

**Design Professional Advantage Professional Liability Policy Application** 

V042022

#### **Instructions for Completing this Application**

- Answer all questions completely.
- Attach additional pages if space is insufficient.
- Submit all requested information, documents or supplements.
- Have the Application signed and dated by an authorized corporate officer.



NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE POLICY. THE LIMITS OF LIABILITY ARE REDUCED BY CLAIMS EXPENSE AND CLAIMS EXPENSE SHALL BE APPLIED TO THE SELF INSURED RETENTION. PLEASE READ THE POLICY CAREFULLY.

| 1. Applicant Name:                                      |                           |                   |       |      |
|---|---------------------------|-------------------|-------|------|
|   |                           |                   |       |      |
| Address:  | State of Incorporation: . |                   |       |      |
|   | • Email:                  |                   |       |      |
| Telephone:  | • Website:                |                   |       |      |
| The Applicant has been in business since:/              |                           |                   |       |      |
| ☐ Corporation ☐ Limited Liability Company ☐ Partnership | ☐ Sole Proprietorship     |                   |       |      |
| ☐ Other:  |                           |                   |       |      |
|   |                           |                   |       |      |
|   |                           |                   |       |      |
| 5. Common Ownership: (Provide Name(s) and details)      |                           |                   |       |      |
| 5. Common Ownership: (Provide Name(s) and details)      |                           | Coverage Desired? |       | □No  |
|   |                           | Coverage Desired? | ☐ Yes | □ No |
|   |                           | _                 | ☐ Yes | □ No |



**Design Professional Advantage Professional Liability Policy Application** 

V042022

#### 7. Number of Personnel:

|            | Architects | Engineers | Land Surveyors | Landscape Architects | All Other | Total |
|------------|------------|-----------|----------------|----------------------|-----------|-------|
| Principals |            |           |                |                      |           |       |
| Staff      |            |           |                |                      |           |       |
| Total      |            |           |                |                      |           |       |

8. Geography: (Please provide the percentage of your firm's gross fees attributable to the following)

| • USA:         | <u>%</u> | o Canada: | <u>%</u> | • Europe: | % | • Asia:  | <u>%</u> | o Other: | <u>%</u> |
|----------------|----------|-----------|----------|-----------|---|----------|----------|----------|----------|
| Please List Ot | her:     |           |          |           |   |          |          |          |          |
| - State:       | %        | - State:  | %        | - State:  | % | - State: | %        | - State: | %        |
| - State:       | %        | - State:  | %        | - State:  | % | - State: | %        | - State: | %        |

9. Gross Revenue: (Please provide your firm's Gross Revenue for the following years. Gross Revenue means the exact dollar amount of your firm's gross revenue, but not interest income or rental income)

|                               | Next Year  | Current Year | Last Year  | 2 Years Ago |
|-------------------------------|------------|--------------|------------|-------------|
| Date:                         | MM/DD/YYYY | MM/DD/YYYY   | MM/DD/YYYY | MM/DD/YYYY  |
| Direct Reimbursable Expenses: | \$         | \$           | \$         | \$          |
| Separately Insured Projects:  | \$         | \$           | \$         | \$          |
| Gross Revenue:                | \$         | \$           | \$         | \$          |

10. Professional Disciplines: (Please provide the percentage of your firm's gross fees attributable to the following disciplines. The total must equal 100%)

| Acoustical Engineer       | % | Fire Protection Engineering | % | Mining Engineering               | % |
|---------------------------|---|-----------------------------|---|----------------------------------|---|
| Architecture              | % | Forensic Engineering        | % | Naval / Marine Engineering       | % |
| Chemical Engineering      | % | HVAC Engineering            | % | Planning (Master / Space)        | % |
| Civil Engineering         | % | Interior Design             | % | Process Engineering              | % |
| Construction Management   | % | Laboratory Testing          | % | Soils (geotechnical) Engineering | % |
| Drafting                  | % | Land Surveying              | % | Structural Engineering           | % |
| Electrical Engineering    | % | Landscape Architecture      | % | Traffic Engineer                 | % |
| Environmental Engineering | % | Machinery Design            | % | Other:                           | % |
| Feasibility Studies       | % | Mechanical Engineering      | % | Other:                           | % |



**Design Professional Advantage Professional Liability Policy Application** 

V042022

11. Projects: (Please provide the percentage of your firm's gross fees attributable to the following types of projects. The total must equal 100%)

| Airport Facilities         | % | Houses – Single Family            | % | Road / Highway                   | % |
|----------------------------|---|-----------------------------------|---|----------------------------------|---|
| Airport Runways            | % | Jails / Justice                   | % | School / College / University    | % |
| Amusement Rides            | % | Landfill / Solid Waste Facilities | % | Shopping Center / Retail         | % |
| Apartments                 | % | Libraries                         | % | Storm Water                      | % |
| Assisted Living Facilities | % | Manufacturing / Industrial        | % | Subdivisions                     | % |
| Bridges                    | % | Mass Transit                      | % | Tunnels                          | % |
| Churches                   | % | Multi-family excl. condominium    | % | Warehouses                       | % |
| Condominiums*              | % | Nuclear                           | % | Water Treatment                  | % |
| Convention Center          | % | Office Buildings                  | % | Water / Sewer Pipelines          | % |
| Dams                       | % | Parking Structures                | % | Utilities (Gas, Electric, Steam) | % |
| Environmental Remediation  | % | Petrochemical                     | % | Other:                           | % |
| Harbors / Piers / Ports    | % | Pools                             | % | Other:                           | % |
| Hospital / Health Care     | % | Recreation / Sports / Arena       | % | Other:                           | % |
| Hotel / Motel              | % | Restaurants                       | % | Other:                           | % |

| o. Do you perform any actua  | l constructio | n or hire contractors to perfor | m construct  | ion? □ Yes* □ No                 |      |
|--|---------------|---------------------------------|--------------|----------------------------------|------|
| <ul> <li>If you perform construction<br/>the <u>Design/Build - Contract</u></li> </ul> |               |                                 | n or perform | design/build please complete     |      |
| The total should equal 100   | 0%)           | · ·                             |              | e to the following types of clie | nts. |
| Contractors  | %             | Local Government                | %            | Military                         |      |
|  |               | 61 1 6                          | %            | Other Design Professionals       |      |
| Developers   | %             | State Government                | 70           | Other Design Froressionals       |      |
| Developers Owners  | %             | Federal Government              | %            | Other:                           |      |



**Design Professional Advantage Professional Liability Policy Application** 

V042022

| Architecture   | %  | Fire Protection Engineering   | %  | PΙι                                  | umbing Engineering             | %         |
|--|--|---|--|--------------------------------------|--------------------------------|-----------|
| Civil Engineering  | %  | Forensic Engineering  | %  | So                                   | ils (geotechnical) Engineering | %         |
| Electrical Engineering   | %  | Interior Design   | %  | Str                                  | ructural Engineering           | %         |
| Environmental Engineering  | %  | Mechanical Engineering  | %  | Ot                                   | her:                           | %         |
| a. Do you require your subcont   | tractors to h  | asvo professional liability insur   | 2nco2  | Voc*                                 | □ No.                          |           |
|  |  | do you require them to carry?   |  | res                                  |                                |           |
| b. Do you obtain certificates of   | ,  |   |  | □ No                                 |                                |           |
| c. Do you have a written contra  |  |   | _  | _ N <sub>1</sub>                     |                                |           |
|  |  | clause benefiting your firm?  |  |                                      |                                |           |
| 3, ,   | ,  | , , ,   |  |                                      |                                |           |
| Contracts: (Please provide t   | -  | tage of your firm's gross fe  | es attribut  | able                                 | e to the following types of o  | contracto |
| The total should equal 1009  | %)   |   |  |                                      |                                |           |
| Your standard contract   | %  | A professional association contract   |  | %                                    | Oral agreement                 | %         |
| Your letter of agreement   | %  | Your client's contract  | (  | %                                    | Other:                         | %         |
|  |  |   |  | -1:4                                 | F-2 OV * OV                    |           |
| a. Does your firm enter into co  |  | ch give ownership of your doc   | uments to d  | client                               | ts? 🗌 Yes* 🗍 No                |           |
|  |  | I C.1   |  |                                      | 0,4                            |           |
|  |  | regarding the reuse of those a  |  |                                      | ☐ Yes ☐ No                     |           |
| b. Does your firm use a limitati   | on of liabilit   | ty clause in its contracts?   |  |                                      | ☐ Yes ☐ No                     |           |
|  | on of liabilit   | ty clause in its contracts?   |  |                                      | ☐ Yes ☐ No                     |           |
| b. Does your firm use a limitati   | on of liabilit   | ty clause in its contracts?   | Yes* \( \) N   | 0                                    |                                |           |
| b. Does your firm use a limitati   If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years  | on of liabilit<br>mit of your i<br>following a<br>s has the Ap   | ty clause in its contracts?   liability? \$  and include additional mate option or any director, officer,                                   | Yes* N erial if necessity of the complex of the com | o<br><b>essa</b><br>or               |                                |           |
| b. Does your firm use a limitati  If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give   | on of liability mit of your following as the Apn notice un   | ty clause in its contracts?   liability? \$  and include additional mate  | Yes* N  erial if necessary or omissions  | o<br><b>ess</b> a<br>or<br>ons       |                                |           |
| b. Does your firm use a limitati   If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains  | on of liability of your of following as has the Apn notice under the following of specific of specific of specific of specific on the following of specific of spe | ty clause in its contracts?   liability? \$  and include additional mate opticant or any director, officer, der the provisions of any error | Yes* N erial if necessor or omission might give r  | o<br><b>essa</b><br>or<br>ons<br>ise | ary)                           |           |
| b. Does your firm use a limitati • If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give or professional liability policy   | on of liability of your of following as has the Apn notice under the following of specific of specific of specific of specific on the following of specific of spe | ty clause in its contracts?   liability? \$  and include additional mate of the provisions of any error facts or circumstances which        | Yes* N erial if necessor or omission might give r  | o<br><b>essa</b><br>or<br>ons<br>ise | ary)                           |           |
| b. Does your firm use a limitati  If yes, what is the typical lin  Claims: (Please answer the a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains of Yes, attach details.  b. During the past five (5) years   | on of liability mit of your life following as has the Apn notice under the following and propositions and propositions and propositions and life following f | ty clause in its contracts?   liability? \$   | Yes* Nerial if necessor or omission might give repealed on the property of the | essa<br>or<br>ons<br>ise             | ary)                           |           |
| b. Does your firm use a limitati  If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains  If Yes, attach details.  b. During the past five (5) years proposed Applicant under a  | on of liability mit of your of following as has the Apn notice under of specific stany propositions, have any lany errors or   | ey clause in its contracts?   liability? \$   | Yes* Nerial if necessor or omission might give repealed of an illity policy of   | essa<br>or<br>ons<br>ise<br>         | ary)<br>                       |           |
| b. Does your firm use a limitati  If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains  If Yes, attach details.  b. During the past five (5) years proposed Applicant under a  | on of liability mit of your of following as has the Ap n notice un of specific st any proposes, have any lany errors or  | ty clause in its contracts?   liability? \$   | Yes* Nerial if necessor or omission might give repealed of an illity policy of   | essa<br>or<br>ons<br>ise<br>         | ary)<br>                       |           |
| b. Does your firm use a limitati   If yes, what is the typical lin  Claims: (Please answer the  a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains  If Yes, attach details.  b. During the past five (5) years proposed Applicant under a similar insurance?  If Yes, please complete the   | on of liability mit of your of following as has the Ap n notice un y of specific st any proposition, have any lany errors or any | ty clause in its contracts?   liability? \$   | Yes* Nerial if necessor or omission might give responsible or the policy of the policy | essa<br>or<br>ons<br>ise<br>         | ary)<br>                       |           |
| b. Does your firm use a limitati   If yes, what is the typical lin  Claims: (Please answer the a. During the past five (5) years other proposed Insured give or professional liability policy to a claim being made agains  If Yes, attach details.  b. During the past five (5) years proposed Applicant under a similar insurance?  If Yes, please complete the c. Does the Applicant, director, knowledge or information of | on of liability mit of your in following as has the Ap in notice unity of specific strany propositions, have any limity errors or conficer, emit any fact, ci  | ty clause in its contracts?   liability? \$   | Yes* Nerial if necessor omission might give resolution in the policy of  | essa<br>or<br>ons<br>ise<br>         | ary)                           |           |



Design Professional Advantage Professional Liability Policy Application

V042022

| e: (Please answer the following) y insurer declined, cancelled or refused to renew and similar insur n or any predecessor firm? (N/A in Missouri) please explain:  nilar insurance been issued to the Applicant? please complete:  urance Company  Premium  \$ \$ \$ \$ \$ \$ | Yes*                                   | ) No                          |
|---|--|-------------------------------|
| y insurer declined, cancelled or refused to renew and similar insur m or any predecessor firm? (N/A in Missouri)  | Yes*   Yes*   Limit of Liability Deduc | ) No<br>ctible Effective Date |
| y insurer declined, cancelled or refused to renew and similar insur m or any predecessor firm? (N/A in Missouri)  | Yes*   Yes*   Limit of Liability Deduc | ) No<br>ctible Effective Date |
| y insurer declined, cancelled or refused to renew and similar insur m or any predecessor firm? (N/A in Missouri)  | Yes*   Yes*   Limit of Liability Deduc | ) No<br>ctible Effective Date |
| nilar insurance been issued to the Applicant?   | Yes*  Limit of Liability Deduc         | ) No<br>ctible Effective Date |
| nilar insurance been issued to the Applicant?  please complete:  urance Company  Premium  \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| please complete:  prance Company  Premium  \$ \$ \$ \$  | Limit of Liability Deduc               | ctible Effective Date         |
| strance Company  Premium  \$ \$ \$ \$   |  |                               |
| \$ \$<br>\$ \$  |  |                               |
| \$ \$   | Ś                                      | MM / DD / VVVV                |
| \$ \$   | 1.5                                    | וווו (טט /ווווו               |
|   | Ψ                                      |                               |
|   | \$                                     | MM / DD / YYYY                |
| \$ \$   | *                                      |                               |
|   | \$                                     | MM / DD / YYYY                |
|   |  | MM/DD/YYYY                    |
| \$ \$   | \$                                     | וווווון לטט לוווווו           |
|   |  | MM / DD / YYYY                |
| \$ \$   | \$                                     | , ,                           |
|   |  |                               |
| s the retroactive date? • Month: / Day: / Yo  | ear: • Full Prior A                    | Acts O None                   |
| , pay , pay , n   | - Tail 11017                           | Note                          |
|   |  |                               |
| ne following materials regarding the Applicant:   |  |                               |
| atest financial statement including balance sheet if the desire   | ed SIR is in excess of \$25,00         | 0.                            |
| es of the firm's standard contracts used with their clients if ot   | her than professional assoc            | ciation form.                 |
| ef description of ten previous projects performed by the App  | licant.                                |                               |
| mes for the principals and key employees.   |  |                               |
| ive (5) years loss runs.  |  |                               |

\*NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE POLICY. THE LIMITS OF LIABILITY ARE REDUCED BY CLAIMS EXPENSE AND CLAIMS EXPENSE MAY BE APPLIED TO THE SELF-INSURED RETENTION. PLEASE READ THE POLICY CAREFULLY.



**Design Professional Advantage Professional Liability Policy Application** 

V042022

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE UNDERWRITER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH INCLUDING ANY WEBSITES ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE UNDERWRITER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE UNDERWRITER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

#### **WARNING**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S) HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER 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 MAY BE GUILTY OF INSURANCE FRAUD WHICH MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISONS.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE INCLUDING ATTACHMENTS AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

| Signed: |                          |   |                                   |  |
|---------|--------------------------|---|-----------------------------------|--|
|         | (Must be signed          | by corporate officer was Applicant's beha | vith authority to sign on<br>llf) |  |
| Date:   | <br>Month<br><i>(MM)</i> | <br>Day<br><i>(DD)</i>                    | <br>Year<br>(YYYY)                |  |



#### Design/Build • Contractors Professional Supplement

Please complete this form if the Applicant performs actual construction and/or provides professional services using the design build delivery method as indicated in Question 11 (b) .

|  | Th                     | is Year              | Ne                     | xt Year              |
|--|------------------------|----------------------|------------------------|----------------------|
|  | Construction<br>Values | Professional<br>Fees | Construction<br>Values | Professional<br>Fees |
| Design Only –<br>No Construction       | \$                     | \$                   | \$                     | \$                   |
| Construction Management<br>At Risk     | \$                     | \$                   | \$                     | \$                   |
| Construction Management Agency         | \$                     | \$                   | \$                     | \$                   |
| Construction Only –<br>No Design       | \$                     | \$                   | \$                     | \$                   |
| Design/Build –<br>In House Design      | \$                     | \$                   | \$                     | \$                   |
| Design/Build –<br>Subcontracted Design | \$                     | \$                   | \$                     | \$                   |
| Other:                                 | \$                     | \$                   | \$                     | \$                   |
| Total                                  | \$                     | \$                   | \$                     | \$                   |

| 1. | Do you require your subcontractors to have commercial general liability (CGL) and professional liability insurance? | ] Yes* | □ No |
|----|---|--------|------|
|    | • If yes, what minimum limit of liability do you require them to carry? \$  |        |      |
| 2. | In the past five years have you worked on any type of residential  Condominium project?                             | ☐ Yes* | □No  |
|    | o If yes, please explain:   |        |      |
|    |   |        |      |
|    |   |        |      |
|    |   |        |      |
|    |   |        |      |
| 3. | Do you require subcontractors to name you as an additional insured on their CGL policy?                             | ] Yes  | □ No |
| 4. | Do you require subcontractors to obtain a waiver of subrogation in your name on their CGL policy?                   | ] Yes  | □ No |
| 5. | Do you obtain certificates of insurance from all subcontractors?  | ) Yes  | □No  |
| 6. | Do you have a written contract with your subcontractors?  | ] Yes  | □No  |
| 7. | If yes, does it have an indemnification clause benefiting your firm?  | ) Yes  | □No  |
|    |   |        |      |

(Continue on next page)



### Design/Build • Contractors Professional Supplement

| 8.  | B. Do you have a written in-house quality control procedure? ☐ Yes* ☐ No   |        |      |  |  |
|-----|--|--------|------|--|--|
|     | • If yes, when was it last updated? Month: / Day: / Year:  |        |      |  |  |
| 9.  | . Do you have a written health and safety manual?  | l Yes* | □ No |  |  |
|     | • If yes, when was it last updated? Month: / Day: / Year:  |        |      |  |  |
| 10. | 0. What is your worker's compensation experience mod?  |        |      |  |  |
| 11. | Are you aware of any unresolved construction disputes including an unexcused delay, a budget overrun or a change an unapproved change order?   • If yes, please explain: | l Yes* | □ No |  |  |
|     |  |        |      |  |  |
| 12. | . Have you ever defaulted, failed to complete a contract, had liquidated damages assessed or been removed from a project?  | J Yes* | □ No |  |  |
|     | o If yes, please explain:  |        |      |  |  |
|     |  |        |      |  |  |
|     |  |        |      |  |  |
|     |  |        |      |  |  |
|     |  |        |      |  |  |
| Sig | ned: Date:   |        |      |  |  |



#### **Claims Supplement**

Please complete this form if the Applicant is aware of any claims as indicated in Questions 15 (a), 15 (b) and 15 (c) of the Application (including any circumstances reported to previous insurers which have not developed into claims) during the last five (5) years.

| 1. Name of Applicant:  |  |  |  |  |
|--|--|--|--|--|
| 2. Name of Member of Staff involved in claim:  |  |  |  |  |
| 3. Name of (potential) claimant:   |  |  |  |  |
| 4. Date of incident: Date claim was made:  |  |  |  |  |
| 5. Under which policy was the claim made?  |  |  |  |  |
| o Carrier:   |  |  |  |  |
| o Policy No.:  |  |  |  |  |
| 6. Status of claim: Closed* Open*  |  |  |  |  |
| Old Closed, please indicate Total Loss Paid (including defense expenses):                                      |  |  |  |  |
| o If Open, please indicate:  |  |  |  |  |
| - Total defense costs and expenses to date:  |  |  |  |  |
| - Damages or other relief sought by the claimant(s):   |  |  |  |  |
| - Insurers loss reserve:   |  |  |  |  |
|  |  |  |  |  |
| 7. Please provide the following details:   |  |  |  |  |
| √ The specific act, error or omission upon which the claimant bases the claim.                                 |  |  |  |  |
| ✓ A brief description of the claim.  |  |  |  |  |
| ✓ Details of the risk management steps that the Applicant has taken to avoid<br>a similar claim in the future. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Signed: Date:  |  |  |  |  |



### **Project Description Supplement**

| 1. Project Name/Client:  |                 |  |  |
|--------------------------|-----------------|--|--|
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 2. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 3. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 4. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 5. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 6. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 7. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 8. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 9. Project Name/Client:  |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |
| 10. Project Name/Client: |                 |  |  |
| Services Provided:       |                 |  |  |
| Construction Value:      | Date Completed: |  |  |