



8. Describe briefly, in narrative form, the Applicant's specialty in terms of projects undertaken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. a. Principals Qualifications

Name of Principal	Registered	Education Degree	Date & Place Acquired	Years with Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Total Personnel:

- i) Principals as above \_\_\_\_\_
  - ii) Total number of Professional registered Personnel \_\_\_\_\_
  - iii) Total number of technical personnel not registered \_\_\_\_\_
  - iv) Total number of field personnel \_\_\_\_\_
  - v) Total number of clerical and accounting employees \_\_\_\_\_
  - vi) Total number of administrative employees \_\_\_\_\_
  - vii) All others \_\_\_\_\_
- Total: \_\_\_\_\_

c. Is any individual or principal employed by or an officer of any other firm, organization, political body or sub-division thereof? Yes  No  If yes, please give full details.

\_\_\_\_\_  
 \_\_\_\_\_

d. Please provide resumes of all the Professional Registered Personnel (including Principals).

10. States in which the Applicant or Principals and Professional Registered Personnel are licensed: \_\_\_\_\_  
 \_\_\_\_\_ Any foreign work? \_\_\_\_\_  
 If yes, give details. \_\_\_\_\_

11. Have any of those listed in question 9 ever been the subject of disciplinary action by authorities as a result of their professional activities? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

12. Specify the Applicant's exact contract revenue accrued during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories. Exclude all income accrued from participation in any joint venture.

FISCAL YEAR REVENUE

	Immediate Past Year	Present Year
--	------------------------	--------------

- |   |          |          |
|---|----------|----------|
| (a) <b>Contracting:</b> without any responsibility for the provision of the design document   | \$ _____ | \$ _____ |
| (b) <b>General Building Contracting:</b> undertaking single contracts for the provision of both the design documents and construction services: | \$ _____ | \$ _____ |

- (c) **Electrical Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - (d) **HVAC and Plumbing Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - (e) **Mechanical/Industrial/Process Contracting:** undertaking single contracts for the provision of both the design documents and construction services: \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - (f) **Construction Management Services:** relative to projects for which the Applicant also acts as the general contractor: \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - (g) **Construction Management Services Only:** relative to projects for which the Applicant is not also acting as the general contractor: \$ \_\_\_\_\_ \$ \_\_\_\_\_
  - (h) Any other (describe): \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Total Annual Revenues: \$ \_\_\_\_\_ \$ \_\_\_\_\_

13. Does the Applicant foresee any substantial changes in the contract revenues shown in question 12 during the next twelve months? \_\_\_\_\_

14. Specify the percentage of the Applicant's contract revenue attributable to the following type of client for the immediate past fiscal year:

- (a) Federal Government and any Agency thereof \_\_\_\_\_ %
  - (b) State, County or Local Government and Agency thereof \_\_\_\_\_ %
  - (c) Real Estate Developers \_\_\_\_\_ %
  - (d) Other Private or Public Held Corporations \_\_\_\_\_ %
  - (e) Other Individuals, Partnerships or Joint Ventures \_\_\_\_\_ %
  - (f) Others (specify) \_\_\_\_\_ %
  - \_\_\_\_\_ %
  - \_\_\_\_\_ %
- Total: 100 %

15. During the immediate past fiscal year, did the Applicant derive more than 50% of its contract revenue from any one single client? Yes  No  If yes, give details. \_\_\_\_\_

16. Specify the percentage of the Applicant's contract revenue attributable to the following type of projects for the immediate past fiscal year:

- (a) Mines None  Yes  \_\_\_\_\_ %
- (b) Harbors & jetties None  Yes  \_\_\_\_\_ %
- (c) Bridges & tunnels None  Yes  \_\_\_\_\_ %
- (d) Dams None  Yes  \_\_\_\_\_ %
- (e) Nuclear & atomic projects None  Yes  \_\_\_\_\_ %
- (f) Petrochemicals, refineries, fertilizer, ammonia, urea plants None  Yes  \_\_\_\_\_ %
- (g) Hospitals None  Yes  \_\_\_\_\_ %
- (h) Schools None  Yes  \_\_\_\_\_ %
- (i) Industrial buildings None  Yes  \_\_\_\_\_ %
- (j) Commercial buildings None  Yes  \_\_\_\_\_ %
- (k) Municipal buildings None  Yes  \_\_\_\_\_ %
- (l) Private dwellings None  Yes  \_\_\_\_\_ %

(m) Condominiums	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(n) Highrise apartment buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(o) Sewage systems	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(p) Water systems	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(q) Asbestos	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(r) Environmental	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
(s) Other (Specify)			
_____		Yes <input type="checkbox"/>	_____ %
_____		Yes <input type="checkbox"/>	_____ %
Total:			_____ 100 %

17. Does the Applicant utilize independent subcontractors or Design Professionals or Consultants for:

- (a) Construction work? Yes  No
- (b) Architectural, Engineering or Surveying Services? Yes  No
- (c) Construction Management Services? Yes  No

If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

- (a) Construction work? Yes  No
- (b) Architectural, Engineering or Surveying Services? Yes  No
- (c) Construction Management Services? Yes  No

If yes, describe on a separate Exhibit the work or services which are subcontracted by the Applicant to others and the criteria utilized by the Applicant in the selection of such subcontractors, Design Professionals or Consultants.

18. Where the Applicant subcontracts architectural, engineering, surveying or construction management services, the Applicant agrees to promissorily warrant that certificates of professional liability insurance will be required from all Design Professionals and Consultants to whom he subcontracts such services. Yes  No

19. For any other work which the Applicant subcontracts, the Applicant agrees to promissorily warrant that certificates of comprehensive general liability insurance will be required from subcontractors to whom he subcontracts such work. Yes  No

20. On projects where the applicant renders Construction Management services, of the Standard Form of Agreements between Owner and Contractor for use by Construction Managers, which of the following standard forms does the Applicant use:

- (a) The American Institute of Architects? Yes  No
- (b) The Associated General Contractor of America? Yes  No
- (c) The Construction Management Association of America? Yes  No

Also, if any other form of Agreement is used by the Applicant for these services, please submit a copy of the standard form used.

21. If cover for Joint Venture projects is required, please give details as under for each Joint Venture projects:

- (a) Names and Address of other Members: \_\_\_\_\_
- (b) Type of Project and location? \_\_\_\_\_
- (c) Nature of services by Applicant: \_\_\_\_\_
- (d) Total Contract revenue from Joint Venture for all Members: \_\_\_\_\_
- (e) Contract revenue for Applicant's share: \_\_\_\_\_
- (f) Contract revenue for Applicant's share during the next fiscal year: \_\_\_\_\_
- (g) Give duration of the Joint Venture including approximate dates for all phases of design and construction: \_\_\_\_\_
- (h) Has the Applicant's portion of the Joint Venture been insured for professional liability thus far? \_\_\_\_\_
- (i) Do the other Members carry professional liability insurance on the Joint Venture project? If yes, please give details. \_\_\_\_\_

22. Does the Applicant or any subsidiary, parent or otherwise related entity engage in manufacturing, fabrication, or real estate development? Yes  No  If yes, please give details on a separate Exhibit.

23. Does the Applicant wholly or partly own, manage or otherwise control any other firm or organization (whether directly or indirectly) or is the Applicant wholly or partly owned, operated, managed or otherwise controlled by any other person, firm or organization (whether directly or indirectly)? Yes  No  If yes, provide full particulars and describe any interrelationship on a separate Exhibit.

24. Does the Applicant currently carry general liability and umbrella liability insurance? Yes  No  If yes, provide full particulars relative to his present policies.

- |   | General Liability  | Umbrella Liability                                       |
|---|--|--|
| (a) Carrier   | _____  | _____  |
| (b) Limit of Liability:   | _____  | _____  |
| (c) Anniversary Date:   | _____  | _____  |
| (d) Blanket Contractual?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| (e) Blanket X.C.U.?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| (f) Broad Form Property Damage?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| (g) Completed Operations?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| (h) Professional Services Exclusion as a separate endorsement applicable to all coverage parts? | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| (i) Following Form?   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

25. Does the Applicant currently carry professional liability insurance? Yes  No  If yes, provide full particulars of insurance carried for the past five years.

<u>Company</u>	<u>Policy No.</u>	<u>Limits</u>	<u>Deductible</u>	<u>Period (Including Dates)</u>	<u>Premium</u>
----------------	-------------------	---------------	-------------------	-------------------------------------	----------------



- (iv) Is the Applicant aware of any actual, alleged or suspected structural deficiencies (including a collapse)?  
 Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers: \_\_\_\_\_  
 \_\_\_\_\_
- (v) Is the Applicant aware of a delay, budget, contract sum or contract time having been exceeded not authorized by an approved change order, a change order for which additional compensation has not been agreed upon?  
 Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's professional liability carrier: \_\_\_\_\_  
 \_\_\_\_\_
- (vi) Is the Applicant aware of an injury having been sustained by a person or persons (other than an employee of the Applicant) that resulted in his total or partial disability or death? Yes  No  If yes, provide full particulars and indicate if the circumstance has been reported to the Applicant's general and professional liability carriers:
- (vii) Has the Applicant, a predecessor in business or a person, firm or organization for whom the Applicant has assumed the liabilities:
- (1) ever been declared in default? Yes  No
  - (2) otherwise failed to complete a construction contract in time for any reason whatsoever where the delay in substantial completion is beyond 90 days of the contract completion date? Yes  No
  - (3) has abandoned a project at any state after completion of working drawings and prior to substantial completion of the project? Yes  No

If any of the above are answered yes, please provide full particulars.

**It is agreed that if there be knowledge of any fact, circumstance, incident, situation or accident or other matter which subsequently results in claim being made against the applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.**

29. Attach a complete description of each of the Applicant's ten largest jobs in the last five years. Specify the name, client, services provided, value of construction and gross accrued income and the date construction was completed or will be completed.
30. Attach a copy of each of the Applicant's current brochures and include any other current literature advertising his capabilities.
31. Attach a copy of the Applicant's most recent financial statement.
32. Attach a resume for each of the Applicant's principals, partners, directors or officers and any other key professional personnel.
33. Attach a claims summary under the Applicant's Comprehensive General Liability policy for the last three years.
34. Coverage requested:

Limit: \$

Deductible: \$

Effective from \_\_\_\_\_ to \_\_\_\_\_

**The Applicant accepts notice that any Policy or Certificate which may be issued will apply on a “claims made” basis.**

I/we hereby declare that the above statements are true to the best of our knowledge. This Application shall be the basis of any Policy or Certificate issued and shall become a part thereof. Should the Applicant become aware of any claim, suit or dispute subsequent to the completion of this Application, but prior to the effective date of the Policy or Certificate applied for, the Applicant shall submit immediate written notice to the Company, which may alter any quotation previously give.

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

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

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

It is agreed that the completion of this Application does not bind the Underwriters nor the Applicant to complete the Insurance