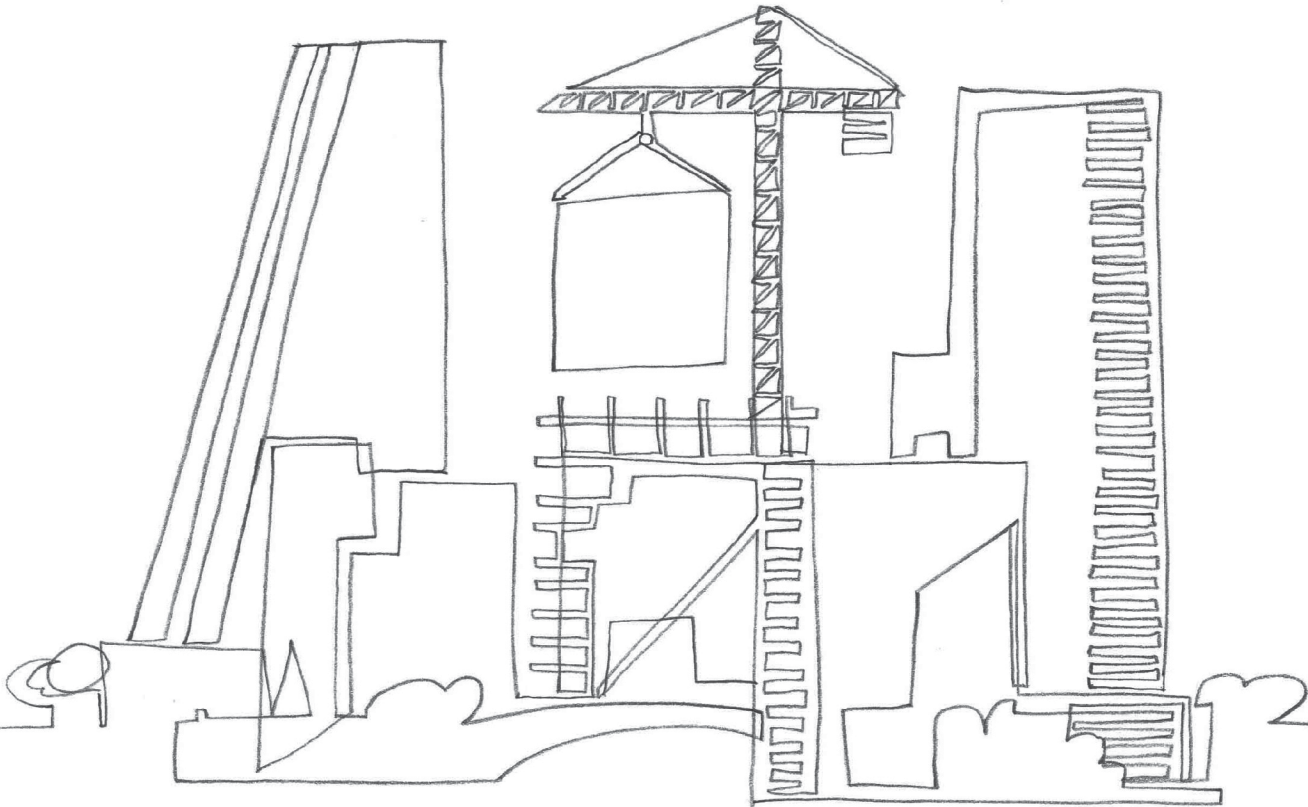


application
form



Beazley ContractorPro CPPI

- All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
- If you need more space, continue on a separate sheet and indicate question number.
- Please complete supplements where required.
- This application and all supplement forms must be signed and dated by a principal of the firm.

Firm information

1. a. Name of applicant and business establishment date (please list all entities for which coverage is required):

b. Business establishment date: (dd/mm/yyyy) / /

2. Key contact and/or risk manager:

a. Name:

b. Title:

c. Email:

d. Address:

e. City:

State:

Zip code:

f. Website:

3. Do you have any overseas locations? If ‘Yes’, please provide a list by attachment Yes No

4. During the past five years, has the name of the applicant been changed or has any other business been purchased or any merger or consolidation taken place? Yes No

If Yes, please give full details (including dates):

5. Personnel (please include all staff – professional and non professional):

	Principals	Number
a.	Architects, engineers & other design professionals	
b.	Qualified project managers	
c.	Project/Construction managers	
d.	Others (Construction personnel/Administrative/Clerical)	
e.	Total	

Revenues

6. Please detail your revenues for each of the last 5 financial years and estimates for the current /coming years.

	Last Complete Year – 4	Last Complete Year – 3	Last Complete Year – 2	Last Complete Year – 1	Last Complete Financial Year	Est. for current year	Est. for coming year
Domestic							
Foreign							

7. What percentage of your domestic turnover is generated from the following states:

Alaska		Arizona		California	
Colorado		Florida		Hawaii	
Louisiana		Nevada		New York City	
Texas		Washington			

8. Please state the countries outside the United States where you generate revenues and allocate percentage splits to those territories:

9. Please confirm your financial year end date. (dd/mm/yyyy) / /

10. Please provide details of your business activities normally undertaken including any areas of specialism.

11. Of the applicant’s gross turnover above, please break down as follows:

		Last financial year	Current financial year
		Construction values	Construction values
a.	Construction contracting only (No responsibility for professional service inc. design)	\$	\$
b.	Design/Build where you undertake design and other professional services in house.	\$	\$
c.	Design/Build where you subcontract design or other professional services to others whom you are responsible for.	\$	\$
d.	Construction management at risk (turnover)	\$	\$
e.	Construction management agency (Fees)	\$	\$
f.	Fees for stand-alone professional services provided to third parties	\$	\$
g.	Other turnover – Please describe. E.g. Plant hire etc.	\$	\$
h.	Total revenue (Gross) (These figures should equal those in Q6)	\$	\$

Professional services

12. Specify the applicant’s professional activities, whether self performed or by sub consultants/consultants as a percentage of the whole. (Total must equal 100%)

	%	Self performed		%	Self performed
Architecture			Laboratory testing		
Civil engineering			Land surveying		
Construction management			Mechanical engineering		
Electrical engineering			Nuclear engineering		
Environmental engineering / consultancy			Process engineering		
Façade engineering			Landscape architecture		
HVAC engineering			Soil & foundation engineering		
Hydrogeology/Geology			Structural engineering		
Interior design			Other (<i>please state</i>)		



13. Does the applicant provide value engineering, cost reduction and/or constructability review services? Yes No
 If so, please provided details.

14. Does applicant subcontract services? Yes No

a. What percentage (%) of the applicant’s sub consultants/contractors are insured for:

- i. Professional liability %
- ii. Pollution liability %

b. Type of work subcontracted?

c. Is evidence of professional liability and contractors pollution liability insurance required from consultants/contractors? Yes No

d. Are certificates annually updated for each consultant/contractor? Yes No

e. What is the minimum/average limit of liability for professional liability and contractors pollution liability that your subcontractors/sub consultants carry?

- i. Minimum limit of liability for professional liability \$
- ii. Average limit of liability for professional liability \$
- iii. Minimum limit of liability for contractors pollution liability \$
- iv. Average limit of liability for contractors pollution liability \$

15. What percentage (%) of the applicant’s turnover for the last completed year was derived from the following project delivery methods:

Delivery method	% Revenues
Fast track (attach details)	
P3	
Integrated project delivery	

Projects

16. Please indicate types of projects as a percentage of the applicant's gross billings.

Group	Type	%	Group	Type	%
Leisure	Water parks/swimming pools		Commercial	Offices	
	Amusement arcades & casinos			Parking garages	
	Country clubs/Golf courses			Shopping centres & retail	
	Hotels, motels or resort properties		Industrial	Ethanol plants	
	Theatres/museums/cinemas			Mines and quarries	
	Sports facilities, gymnasiums, stadia			Bulk handling/hoppers/silos	
Power & energy generation	Nuclear/atomic facilities			Petrochemical (no ethanol)	
	Energy from waste			Warehouses	
	Biomass			Manufacturing facilities	
	Windfarms		Infrastructure	Airports	
	Solar			Harbours, jetties, docks, piers	
	Oil, gas & coal			Water & sewerage systems	
Residential	Apartments and other multi unit residential			Roads & highways	
	Condominiums (see Q17 below)			Light rail/metro	
	High value homes			Heavy rail	
	Single family residential			Power distribution	
Municipal & institutional	Hospitals/healthcare			Pipelines	
	Schools, colleges & education		Telecommunications		
	Retirement homes or convalescent hospitals		Dams & reservoirs		
	Religious facilities		Other		

17. In the past 5 years has your firm, a predecessor firm or any other insured provided services on residential condominium or townhouse projects? Yes No

If Yes, please provide details and complete the following:

Total number of condominium/townhouse projects?

Approximate total construction values? \$

18. List of five largest projects in the last three years:

Project name/ Client	Nature and type of project	Total construction value	Value of applicant's contract	Start date & completion date	Services provided

19. What is the applicant's current bonding capacity? \$

Clients

20. What percentage (%) of the applicant's professional services are attributable to the following types of clients:

Private sector	% Revenues	Public sector	% Revenues	Foreign	% Revenues
Contractors		Local government		Private owner	
Design professionals		State government		Governmental	
Developers		Federal government		Design professionals	
Owners		Other (describe)		Other (describe)	
Other (describe)					

21. What percentage (%) of applicant's work is derived from repeat clients? \$



Financial and related interests

22. During the past twelve months, has the applicant or any subsidiary, parent or other organisation related thereto, been engaged in:
- | | | |
|---|-----|----|
| a. Manufacture, sale, leasing or distribution of any proprietary product, Process or patented production process. | Yes | No |
| b. Design of a building, component or systems which might be used on more than one project. | Yes | No |
| c. Real estate development. | Yes | No |
23. Does the applicant entered into any joint venture? Yes No
 If Yes, please detail joint ventures in which the applicant participates by attachment.
 Is joint venture coverage required? Yes No
 Does the applicant obtain evidence of their JV partner’s professional liability and/or contractors pollution liability insurance? Yes No
 If No, please explain.
24. Does the applicant or any principal have any financial interest in any projects or clients for which it has provided professional services? Yes No

Risk management

25. Does the applicant have a written in house quality control procedure? Yes No
26. Do client deliverables undergo an internal peer review? Yes No
 If Yes, please describe:
27. Does the applicant perform project file audits on a routine basis? Yes No
 If Yes, please describe:
28. Has the applicant participated in a peer review program? Yes No
 If Yes, please describe and provide the date(s) of the review:

29. What percentage (%) of the applicants' professional services are performed under the following contract types:
- | | | | |
|-----------------------------------|--|--|---|
| Professional association contract | | | % |
| Firm's standard agreement | | | % |
| Firm's letter agreement | | | % |
| Client drafted agreement | | | % |
| Purchase orders | | | % |
| Verbal agreements | | | % |
30. Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed? Yes No
- Please explain:
31. What percentage (%) of the applicant's contracts include a waiver of consequential damages? %
32. What percentage (%) of applicant's contracts use limitation of liability provisions, where the firm's liability is limited to: %
- a. A specific dollar amount which is less than the applicants' insurance limit? %
 - b. A specific dollar amount equal to the applicants' insurance limit? %
 - c. Other, please explain:
33. Does the applicant have:
- | | | |
|--|-----|----|
| An in house continuing education program for professional employees? | Yes | No |
| Procedures to evaluate and screen potential new clients? | Yes | No |
| Procedures for monitoring and collecting outstanding fees? | Yes | No |

Current insurance information

34. Please provide a copy of the applicants' current policy for which coverage is being requested and provide the following details regarding the applicant's professional liability, pollution legal and general liability Insurance coverage for the most current year:

Professional liability:

Policy period	Insurer	Limits	Deductible/Retention	Premium	Retro date
		\$	\$	\$	

Contractors pollution liability:

Policy period	Insurer	Occurrence or claims made	Limits	Deductible/Retention	Premium	Retro date
				\$	\$	

Commercial general liability:

Policy period	Insurance company	Occurrence or claims made	Limits	Deductible/Retention	Premium
			\$	\$	\$

Environmental liability information

35. Does applicant want their quote to include the following environmental liability enhancements?

- | | | | |
|-------|---|-----|----|
| a. | Contractors microbial condition liability | Yes | No |
| | If Yes, please answer the following: | | |
| i. | Does your firm have written protocols/procedures that specifically address water intrusion events? If 'yes', please provide a copy. | Yes | No |
| ii. | Does your firm have written protocols/procedures that specifically address discovery of microbial conditions? If 'Yes', please provide a copy. | Yes | No |
| iii. | Are water intrusion and microbial condition protocols/procedures communicated to subcontractors? | Yes | No |
| iv. | Are training programs in place to address water intrusion and microbial conditions. | Yes | No |
| v. | Are subcontractors required to carry microbial condition/mold coverage?
If 'Yes', please provide identify limits and trade. | Yes | No |
| vi. | Percentage of services that are involved in new construction, if applicable: | | % |
| vii. | Percentage of services that are involved in restoration services, if applicable: | | % |
| viii. | Are hand over protocols/communication procedures in place that address prevention of microbial conditions (regarding the proper operation of heating, ventilation and air-conditioning (HVAC) systems and what to do in the event of leaks or other water intrusion events and the importance of maintaining internal conditions that do not favor microbial conditions)? | Yes | No |
| ix. | Details of any past or potential water intrusion/microbial condition/mold claims/incidents including lessons learned (if appropriate). | | |
| | | | |
| b. | Transportation pollution liability | Yes | No |
| | If Yes, please answer the following: | | |
| i. | Do you transport or subcontract the transportation of any Hazmats that require a license or DOT placarding/liquids in bulk?

If Yes, please provide additional details. | Yes | No |
| | | | |
| c. | Non owned disposal site pollution liability)? | Yes | No |
| | If Yes, please answer the following: | | |
| i. | Does the applicant dispose or subcontract the disposal of any waste other than construction/demolition/municipal type waste?

If Yes, please provide additional details. | Yes | No |

- d. Named insured location liability? Yes No
 If Yes, please by attachment detail
- i. The name, address & usage (current and past) of the covered location
 - ii. Whether or not any raw materials or process materials are used at the locations listed. e.g plating agents, degreasers, cleaning solvents, raw chemicals etc. Please describe the nature and quantity (annually and at any one time) of the materials.
 - iii. Any above ground or underground storage tanks at the locations listed. Include AST/UST capacity, contents, age, construction, base, type of secondary containment, volume of secondary containment & tightness test anniversary.

Claim and circumstance information

36. Have any of the applicant’s principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please provide details:

37. Has any application for professional liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been cancelled or renewal refused? Yes No

If Yes, please give details:

38. Has any claim or legal action been brought against the applicant, its predecessor(s) or any past principal, partner, director, or officer in the past ten (10) years? Yes No

If Yes, please provide details by attachment.

39. After inquiry, is the applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may possibly result in a claim being made against them? Yes No

If Yes, please provide details by attachment.

40. Please provide details of any open claims under your CGL policy (including products completed operations) and or any closed claims with a total incurred exceeding \$100,000 (including expenses, indemnity and your deductible)

If none, please tick None

41. Do you have any pending dispute concerning the payment of fee’s to the firm for services rendered? Yes No

42. Is the applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment? Yes No



Signature

I understand the information submitted herein becomes part of the application for professional liability insurance and is subject to the same representations and conditions.

Signature:

Print name:

Position held (Owner, partner, authorized officer):

Title:

Date: / /

