

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Supplement for Architects and Engineers Project
		PROFESSIONAL LIABILITY Division Email to PL@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

ARCHITECTS AND ENGINEERS PROJECT SUPPLEMENT

PLEASE ATTACH THE FOLLOWING:

- **Contract in its entirety (including insurance requirements)**

The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Name of Applicant: _____

Name of Project: _____

Address of Project: _____

Street	City	State	Zip Code
--------	------	-------	----------

PROJECT INFORMATION

1. Project owner: _____

2. Description of Project: _____

3. Limits requested: _____ Per claim _____ Aggregate

4. Total construction value of project: _____

5. Applicant's annual fees from the project: _____

6. Applicant's total fees from the project: _____

7. Services provided by applicant for the project: _____

8. Do you have equity interest in the project? Yes No

a. Percentage? _____ %

9. Estimated start date of design: _____

10. Estimated completion date of design: _____

11. Estimated start date of construction: _____

12. Estimated completion date of construction: _____

13. Have any claims been filed (by any party) for this project? Yes No

If yes, please explain on a separate sheet of paper

14. Are there any mechanics liens on the project? Yes No

If yes, please explain on a separate sheet of paper

15. Has the project been delayed or damaged? Yes No

If yes, please explain on a separate sheet of paper

16. After the inquiry, is the application, any predecessors in the 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.

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: