



Travelers Casualty and Surety Company of America

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**THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS PAID AS DEFENSE EXPENSES. THE DEDUCTIBLE WILL APPLY TO DEFENSE EXPENSES.**

**IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMIT OF LIABILITY, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.  
 An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed Named Insured: \_\_\_\_\_ Today's Date: \_\_\_\_\_

"Trade" or "Doing Business As" Name(s): \_\_\_\_\_

Mailing Address:  
 Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address (if different):  
 Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Type of Legal Entity:  
 Individual                       General Partnership                       Limited Partnership  
 Corporation                       Limited Liability Company                       Other:

Proposed Effective Date (mm/dd/yyyy): \_\_\_\_\_ Date Business Started: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Indicate number of firm personnel:

	Number of Full-Time Staff	Number of Part-Time Staff	Number of Registered Architects, Landscape Architects, Land Surveyors, and Licensed Engineers	Number Who Attended Training or a Seminar on Professional Liability Risk Management in the Past 12 Months
Principals/Management				
Employees				

**NEW FIRMS WITH NO HISTORICAL DATA SHOULD COMPLETE ALL QUESTIONS BASED UPON PROJECTIONS FOR THE FIRST YEAR IN BUSINESS**

2. Indicate annual gross billings:

	Most Recently Completed Fiscal Year: _/_ to _/_ MO/YR MO/YR	One Fiscal Year Prior: _/_ to _/_ MO/YR MO/YR	Two Fiscal Years Prior: _/_ to _/_ MO/YR MO/YR	Next 12 Months Projected: _/_ to _/_ MO/YR MO/YR
Billings Passed to Sub consultants Carrying Their Own Professional Liability Insurance	\$	\$	\$	\$
All Other Annual Billings*	\$	\$	\$	\$
<b>Total Annual Gross Billings</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Billings for non-professional services or expenses that are reimbursed under the terms of your client contract should not be included.

3. What percentage of annual gross billings from the most recently completed fiscal year were derived from contracts solely related to feasibility studies, master planning, reports, opinions, non-structural interior design, or forensic engineering? \_\_\_\_\_ %

4. Provide the percentage of annual gross billings for the most recently completed fiscal year attributable to the following disciplines, excluding billings to subconsultants. For unlicensed construction and design consultants, such as acoustical consultants, please specify your discipline in "Other".

Discipline	% Of Annual Gross Billings	Discipline	% Of Annual Gross Billings
Agency Construction Manager	%	Interior Designer	%
Architect	%	Landscape Architect	%
Civil Engineer	%	Land Surveyor	%
Electrical Engineer	%	Mechanical Engineer	%
Environmental Consultant*	%	Process Engineer	%
Forensic Engineer	%	Structural Engineer	%
Geotechnical Engineer	%	Other (please specify):	%

\*Complete the Environmental Additional Information Request

5. Provide the percentage of annual gross billings for the most recently completed fiscal year derived from each of the following project types. Please use whole numbers only.

Project Type	% Of Annual Gross Billings	Project Type	% Of Annual Gross Billings
Airports	%	Military Facilities	%
Amusement Parks/Zoos	%	Mines/Quarries	%
Apartments (do not include condominiums or cooperatives)	%	Museums/Libraries	%
Asbestos/Mold/Radon/Lead Abatement	%	Nuclear Facilities	%
Bridges (spans ≤ 500 ft.)	%	Parking Garages	%
Bridges (spans > 500 ft.)	%	Parks/Playgrounds/Sports	%
Building Façade Restoration/Inspection	%	Power Generation/Distribution	%
Civil/Site Development – Non-Residential	%	Public Safety/Police/Fire Stations	%
Civil/Site Development - Residential	%	Refinery/Petrochemical	%
Commercial/Office/Retail/Banks (≥15 stories)	%	Religious Facilities	%
Commercial/Office/Retail/Banks (<15 stories)	%	Roads/Highways	%
Condominiums – Commercial	%	Single Family Homes	%
Condominiums – Residential	%	Stadiums/Arenas/Convention Centers	%

Project Type	% Of Annual Gross Billings	Project Type	% Of Annual Gross Billings
Cooperatives – Residential	%	Swimming Pools	%
Education/Schools	%	Telecommunications/Cabling	%
Harbors/Piers/Ports	%	Townhouses	%
Hospitals/Healthcare/Assisted Living Facilities	%	Toxic/Hazardous Waste Sites	%
Hotels/Motels	%	Tunnels/Dams/Levees	%
Industrial/Manufacturing	%	Underground Storage Tanks	%
Jails/Prisons/Detention Centers	%	Water/Sewer Pipelines	%
Judicial Courts	%	Water/Wastewater Treatment Plants/Facilities - Industrial	%
Laboratories/Clean Rooms	%	Water/Wastewater Treatment Plants/Facilities – Municipal	%
Landfills	%	Other (please specify):	%

6. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership? (Note: Do not include services provided for the owner of a single condominium or co-op unit).....  Yes  No

If yes, please provide the firm's total gross annual billings derived from condominium and cooperative projects below. Include 100% of the billings for projects where all or a portion of the project is currently titled, or expected to be sold, under a condominium or cooperative form of ownership.

	Most Recently Completed Fiscal Year: _/_ to _/_ MO/YR MO/YR	One Fiscal Year Prior: _/_ to _/_ MO/YR MO/YR	Two Fiscal Years Prior: _/_ to _/_ MO/YR MO/YR	Next 12 Months Projected: _/_ to _/_ MO/YR MO/YR
Condominium Projects	\$	\$	\$	\$
Cooperative Projects	\$	\$	\$	\$

7. For the five largest projects based on construction value over the past three years, provide:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

8. In the most recently completed fiscal year, what percentage of your annual gross billings were derived from the following clients:

Firm's Client	% Of Annual Gross Billings	Firm's Client	% Of Annual Gross Billings
Contractors	%	Private Owners	%
Design Professionals	%	State or Local Governments	%
Developers	%	Other(please specify):	%

Federal Government	%	Other(please specify):	%
Non-Profit Entities	%	Total	100%

9. What percentage of annual gross billings from the most recently completed fiscal year were derived from repeat clients? \_\_\_\_\_ %

10. Is more than 50% of annual gross billings from the most recently completed fiscal year derived from one client? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

11. What percentage of annual gross billings from the most recently completed fiscal year were derived from projects located outside the U.S., its territories, or possessions ? \_\_\_\_\_ %

Provide the following for the three largest current or proposed foreign projects:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed
				\$	\$
				\$	\$
				\$	\$

12. Is the firm, or any parent, subsidiary, or other related organization domiciled outside of the U.S., its territories, or possessions? .....  Yes  No

13. Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in any entity for whom professional services are rendered?.....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

14. Is the firm or any parent, subsidiary, or other related organization engaged in any of the following:  
a. Actual construction, fabrication, installation, or erection? .....  Yes  No  
b. Real estate development? .....  Yes  No  
c. Designing, manufacturing, selling, leasing, or distributing any other product, process, or patented design? .....  Yes  No  
*If yes to any of the above, please attach sample contracts and provide details, including relationships, description of services rendered, construction values, and fees received in the Additional Information section at the end of this application.*

15. Does the firm or any parent, subsidiary, or other related organization ever have single-point responsibility for both the design and construction of a project? .....  Yes  No  
*If yes, please complete the Design/Build Additional Information Request.*

16. Has the firm or any subsidiary or predecessor firm ever filed for, or been in, receivership or bankruptcy?  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

**RISK MANAGEMENT**

17. For all contracts used in the most recently completed fiscal year, provide the breakdown of contracts used by type:

Type Of Contract	% All Contracts	Type Of Contract	% All Contracts
Professional Association Contract	%	Letter of Agreement	%
Client Drafted Contract	%	Verbal Agreement	%
Purchase Order	%	Other (please specify):	%
Firm's Drafted Contract	%	Total	100%

18. Is a limitation of liability provision incorporated into contracts and agreements? .....  Yes  No  
*If yes, what percentage of contracts contain a limitation of liability clause less than or equal to \$250,000?* \_\_\_\_\_ %

19. Provide the breakdown of design services based on annual gross billings from the most recently completed fiscal year:  
a. Percentage with construction observation: \_\_\_\_\_ %  
b. Percentage without construction observation: \_\_\_\_\_ %

20. Do you use a written contract with all subconsultants?.....  Yes  No  
*If no, please explain:* \_\_\_\_\_
21. What percentage of your accounts receivable are more than 90 days past due? \_\_\_\_\_ %
22. In the past three years has any suit been brought against any client to collect fees? .....  Yes  No  
*If yes, please provide details including date of suit, circumstances, amount of fees, and whether or not any counter-suits or allegations were made or brought in the Additional Information section at the end of this application.*

**PRIOR INSURANCE AND CLAIM HISTORY**

23. Has any claim involving professional services been made against any of the following during the past five years (ten years if gross annual billings are greater than \$5 million), or earlier if still pending:
- a. You, your firm, or any member of your firm? .....  Yes  No
  - b. Any predecessor firm? .....  Yes  No
  - c. Any former member of your firm or a predecessor firm for professional services while a member of such firm? .....  Yes  No
24. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? .....  Yes  No

*If yes to any part of question 23 or 24, please complete a Claim, Suit, or Incident Additional Information Request for each claim, incident, act, error, or omission.*

**ATTACH A COPY OF THE FIRM'S PROFESSIONAL LIABILITY LOSS RUNS FOR THE PAST FIVE YEARS (TEN YEARS IF GROSS ANNUAL BILLINGS EXCEED \$5 MILLION)**

25. Complete the following chart for professional liability insurance coverage carried during the past five years: (Check here if none: )

	Carrier	Policy Period	Per Claim Limit Of Liability	Aggregate Limit of Liability	Deductible Amount	Premium	Retroactive Date
Current year		to	\$	\$	\$	\$	
Prior Year 1		to	\$	\$	\$	\$	
Prior Year 2		to	\$	\$	\$	\$	
Prior Year 3		to	\$	\$	\$	\$	
Prior Year 4		to	\$	\$	\$	\$	

26. Provide the following for general liability insurance coverage currently in force (Check here if none ):

Carrier	Policy Expiration	Limits of Liability
		\$

27. Has any person or entity seeking professional liability insurance ever been declined or had such insurance nonrenewed or cancelled, including for nonpayment of premium? (Missouri applicants: Do not complete) .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

**COMPENSATION NOTICE**

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal of any policy issued, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a

representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

**FRAUD WARNINGS**

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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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.

**FLORIDA:** 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 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.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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**SIGNATURES**

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I declare that I have examined this application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this application.

Authorized Representative Signature:* (Principal, Officer, or Shareholder) <b>X</b>	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature:** <b>X</b>	State Producer License No.:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

\*\*Producer information only required in Florida and Iowa.

**ADDITIONAL INFORMATION**

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This area may be used to provide additional information to any question. Reference the question number.



Travelers Casualty and Surety Company of America

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IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMIT OF LIABILITY, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed Named Insured: Today's Date:

PROJECT INFORMATION

- 1. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership? (Note: Do not include services provided for the owner of a single condominium or co-op unit) ... Yes No If yes, please provide the firm's total gross annual billings derived from condominium and cooperative projects below. Include 100% of the billings for projects where all or a portion of the project is currently titled, or expected to be sold, under a condominium or cooperative form of ownership.

Table with 5 columns: Most Recently Completed Fiscal Year, One Fiscal Year Prior, Two Fiscal Years Prior, Next 12 Months Projected. Rows include Condominium Projects and Cooperative Projects with dollar amounts.

PROVIDE THE FOLLOWING INFORMATION FOR EACH OF THE 3 LARGEST CONDOMINIUM OR COOPERATIVE PROJECTS, BASED UPON APPLICANT'S FEES, FOR WHICH YOU HAVE RENDERED ANY SERVICES IN THE PAST 3 YEARS, OR ANTICIPATE PROVIDING IN THE NEXT 12 MONTHS

Largest Project:

Form with fields A-K: Project Name, Project Location, Describe the scope of services provided, Total number of Condominium Units, Total Number of Cooperative Units, Firm's estimated total fees, Estimated Total Project Construction Value, Year of Construction Start, Year of Substantial Completion, Project Description, Project Owner.

L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

**2<sup>nd</sup> Largest Project:**

A. Project Name:	B. Project Location:
C. Describe the scope of services provided:	
D. Total number of Condominium Units:	E. Total Number of Cooperative Units:
F. Firm's estimated total fees: \$	G. Estimated Total Construction Value: \$
H. Year of Construction Start:	I. Year of Substantial Completion:
J. Project Description:	K. Project Owner:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Developer
<input type="checkbox"/> Renovation for conversion to condo or co-op	<input type="checkbox"/> Developer/Contractor
<input type="checkbox"/> Renovation to existing condo or co-op	<input type="checkbox"/> Condo or Co-Op Association
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):
L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

**3<sup>rd</sup> Largest Project:**

A. Project Name:	B. Project Location:
C. Describe the scope of services provided:	
D. Total number of Condominium Units:	E. Total Number of Cooperative Units:
F. Firm's estimated total fees: \$	G. Estimated Total Construction Value: \$
H. Year of Construction Start:	I. Year of Substantial Completion:
J. Project Description:	K. Project Owner:
<input type="checkbox"/> New Construction	<input type="checkbox"/> Developer
<input type="checkbox"/> Renovation for conversion to condo or co-op	<input type="checkbox"/> Developer/Contractor
<input type="checkbox"/> Renovation to existing condo or co-op	<input type="checkbox"/> Condo or Co-Op Association
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Other (please specify):
L. Project Uses (based on square footage excluding common areas):	M. Construction:
_____ % Residential Condo/Co-op Units	_____ % Wood Frame
_____ % Rental Apartments	_____ % Steel Frame
_____ % Retail Units	_____ % Masonry
_____ % Office/Other Commercial Units	_____ % Other (please specify):
_____ % Other (please specify):	
N. Was your contract for professional services reviewed for adverse liability exposures by qualified legal counsel? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**SIGNATURES**

I declare that I have examined this Additional Information Request form, and to the best of my knowledge and belief, after reasonable inquiry, it is true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this Additional Information Request form.

Authorized Representative Signature:* (Principal, Officer, or Shareholder) <b>X</b>	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature:** <b>X</b>	State Producer License No.:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

\*\*Producer information only required in Florida and Iowa.

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Reference the question number.



Travelers Casualty and Surety Company of America

**"Design/Build" means the acceptance of contractual responsibility for design and construction on any project, or the performance or subcontracting of construction.**

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DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND MAY BE INCLUDED WITHIN THE DEDUCTIBLE.

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Proposed Named Insured:		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Travelers Policy Number:

**DESIGN/BUILD INFORMATION**

- How many years of design/build experience do you have? \_\_\_\_\_
- How many design/build projects have you performed over the past 12 months? \_\_\_\_\_
- How many design/build projects do you expect to perform in the next 12 months? \_\_\_\_\_

4. Complete the following chart for construction values and professional fees:

	Past 12 Months	Past 12 Months	Next 12 Months	Next 12 Months
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design and Construction Responsibility				
Design Only Responsibility				
Construction Only-No Design Responsibility				
Agency Construction Management				
At Risk Construction Management				
Other:				

- Have you performed or subcontracted to others services in connection with the generation, transportation, storage, or disposal of, or arranging for the transportation, storage, or disposal of, pollutants?.....  Yes  No  
 If yes, please provide the total fees and a description of service: \$ \_\_\_\_\_

- Do you require your subcontractors to name you as an additional insured? .....  Yes  No  
 If yes, what percentage of the time? \_\_\_\_\_%

**FRAUD STATEMENTS – Attention Applicants in the Following Jurisdictions:**

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**FLORIDA:** 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 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.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**SIGNATURES**

I acknowledge that this document is to be read in conjunction with the core application and that all notices contained therein are deemed fully incorporated herein. I also affirm that any declarations made in the core application regarding the information contained therein also apply to the information contained herein, including any material submitted herewith.

Authorized Representative Signature: * (Principal, Officer, or Shareholder) <b>X</b>	Authorized Representative Name - Printed:	Date:
Producer Signature: * <b>X</b>	State Producer License No. (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Reference the question number.

Travelers Casualty and Surety Company of America

**THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IF ISSUED, THE POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY CLAIMS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE AMOUNTS PAID AS DEFENSE EXPENSES. THE DEDUCTIBLE WILL APPLY TO DEFENSE EXPENSES.**

**IMPORTANT NOTE – NEW YORK: DEFENSE EXPENSES WILL REDUCE UP TO 50% OF THE LIMIT OF LIABILITY, AND MAY BE APPLIED TO UP TO 50% OF THE DEDUCTIBLE.**

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed Named Insured:

Today's Date:

**ENVIRONMENTAL SERVICES INFORMATION**

**Please attach a resume outlining the experience and educational qualifications, professional licenses, certifications, and association memberships for each principal.**

1. Briefly describe the firm's professional services including most common types of projects:

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2. Is this firm or any parent, subsidiary, related organization, or subcontractor engaged in actual construction, fabrication, erection, remediation, removal, or demolition? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

3. Does this firm provide any services in connection with the transportation, treatment, storage, or disposal of hazardous materials? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

4. Does this firm prepare site-specific health and safety plans for all projects involving known or possible toxic substances? .....  Yes  No  
*If yes, please provide details in the Additional Information section at the end of this application.*

5. For each service rendered, provide the percentage of annual gross billings from the most recently completed fiscal year. Do not include services rendered by your subcontractors. Firms that have been in business for less than 12 months should base percentages on the estimated annual gross billings for the next 12 months.

Environmental Service	Most Recently Completed Fiscal Year	Environmental Service	Most Recently Completed Fiscal Year
Agricultural Engineering	%	Lead Assessment	%
Air Quality Consulting (Asbestos)	%	Lead Remediation Design	%
Air Quality Consulting (Other)	%	Mining Consulting or Engineering	%

Environmental Service	Most Recently Completed Fiscal Year	Environmental Service	Most Recently Completed Fiscal Year
Air/Water/Soils Sampling	%	Mold Assessment	%
Arborist	%	Mold Remediation Design	%
Asbestos Assessment	%	Radon Assessment	%
Asbestos Remediation Design	%	Radon Mitigation	%
Biohazard/Material Waste Consulting	%	RCRA Compliance Consulting	%
Biology	%	Septic System Design	%
Cathodic Consulting	%	Site Assessments – Phase I	%
Environmental Impact Reports	%	Site Assessments – Phase II	%
Environmental Permitting/Compliance	%	Soil Scientists	%
Erosion Control Consulting	%	Soil Percolation Tests	%
Geological Engineering	%	UST/AST Investigations	%
Geotechnical Engineering	%	UST/AST Tightness Testing	%
Hazardous Waste/Material Consulting	%	Waste Brokering	%
Health and Safety Consulting	%	Waste Minimization (recycling consulting)	%
Hydro-geology	%	Wetland Delineation and Consulting	%
Hydrology	%	Wildlife Consulting	%
Industrial Hygiene Consulting	%	Other (specify):	%
Landfill Design	%	Other (specify):	%
Landfill Monitoring	%	Total:	<b>100%</b>

## ***COMPENSATION NOTICE***

### **Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

## ***FRAUD WARNINGS***

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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.

**FLORIDA:** 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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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 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.)

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**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**SIGNATURES**

I declare that I have examined this Additional Information Request form, and to the best of my knowledge and belief, after reasonable inquiry, it is true, correct, and complete, and may be relied upon by Travelers. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify Travelers of such changes and that Travelers may modify or withdraw any proposal for insurance. Travelers is authorized to make inquiry in connection with this Additional Information Request form.

Authorized Representative Signature:*(Principal, Officer, or Shareholder) <b>X</b>	Authorized Representative Name - Printed:	Date (mm/dd/yyyy):
Producer Signature:** <b>X</b>	State Producer License No.:	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

\*\*Producer information only required in Florida and Iowa.

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Please reference the question number.