



For All the Commitments You Make®

ERRORS AND OMISSIONS INSURANCE FOR CONSTRUCTION, TECHNICAL AND PLANNING CONSULTANTS

IMPORTANT INSTRUCTIONS:

Please:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number.
3. This form must be completed, signed, and dated by a principal, partner, or officer of your firm.
4. Mail completed application through local broker or agent:

Victor O.

Schinnerer

& Company, Inc.

Underwriting Managers and Program Administrators
Two Wisconsin Circle, Chevy Chase, MD 20815-7022
(301) 961-9800 Fax: (301) 951-5444

New Application Renewal Application

Renewal Policy # _____

Schinnerer Use Only

NOTE:

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claims" means the receipt of a demand for money or services, naming "you" and alleging a "wrongful act."

The limits of liability stated in the policy are reduced by the cost of defense. Legal defense costs also may be applied against your deductible, if applicable to the claim. If you have any questions about the coverage, please discuss them with your insurance agent.

Please indicate per claim/aggregate limits of liability and deductibles desired:

Limits _____ Deductibles _____

<p>1. Name of Firm(s) _____</p> <p>Address of Principal Office (List addresses of all branch offices on a separate sheet)</p> <p>County: _____ Telephone: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><input type="checkbox"/> Corporation <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____ (Identify)</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship Tax ID # _____ Year Firm Established 19____</p>	

2. Indicate Number of Staff:

Please include **resumes** for all principals, partners, officers, directors, and key personnel, listing professional qualifications, licenses, registrations or certifications and employment history.

A. Principals, Partners, Officers & Directors:	C. Office Employees (Clerks, Typists, etc.):
B. Professional and Technical Employees:	D. Total Staff (A + B + C):

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Name							
Address							
Status	Yes	No	License No.	Phone	FAX	Yes	No
Licensed CNA Agent (Casualty Lines)				Licensed Casualty Agent w/Co. Other Than CNA			
Licensed Broker				Non-Resident (If Applicable)			

3. Please show the number of employees who left the firm in the last 12 months: Professional Staff _____
 Management _____

4. Please list all professional or trade associations for which you hold membership. Please attach a separate sheet if necessary.

5. Describe the nature of your operations. Please attach a brochure describing your firm's services if available.

6. Please provide the following information regarding your firm's five largest **current** contracts:

Client	Location	Services	Total Gross Billings	Construction Values

7. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management, or control of a company engaged in:

- A. Actual construction, installation, fabrication or erection Y N
- B. Design/Build or turnkey Y N
- C. Development, sale, or leasing of computer software or hardware to others Y N
- D. Real estate development Y N
- E. The design development, manufacture, sale, lease, or distribution of any product, process, or patented production process Y N

If answer to A, B, C, D or E is yes, please provide full details on a separate sheet, including a description of the services performed, construction values involved, relationships of persons and fees received. Enclose sample contract(s). Also submit evidence of General Liability Coverage and Workers Compensation Insurance.

8. Does your firm provide construction management services? Y N

Please indicate the percentage of construction management services rendered in connection with the following project types:

- A. Agent of owner _____ %
- B. At risk (assuming responsibility for the construction) _____ %

9. A. Does your firm or any principal, partner, officer, director, or shareholder of your firm or an immediate family member of any such person have ownership interest or management responsibility in any project for which services are being or are to be rendered by your firm? Y N

B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder, or employee? Y N

If yes, please provide full details on a separate sheet.

10. Is your firm controlled, owned by, associated with or does your firm control or own any other entity? Y N

If yes, please provide full details on a separate sheet.

NOTE: Questions 11 through 17 refer to total gross billings, whether or not collected, for your firm's past accounting year (12 months) including fees paid to consultants. (Newly formed firms should use estimated total gross billings for the next 12 months.)

11. Date of Reporting Period: From _____, 19__ To _____, 19__

	Total Gross Billings	Construction Values
A. *Joint venture projects (your portion of JV billings):	\$	*\$
B. Feasibility studies, master plans, reports, opinions, or non-structural interior design. Note interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures, and finishes. It does not include services associated with renovations (other than space planning):	\$	\$
C. *Projects insured under separate Project Policies:	\$	*\$
D. Direct reimbursables by contract (i.e., travel, per diem, billings for reproduction, etc.). Do not include consultants:	\$	\$
E. All other billings:	\$	\$
F. TOTAL PAST ACCOUNTING YEAR (A + B + C + D + E = F):	\$	\$

* For A. and C. please provide the **name, location, and current status** of each project on a separate sheet.

12. A. What is the approximate percentage of your firm's total gross billings for your past accounting year (12 months) that is attributable to consultants? _____

B. Do you require your consultants to show evidence of Errors and Omissions Insurance? Y N

13. Estimate your firm's total gross billings for the next 12 months: \$ _____

14. As the percentage of your firm's net billings (total gross billings less billings for consultants), please indicate which of the following services were performed by **your** firm during the past accounting year. **This section should equal 100%.**

Acoustical Consulting _____ %	Food Handling/ Kitchen Consulting _____ %	Non-Destructive Testing _____ %
Agricultural Engineering _____ %	Forensic Consulting _____ %	Photogrammetry _____ %
Air Balancing _____ %	Geology _____ %	Planning _____ %
Audio/Visual Consulting _____ %	Graphic Consulting _____ %	Roofing Consulting _____ %
Civil Engineering _____ %	Interior Design _____ %	Soils Engineering _____ %
Construction Management _____ %	Irrigation Engineering _____ %	Sprinkler Design _____ %
Drafting Services _____ %	Laboratory Testing _____ %	Telecommunication/ Communication Engineering _____ %
Elevator Consulting _____ %	Management Consulting _____ %	Other _____ %
Environmental Engineering _____ %	Mining Engineering _____ %	
Facilities/Operations Management Consulting _____ %		

15. Please indicate the approximate percentage of your total gross billings in Item 11, if any, derived from the following services or projects:

Asbestos Abatement _____ %	Hazardous Waste Sites _____ %
Asbestos Evaluation _____ %	Superfund Sites _____ %
Ground Testing _____ %	Solid Waste Sites _____ %
Surveys of Subsurface Conditions _____ %	Air/Water Quality Testing _____ %
Foundation, Sheet piling, and Shoring Design _____ %	Machinery/Equipment Design _____ %
Industrial Processing/Piping _____ %	Inspections of Homes/Commercial Properties for Prospective Buyers or Lenders _____ %
Environmental Permitting/Monitoring _____ %	Continuing Service, Inspection, or Maintenance Contracts _____ %
Landfills _____ %	Projects Located Outside U.S., Its Territories or Canada _____ %
Underground Storage Tanks _____ %	Other (please specify) _____ %

Please note that the categories overlap and the total does not have to equal 100%.

16. Please indicate the approximate percentage of your total gross billings in Item 11 derived from each of the following categories of clients:

Commercial _____ %	Industrial _____ %	State Governments _____ %
Contractors _____ %	Federal Government _____ %	Institutional _____ %
Design Professionals _____ %	Local Governments _____ %	Other (Public) _____ %
Lending Institutions _____ %	Real Estate Developers _____ %	Other (Private) _____ %

17. Were more than 50% of your total gross billings in Item 11 derived from a single client or contract? If yes, specify client, description of services, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue.

Y N

18. A. Does your firm use written contracts or letter agreements for all services? If no, please describe the circumstances when oral agreements are used. Y N
- B. Are contracts or letter agreements reviewed by your firm's legal counsel for liability implications prior to signing? Y N
- C. Does your firm ever indemnify or "hold harmless" another entity? If yes, please be aware that the policy provides only limited form contractual liability coverage (i.e., limited to your firm's negligent acts, errors, or omissions). Y N
- D. Does your firm use purchase orders for service agreements? Y N
- E. Does your firm use AIA B801 or CMAA contracts? Y N
19. A. Does your firm follow in-house quality control procedures? Y N
- B. Are all appropriate staff members familiar with these procedures? Y N
20. Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization? Y N

If yes, please provide full particulars on a separate sheet, listing each firm name in chronological order and specify the date of the change, and include claims information for each firm name in your response to questions 21 and 22.

The policy of insurance being applied for will not respond to any "claim" or circumstance identified, or that should have been identified, in questions 22 and 23.

Note: Questions 21 through 26 apply to new applicants only.

21. Has your firm or any subsidiary or predecessor firm ever filed for bankruptcy under a Chapter 7 or 11? Y N

22. Have any claims been made or legal actions been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? Y N

If yes, provide the following information for each claim on a separate sheet:

- | | |
|------------------------------|---|
| A. Date of claim | E. Insurance company reserve, if any |
| B. Claimant or plaintiff | F. Defense attorney's or insurance company's evaluation of exposure/potential liability |
| C. Allegations | G. If closed, total amount paid for indemnity and defense costs |
| D. Demand or amount of claim | H. Deductible applicable |

23. After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? Y N

If yes, on a separate sheet please give details of this situation, including name of contract and claimant, dates, nature of situation and amount of damages.

24. Please provide total gross billings for each of the past five years.
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 (most recent)

25. On a separate sheet, please list your **ten** largest contracts in terms of billings for services during the past **five** years. Provide name, location, type, client, nature of services rendered and status.

26. **PRIOR INSURANCE INFORMATION**

A. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? If yes, please give details. Y N

B. Do you carry Professional Liability Coverage? If yes, then answer questions 1-5? Y N

1. What is your carrier's name? _____

2. What is your limit and deductible? _____

3. What is your policy's expiration date? _____ / _____ / _____

4. How many years have you continuously carried coverage? 1__ 2__ 3__ 4__ 5__ 5+__

5. Retroactive coverage date in current policy: _____

C. Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? Y N

If yes, on a separate sheet please give details of this situation, including name of contract and claimant, dates, nature of situation and amount of damages.

Warning — New York Residents

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 shall also be subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

Fraud Prevention — Ohio Warning

Any person who, with 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.

Fraud Prevention — Florida Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Fraud Prevention — Colorado Warning

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.

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge 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 insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Name of Principal, Partner, Director or Officer _____
(Please Type or Print)

Title _____

Signature _____ Date _____
(Principal, Partner or Officer)

NOTE: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.