

ASPEN

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY
AND POLLUTION LIABILITY INSURANCE
RENEWAL APPLICATION



Aspen American Insurance Company
590 MADISON AVENUE, 7TH FLOOR
NEW YORK, NY 10022
(A stock insurance company)

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED INSURANCE POLICY. CLAIM EXPENSES WILL REDUCE THE LIMIT OF LIABILITY. THE DEDUCTIBLE APPLIES TO BOTH DAMAGES AND CLAIM EXPENSES.

Please type or complete in ink. Make any necessary changes to name and address.

| | | |
|-----------------------|--|--------------|
| Current Policy Number | Expiration Date | Producer No. |
| 1. Applicant | 2. Principal Address (Include county & list any secondary locations on a separate sheet) | |
| Phone () | Fax () | |

3. If the Applicant has changed the name of the firm, merged with or acquired another firm within the last 12 months, please provide full details including professional liability insurance history of merged or acquired firms.
 No Change Absence of details represents no change

| 4. Total Staff | Previous | Current |
|---|----------|---------|
| a. Principals, partners, owners | | _____ |
| b. Full-time architects, engineers, surveyors, inspectors & other technical employees (excluding "a" above) | | _____ |
| Part-time architects, engineers, surveyors, inspectors & other technical employees (excluding "a" above) | | _____ |
| c. Full-time office staff (clerks, typists & other non-technical staff) | | _____ |
| Part-time office staff (clerks, typists & other non-technical staff) | | _____ |

5. As a percentage of the Applicant's net billings (total gross billings less billings for consultants) please indicate which of the following services are provided (Note: Total must equal 100%)
 If no change from previous application, check box and do not complete. No Change
 Absence of details represents no change.

| | Previous % | Current % |
|-------------------------|------------|-----------|
| Architecture | | |
| Interior Design | | |
| Landscape Architecture | | |
| Civil Engineering | | |
| Land Surveying | | |
| Electrical Engineering | | |
| Mechanical Engineering | | |
| HVAC Engineering | | |
| Structural Engineering | | |
| Construction Management | | |
| Laboratory Testing | | |

| | | |
|---|-----|-----|
| Energy Conservation | | |
| Environmental Engineering | | |
| Communication Engineering | | |
| Marine Engineering | | |
| Traffic Engineering | | |
| Other (please specify)* | | |
| * Please attach a narrative detailing services. | 100 | 100 |

6. During the past twelve months has the applicant been covered by any professional liability specific project policy?
 Yes No If "Yes", attach details that specify the name and location of the project, insurance company and policy expiration date.

7. Within the last twelve months, has the Applicant provided services for projects resulting in construction outside the United States or Canada? Yes No If "Yes", please attach details including project name and location, client, gross billings, construction value and date of completion.

8. a) Billings are to be reported below on an accrual basis (whether collected or not). Billings are defined as the exact dollar amount of gross income, including fees paid to consultants but not including joint ventures, project insured under separate policies, direct reimbursable expenses, interest income or rental income.

| | |
|----------------------------|------------------------------------|
| Immediate Past Fiscal Year | Projection for Current Fiscal Year |
| From _____ (mo/yr) | From _____ (mo/yr) |
| To _____ | To _____ |
| Billings \$ _____ | Billings \$ _____ |

b) Please specify, per the fiscal periods noted above, the estimated value of construction put in place on projects designed by the Applicant.

| | |
|----------------------------|------------------------------------|
| Immediate Past Fiscal Year | Projection for Current Fiscal Year |
| \$ _____ | \$ _____ |

c) Please specify, per the fiscal periods noted above, the Applicant's billings received from joint venture projects.

| | |
|----------------------------|------------------------------------|
| Immediate Past Fiscal Year | Projection for Current Fiscal Year |
| \$ _____ | \$ _____ |

d) Please specify the amount of income accrued by the Applicant that was paid to consultants for architectural, engineering or surveying services.

| | |
|----------------------------|------------------------------------|
| Immediate Past Fiscal Year | Projection for Current Fiscal Year |
| \$ _____ | \$ _____ |

9. a) If the Applicant's practice includes any subletting or subcontracting of services to others, specify the type of services: _____

b) What is the approximate percentage of your firm's total annual gross billings for the past accounting year that is attributable to consultants that maintain professional liability insurance _____%

10. Within the past twelve months, has the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engaged in any of the following:

- Construction, erection, fabrication or installation Yes No
- Manufacture, sale or distribution of any good, product or process Yes No
- Real Estate Development Yes No

If "Yes" to any of the above, please attach a statement providing full details.

11. Does the Applicant wholly or partly own, operate, manage, or control any other enterprise, or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise? Yes No
 If "Yes", provide details of the relationship on a separate sheet.

12. Within the past twelve months, has the Applicant performed any professional services for any client in which any member of the Applicant or their relatives own an equity or financial interest or serves as an officer, director, trustee or partner? Yes No If "Yes", attach details that include the name of the client, percentage of equity interest, the nature of the relationship, gross billings for the last fiscal year and the nature of the services performed.

13. Indicate the percentage relative to the type of projects undertaken by the Applicant.
 (Note: Total must equal 100%)

| | | | |
|-------------------------|---------|-------------------------|---------|
| Airports | _____ % | Office Buildings | _____ % |
| Amusement Rides | _____ % | Parking Garage | _____ % |
| Apartments | _____ % | Pipelines (Oil & Gas) | _____ % |
| Bridges | | Religious | _____ % |
| Less than 500 feet | _____ % | Sewage Systems | _____ % |
| More than 500 feet | _____ % | Sewage Treatment | _____ % |
| Condominiums/Townhouses | _____ % | Shopping Centers | _____ % |
| Convention Centers | _____ % | Silos | _____ % |
| Custom Homes | _____ % | Site Development | _____ % |
| Dams | _____ % | Stadiums/Arenas | _____ % |
| Educational | _____ % | Subdivisions/Tract | _____ % |
| Health Care | _____ % | Developments | _____ % |
| Highways/Roads | _____ % | Subsidized Housing | _____ % |
| Hotels/Motels | _____ % | Superfund/Pollution | _____ % |
| Industrial/Process | _____ % | Tunnels | _____ % |
| Jails/Prisons | _____ % | Warehouses | _____ % |
| Landfills | _____ % | Water Systems | _____ % |
| Marine/Naval | _____ % | Other (please specify): | _____ % |
| Mass Transit | _____ % | | _____ % |

14. Specify percentages relative to the Applicant's total services. (Note: Total must equal 100%)

- a) Services not resulting in construction (including feasibility studies & abandoned projects) _____ %
- b) Design only, with no construction phase services _____ %
- c) Design with periodic observation of construction to ensure design compliance only _____ %
- d) Design with responsibility for wholly or partly supervising the contractor _____ %**
- e) Construction phase services without responsibility for preparing the drawings and specifications _____ %**
- f) Other (please specify): _____ %

** Please provide a full description of the projects, including location and details of the services performed.

15. If the Applicant's practice is more than 20% civil engineering, please complete the following with respect to the civil engineering services ONLY: (Note: Total must equal 100%)

| | | | |
|---------------------------------|---------|-------------------------------|---------|
| Bridges under 500 feet | _____ % | Municipal Pumping Stations | _____ % |
| Bridges over 500 feet | _____ % | Sewer/Water Lines | _____ % |
| Environmental Impact Statements | _____ % | Site Development/Street Plans | _____ % |
| Flood Plain Studies | _____ % | Traffic Planning | _____ % |
| Foundations | _____ % | Tunnels | _____ % |
| Highways/Roads | _____ % | Wastewater Treatment Plants | _____ % |
| Industrial Waste Treatment | _____ % | Utilities | _____ % |
| Landfills | _____ % | Other (please specify): | _____ % |
| | | | _____ % |

16. Within the past twelve months has the Applicant provided any of the following services or projects?

- | | | | |
|------------------------------|--|------------------|--|
| Airport Runway/Taxiway | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mine Projects | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Amusement Rides/Water Slides | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nuclear/Atomic | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asbestos Testing/Abatement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Prefab Buildings | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Failure Analysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Machinery/Prdct/Eqpmnt Design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fast Track or Turn-Key | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Refinery/Chemical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazardous/Toxic Waste | <input type="checkbox"/> Yes | <input type="checkbox"/> No | HVAC Retrofit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laboratory Analysis/Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Structural Renovation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Soils Engineering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Landfills/Superfund | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inspections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Material Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes", please provide complete details, including a description of the project(s), project location, dates of service, client, gross billings, and construction value (if appropriate).

17. Please indicate the percentage of services rendered for each of the following categories of clients for the past twelve months. (Note: Total must equal 100%)

| | | | |
|----------------------------|---------|---------------------------|---------|
| Commercial | _____ % | Institutional | _____ % |
| Contractors | _____ % | Industrial | _____ % |
| Other Design Professionals | _____ % | Lending Institutions | _____ % |
| Developers | _____ % | Owners who act as builder | _____ % |
| Government | | Utilities | _____ % |
| Federal | _____ % | Others (please specify): | _____ % |
| State | _____ % | _____ | _____ % |
| Local | _____ % | | |

18. Please attach a complete description of each of the Applicant's ten largest current projects. Specify the project name, client, location, services provided, value of completed construction, billings and the date construction is expected to be completed.

19. Please attach a joint venture information sheet or statement for each of the Applicant's joint venture projects entered into during the past twelve months. Information for each joint venture should include the name of the joint venture, name and location of other joint venture members, a description of the project and the construction value, the location, the completion date of the project, total joint venture billings, annual billings collected by the Applicant and professional liability insurance to date. Full details of each project must be provided for the Company to consider coverage for the Applicant's joint venture liabilities.

20. Please attach a listing of any partners, owners, officers or directors that have been added or joined the firm during the past twelve months. Be certain to include educational qualifications, number of years in practice, date of licensing, and professional organization memberships.

THE APPLICANT AGREES TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT BECOME KNOWN TO THE APPLICANT BEFORE THE PROPOSED EFFECTIVE DATE.

Applicant hereby represents that the statements and answers made herein and in attachments hereto are true and Applicant has not omitted or misrepresented any information

Fraud Notice

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 KANSAS APPLICANTS: an act committed by 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 any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA 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 MAINE 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 who 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 is subject to a civil penalty not to exceed \$5,000.00 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO 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 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.

NOTICE TO TENNESSEE AND VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

THE APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL.

Signed _____ Date _____

←=== Please print name

Title _____

Licensed Insurance Agent _____

SIGNING THIS APPLICATION OR INCLUDING PREMIUM WITH ITS SUBMISSION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, signed and dated, original renewal application will allow for prompt issuance of coverage should quotation be offered and accepted.