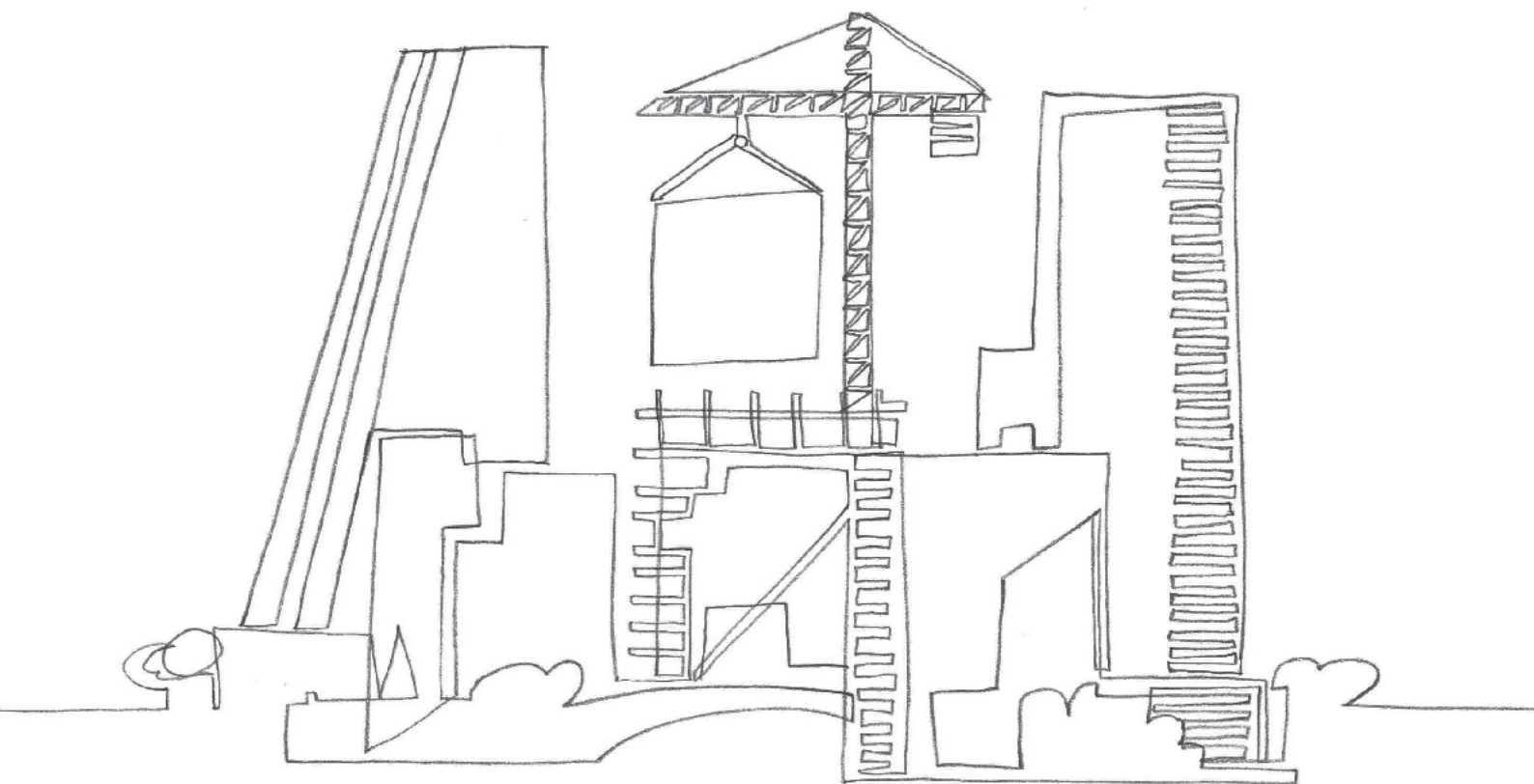


application form



Owners' Protective Professional Liability Insurance

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE CAN BE WRITTEN ON A CLAIMS MADE AND REPORTED BASIS OR ON A CLAIMS MADE/OCCURRENCE COMBINED BASIS, WHICH MEANS THAT SOME COVERAGES UNDER THE POLICY APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF APPLICABLE OR ACCIDENTS TAKING PLACE DURING THE POLICY PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS APPLICATION CAREFULLY.

1. Please state the name of the applicant hereon referred to as the "Named Insured".
This will usually be the owning entity of the project.

2. Please state the physical address of the Named Insured

Zipcode

3. Please state the following for the Named Insured.

a. Contact name

b. Email address

c. Web address

4. What is the business establishment date of the Named Insured Date: / /

5. Please attach information detailing the Named Insured's past experience in property development and construction procurement.

6. What is the name and location of the project for which cover is required

7. Has the project been awarded yet? Yes No



8. Please provide a brief summary of the nature and purpose of the project. Provide full details by attachment.

9. Please describe the works being constructed. Please provide full details by attachment.

10. Please state the estimated total construction cost of the project.

11. Please state the estimated total development cost of the project (including land purchase costs, sales & marketing, all professional fees etc.)

12. What are the total estimated professional fees relating to the design and construction of the project? This should include all design, project/construction management & supervision fees.

13. Does any part of the project comprise or include prototype or innovative construction techniques, designs or materials? Yes No

14. Construction period (dd/mm/yyyy)

a. Design phase	From	/	/	To	/	/
b. Construction	From	/	/	To	/	/
c. Maintenance period	From	/	/	To	/	/



15. Are any of the following work types included within the project? If so, please indicate the value of such works.

a. Diaphragm walls	Yes	No	Value
b. Bridges	Yes	No	Value
c. Tunnels or shafts	Yes	No	Value
d. Near shore or offshore structures	Yes	No	Value
e. Heavy duty floor slabs or pavement structures.	Yes	No	Value
f. Renewable energies (waste to energy, biofuels etc)	Yes	No	Value
g. Process engineering	Yes	No	Value
h. Swimming pools or basements	Yes	No	Value
i. Building envelope systems	Yes	No	Value

If 'Yes', to any of the above, please provide full details.

16. Does the Named Insured require that this professional indemnity insurance continues in force beyond completion of the maintenance period? Yes No
 a. If 'Yes', what further period (known as an extended reporting period) is required?

17. Does the construction schedule detailed in Question 14 allow for delays in the critical path? Yes No
 If so, please describe.

18. Has the Named Insured built any contingency funding into the project in the event of a costs overrun? Yes No
 If so, please provide details.

19. What is the project delivery method used on the project?

i. Design-bid-build	Yes	No
ii. Design-build	Yes	No
iii. Integrated project delivery	Yes	No
iv. P3	Yes	No
v. Other (describe on separate sheet)	Yes	No



20. What are the sources of funding for the project?

21. List the information required below for any entity under contract (directly or indirectly) with the Named Insured providing professional services on the project and where protective coverage is required. Where the same entity is providing different professional duties, please complete a line for each professional duty. Please note that no coverage will apply to services undertaken by any entity who is not listed here.
Please see Appendix A at the end of this application form.

22. Name and address of the prime contractor engaged by the Named Insured

23. Has the main contractor worked with the Named Insured before? Yes No

24. Please provide details by attachment of the consultant/contractor or selection process.

25. Has the contractor worked with the professional team before? Yes No

26. Who retains the risk for unforeseen or unforeseeable ground conditions arising from the project?

27. Do you require the professional team to sign up for a duty of care beyond 'reasonable due care and skill'? Yes No

28. Does any part of the work incorporate environmentally friendly or low carbon footprint technologies / requirements? Yes No

29. Does any part of the works involve repetitive design and construction? e.g. bathroom pods? Yes No

30. Is any part of the work required to meet performance criteria which are more onerous than typically expected in contracts of this nature or are beyond internationally recognised standards? Yes No

31. Do you require entities providing professional services to agree to liquidated damages, penalty charges, unavailability charges or similar provisions within their contract terms to you? Yes No

32. Do any of the contracts you have with entities performing professions services to you include a 'waiver of consequential damages' clause or any similar language? Yes No

If 'Yes' to any of questions 27 through 32, please provide details below – including values where applicable.

33. What limits of liability are required under this proposed insurance contract?
34. What level of self-insured retention are you prepared to carry?
35. Do you require this proposed policy extended to include protective pollution coverage? Yes No
 If so;
 a. What is the limit of liability that you require under this proposed insurance?
 b. What limit do you require your contractors to carry in respect of contractors pollution liability coverage?
36. Has the Named Insured been a party to any dispute(s), claim(s) or suit(s) involving professional services or environmental issues in the past 10 years? Including where the Named Insured has brought a claim against another party. Yes No
 If 'Yes', please provide the following details by attachment. *Date. Nature and amount of demand. Description of circumstances and allegations. Current status. Damages and expenses paid. Date closed.*
37. Is the Named Insured aware of any fact(s), incident(s), event(s) or circumstance(s) that may result in any claim(s) being made against you or by you against any other party out of a project to be insured under this policy? Yes No

Declaration

All material facts must be disclosed to underwriters whether or not the subject of a specific question above. A material fact is one which a prudent underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non-disclosure or misrepresentation of material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered material, you should disclose them.

I declare that the particulars and answers provided above and in any attached documents are correct and complete in every respect to my knowledge. I agree that this declaration shall form the basis of the contract of insurance between me and the underwriters if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person than the undersigned, such a person is deemed to be the agent of the proposer for the purpose of completion purposes.

If any information supplied on the application changes between the date of the application and the effective date of the proposed insurance contract, the applicant is obligated to immediately notify us of such.

Signature

Full name

Date / /

If this application is completed in Florida, please provide the insurance agent's name and license number. If this application is completed in Iowa or New Hampshire, please provide the insurance agent's name and signature only.

Agent's printed name

Florida agent's license number

Agent's signature



Fraud warning disclosure

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

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 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 DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY 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 OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

