

9. Identify the state(s) in which you are licensed to perform professional services and the percent of revenues generated from each:

State	%								

10. Foreign Work? Yes No

If Yes, please give full details: _____

11. Have any of the Principals Officers or Partners listed in Question 7 ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please give full details: _____

12. To what Professional Associations does the Applicant belong? _____

13. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction erection, manufacturing, fabrication or real estate development? Yes No

If Yes, please give details: _____

14. Are any principals, officers, directors or employees of the Applicant engaged in actual construction, erection, manufacturing, fabrication or real estate development? Yes No

15. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? Yes No

If Yes, please give details: _____

16. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest? Yes No

If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds: _____

17. Does the Applicant ever perform services on a salaried or annual retainer basis or act in the capacity of any employee or official of any governmental body? Yes No

If Yes, please give details: _____

18. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:

(Total Must Equal 100%)

Acoustical Engineering	_____ %	Landscape Architecture	_____ %
Architecture	_____ %	Land Surveying	_____ %
Asbestos Inspection, Testing or Abatement Design	_____ %	Laboratory Testing	_____ %
Chemical Engineering	_____ %	Machine/Equipment Design	_____ %
Civil Engineering	_____ %	Mechanical Engineering	_____ %
Construction/Project Management	_____ %	Mining Engineering	_____ %
Communication Engineering	_____ %	Naval/Marine Engineering	_____ %
Design/Build	_____ %	Nuclear Engineering	_____ %
Electrical Engineering	_____ %	Process Engineering	_____ %
Environmental Engineering	_____ %	Soil/Geotech Engineering	_____ %
HVAC Engineering	_____ %	Structural Engineering	_____ %
Interior Design	_____ %	Other (please specify)	_____ %

19. Please indicate the approximate percentage of billings derived from the following types of services (Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design _____%
- b. Design without supervisory services _____%
- c. Design & Observation _____%
- d. Construction/Project Management _____%
- e. Construction observation without design _____%
- f. Inspection services on existing structures _____%
- g. Inspections of homes/commercial properties for prospective buyers or lenders _____%
- h. Manufacture, sale or distribution of any product or process _____%
- i. Development, sale or leasing of computer software to others _____%
- j. Other _____%

20. Please indicate the approximate percentage of billings derived from each project type:
(Total Must Equal 100%)

Airport Runways/Taxiways	_____ %	Nuclear Facilities	_____ %
Amusement Rides/Parks	_____ %	Office Buildings	_____ %
Apartments	_____ %	Parking Structures	_____ %
Asbestos Abatement	_____ %	Petrochemical/Refineries	_____ %
Bridges	_____ %	Pools/Playgrounds	_____ %
Churches	_____ %	Power Plants	_____ %
Condominiums	_____ %	Pre-Engineered Buildings	_____ %
Convention		Pre-Fabricated Buildings	
Centers/Theaters	_____ %		_____ %
Custom Residential	_____ %	Recreation/Sports Facilities	_____ %
Dams	_____ %	Roads/Highways	_____ %
Environmental impact		Schools/Colleges	
Statements	_____ %		_____ %
Foundation or Shoring		Sewage Systems	
Projects	_____ %		_____ %
Harbors/Piers/Ports	_____ %	Sewage Treatment Plants	_____ %
Hospital/Healthcare	_____ %	Shopping Centers/Retail	_____ %
Hotels/Motels	_____ %	Site Development	_____ %
Industrial Waste Treatment	_____ %	Superfund/Pollution	_____ %
Jails/Justice	_____ %	Tract Homes/Subdivisions	_____ %
Landfills	_____ %	Traffic Planning	_____ %
Libraries	_____ %	Tunnels	_____ %
Manufacturing/Industrial	_____ %	Warehouses	_____ %
Mass Transit	_____ %	Water Systems	_____ %
Mines	_____ %	Other _____	_____ %

21. TYPES OF CLIENTS (Total must equal 100%)

Commercial	_____ %	Federal		Real Estate	
Contractors	_____ %	Government	_____ %	Developers	_____ %
Other Design Prof.	_____ %	State Government	_____ %	Other	_____ %
Institutional	_____ %	Local Government	_____ %		
		Industrial	_____ %		

22. Does the Applicant foresee any substantial changes in the percentage of items 17-20 during the next twelve months? Yes No

If Yes, please give details: _____

23. Gross Billings and Construction Values:

IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24

Dates:	Present 12 months		Previous 12 months	
	From _____	From _____	From _____	From _____
	To _____	To _____	To _____	To _____
Domestic Operations	Total Gross Billings	Construction Values	Total Gross Billings	
a. Joint Venture Projects Applicants Portion Only	\$ _____	\$ _____	\$ _____	
b. Projects Insured Under Separate Project Policies	\$ _____	\$ _____	\$ _____	
c. Projects Which Have been Permanently Abandoned	\$ _____	\$ _____	\$ _____	
d. Feasibility Studies, Master Plans, Reports	\$ _____	\$ _____	\$ _____	
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____	
f. All Other Billings	\$ _____	\$ _____	\$ _____	
TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____	

For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description or such projects including gross billings as described above.

24. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

25. Gross Billings \$ _____ Construction Values: \$ _____

26. DESIGN/BUILD – CONSTRUCT VALUES
(COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK)

Dates:	Estimate of Coming Year	Present 12 months	Previous 12 months
	From _____	From _____	From _____
	To _____	To _____	To _____
a. All Operations	\$ _____	\$ _____	\$ _____
b. Design/Construct	\$ _____	\$ _____	\$ _____
c. Design Only – No Construction	\$ _____	\$ _____	\$ _____
d. Construction Only – No Design	\$ _____	\$ _____	\$ _____

27. What percentage of the Applicant's practice involves any of the following?:

a. Subletting of work to others _____ % Type of work sublet? _____

b. Is evidence of insurance from consultants required? Yes No

28. Does any one contract or client represent more than 50% of annual work? Yes No

If Yes, please give details:

29. Does the Applicant work with other firms in Joint Ventures? Yes No

If Yes, please describe.

30. Does the Applicant perform asbestos abatement services? Yes No

If Yes, please describe.

31. If the Applicant has any direct or indirect responsibility for the design or redesign of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

32. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

33. a. Does your firm follow written in-house quality control procedures? Yes No

b. Are all staff members familiar with these procedures? Yes No

c. Does your firm use an automated master specification system such as MASTERSPEC@ or SPEC System@? Yes No

d. Does your firm use an in-house program of continuing education for professional employees? Yes No

e. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months?

f. Does your firm use written contracts on every project? Yes No

g. Does your firm seek a limitation of liability clause in contracts with clients? Yes No

If so, what percentage of your contracts contain such a clause? _____ %

h. Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____ %

i. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No

j. Does your firm have procedures for monitoring or collecting outstanding fees? Yes No

k. Does your firm have a pre-screening methodology for potential clients? Yes No

34. Please detail current Architects and Engineers Professional Liability insurance Coverage.

Insurance Company	Policy Number	Limits	Deductible
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Expiring Premium: \$ _____ Expiration Date: _____

Present Policy Retroactive Date: _____ / _____ / _____

35. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the current policy term.

From	To	Insurance Company	Limits of Liability	Deductible	Premium
/ /	to / /				
/ /	to / /				
/ /	to / /				
/ /	to / /				
/ /	to / /				

36. Date UNINTERRUPTED insurance began:

37. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? Yes No

If Yes, please give details.

Insurance Company	Type of Coverage	Limits	Effective
		BI PD	From To

38. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm any predecessors in business or present Partners ever been declined or has the insurance ever been Cancelled or renewal refused? Yes No

If Yes, please give details. _____

39. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 7? Yes No

If Yes, please attach details stating: (1) date when claim was made; (2) date the act giving rise the claims was committed, (3) name of the claimant. (4) nature of the claim; (5) amount involved including reserves, (6) final disposition.

40. After the inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstances which may possibly result in a claim being made against them? Yes No

If Yes, attach a statement giving full details.

41. Has the Applicant, any predecessor in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? Yes No

If Yes, attach a statement giving full details.

42. Coverage Requested:

Limits:	Deductible:
_____ \$1,000,000	_____ \$5,000
_____ \$2,000,000	_____ \$10,000
_____ \$3,000,000	_____ \$25,000
_____ Other \$ _____	_____ Other \$ _____

43. Please attach:

- a. List 10 largest jobs in the last five years
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values.
- b. Copy of the firm's brochure.
- c. Copy of the firm's latest financial statement, annual report or 10-K.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. This policy is issued on a "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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 five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:	Signature
Title:	Date: