMENTAL APPLICATION**

**SUPPLEMENTAL APPLICATION FOR JOINT VENTURE COVERAGE  
TO BE COMPLETED FOR EACH JOINT VENTURE.**

1. Name of Applicant: \_\_\_\_\_
2. Legal name of Joint Venture: \_\_\_\_\_
3. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Location of Project: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
5. Owner of Project: \_\_\_\_\_
6. Services to be performed by Applicant: \_\_\_\_\_  
\_\_\_\_\_
7. Name and address of other Members: (If you need additional space, continue on a separate sheet and indicate the question number)
  - a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  - b. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  - c. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  - d. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
8. Total construction value of Project: \$ \_\_\_\_\_
9. Gross fees from Project for all Members: \$ \_\_\_\_\_
10. Applicant's gross fees from Project:  
Prior year: \$ \_\_\_\_\_ Current year: \$ \_\_\_\_\_ Next year: \$ \_\_\_\_\_
11. Joint Venture contract signing date: \_\_\_\_\_
12. Design: Beginning date: \_\_\_\_\_ Completion date: \_\_\_\_\_
13. Construction: Beginning date: \_\_\_\_\_ Completion date: \_\_\_\_\_
14. Percentage of Joint Venture completed: \_\_\_\_\_%
15. Is Applicant's portion of Joint Venture currently insured? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Do other Members carry insurance on Joint Venture? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Insured: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<b>EQUITY INTEREST SUPPLEMENTAL APPLICATION</b>	
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PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CURRENT OR CONTEMPLATED CLIENT PROJECT IN WHICH YOUR FIRM OR ANY PRINCIPAL, PARTNER, OFFICER, DIRECTOR OR SHAREHOLDER OF YOUR FIRM OR AN IMMEDIATE FAMILY MEMBER OF ANY SUCH PERSON, HAVE AN OWNERSHIP INTEREST

1. Name and location of Project: \_\_\_\_\_
2. Description of Project: \_\_\_\_\_
3. Name of individual holding interest: \_\_\_\_\_
4. Names of other Owners of the project: \_\_\_\_\_
5. a. Provide the highest percentage of total ownership held by the firm (include all individuals) during period of service : \_\_\_\_\_ %  
b. Provide the highest dollar amount of equity held by the individual(s) during such period of service \$ \_\_\_\_\_
6. Services provided by your firm: \_\_\_\_\_  
\_\_\_\_\_
7. Total construction value of project: \$ \_\_\_\_\_
8. Total fees from the project: \$ \_\_\_\_\_
9. Applicant's fee from the project: \$ \_\_\_\_\_
10. Design phase:     Beginning date: \_\_\_\_\_ Completion date: \_\_\_\_\_
11. Construction phase:     Beginning date: \_\_\_\_\_ Completion date: \_\_\_\_\_
12. Has any claim or suit such as would be covered by the proposed insurance been made against the Applicant or any of the Owners named in Question 4? \_\_\_YES \_\_\_NO If "YES", provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Does the applicant or any of the owners named in Question 4 have knowledge of any prior act, error, omission or **Personal Injury** or of any other circumstance that is or could be a basis for a claim under the proposed insurance? \_\_\_YES \_\_\_NO If "YES", provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Insured: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	<p><b>CONSTRUCTION MANAGEMENT/DESIGN BUILD SUPPLEMENTAL APPLICATION</b></p>	
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1. **Name of Firm:** \_\_\_\_\_

2. Construction Management/Design Build Construction Values:

	<u>Construction Values</u>		
	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Year</u>
<b><u>Construction Management (CM)</u></b>			
CM Only	_____	_____	_____
CM & Design	_____	_____	_____
CM & Construction	_____	_____	_____
CM, Design & Construction	_____	_____	_____
<b><u>Design and Construction</u></b>			
Design Only	_____	_____	_____
Construction Only	_____	_____	_____
Design and Construction	_____	_____	_____
<b><u>Other</u></b> (Describe below)			
	_____	_____	_____
_____			
_____			
_____			

3. List on a separate sheet the 10 largest construction management or design/build projects
4. Do you subcontract services to others? If "Yes", specify on a separate sheet the type and approximate percentage of services subcontracted. \_\_\_\_\_ Yes \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_ including the type of project, services performed construction values and completion date.

**Signature of Director/Partner/Principal:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_