

**Application for Contractors, Design-Builders and Construction Managers
Professional Liability & Pollution Incident Liability Coverage**

<p>Important Instructions:</p> <p>Please:</p> <p>1. Answer all questions completely.</p> <p>2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number.</p> <p>3. This form must be completed, signed and dated by a principal, partner or officer of your firm.</p> <p>4. Send completed application through insurance agent or broker.</p>	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
	Renewal Policy #:	
	Schinnerer Use Only	
	ISN:	
Broker #:		
Note: <p>The insurance coverage for which you are applying is written on a CLAIMS-MADE AND REPORTED policy. Only claims which are first made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the Policy are reduced by the cost of defense. Legal defense costs also may be applied against your Self Insured Retention, if applicable to the Claim. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.</p>		

Please indicate the limits (000's) for quotes:

500 1000 1000/2000 2000 3000 4000 5000 Other:

Please indicate the SIR/deductible(s) (000's) for quotes:

5 10 15 25 50 75 100 150 200 Other:

COMPANY INFORMATION

1. Company Name:
If multiple firms are named please describe the relationship and ownership of all firms on a separate sheet. List addresses of all branch offices and all persons or entities for which you are seeking coverage on a separate sheet.

Contact Name:		Contact Name's e-mail:	
Address:		City:	
State:	Zip:	County:	Phone:
		Fax:	

Website URL:

Partnership
 Sole Proprietorship
 Corporation
 Professional Corporation
 Subchapter S Corp
 Other:

Tax ID #: _____ Year Company Established: _____

2. Staff:

Construction Personnel		Architects		Engineers		Surveyors		All Others	
Design Personnel									
Seasonal Personnel									
								Total Staff:	

OPERATIONS AND ACCOUNTING YEAR INFORMATION

3. Company Operations

A. Is the company a General Contractor? Y N Is the company a Specialty Contractor? Y N

B. What is the company's primary SIC code?

C. What is the company's primary NAICS code?

D. Describe the nature of operations or attach a copy of the company's current brochure:

4. Accounting Year Data				
Report all revenue generated by every entity to be listed as an insured broken down by the following contract types/activities:				
Reporting Periods	Past 12 Months		Estimate For Next 12 Months	
	From: /	To: /	From: /	To: /
Types of Contracts/Activities	Estimated Construction Values	Professional Fees	Estimated Construction Values	Professional Fees
A. Design Only – perform design services only with no contractual obligations for construction or construction management (CM)	\$	\$	\$	\$
B. Construction Only – perform as general or specialty contractor with no contractual obligations for design or agency CM services	\$	N.A.	\$	N.A.
C. Agency CM – provide project administration and management services as agent of owner but hold no design or construction subcontracts	\$	\$	\$	\$
D. At-Risk CM – provide agency CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction	\$	\$	\$	\$
E. Design-Build w/In-House Design – assume contractual obligation for design and construction where design is substantially performed by in-house employees	\$	\$	\$	\$
F. Design-Build w/Subcontracted Design – assume contractual obligation for design and construction where design is substantially subcontracted to others	\$	\$	\$	\$
G. Other – revenue generated from sources other than the above contract types/activities (Please attach detailed descriptions)	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$
CLIENTS / PROJECTS / SERVICES DATA				
5. Professional liability coverage carried by design consultants:				
A. What professional liability insurance limits does the company require of its design sub-consultants?			\$	
B. What percentage of your subcontracted design work is performed by sub-consultants who:				
• Are uninsured?				%
• Carry less than \$1,000,000 professional liability insurance?				%
• Carry more than \$1,000,000 professional liability insurance?				%

6. As the approximate percentage of your company's design professional services, please indicate which of the following services were performed by your company or by design sub-consultants during the past accounting year. None

Architecture	%	Machinery/Equipment Design	%
Chemical Engineering	%	Marine Engineering	%
Civil Engineering	%	Mechanical Engineering	%
Electrical Engineering	%	Mining Engineering	%
Environmental Engineering	%	Oil/Gas Well Engineering	%
Forensic Engineering	%	Nuclear Engineering	%
HVAC Engineering	%	Process Engineering	%
Laboratory Testing	%	Soils/Geotechnical Engineering	%
Land Surveying	%	Structural Engineering	%
Landscape Architecture	%	Other (please specify)	%
Management Consulting	%	Other (please specify)	%

Total should equal 100%.

7. As the approximate percentage of your company's agency and at-risk construction management fees, please indicate which of the following phases of service were performed by your company during the past accounting year. None

Phase of Service	Agency CM	At-Risk CM	Total
Pre-Design Phase Services	%	%	%
Design Phase Services	%	%	%
Procurement Phase Services	%	%	%
Construction Phase Services	%	%	%
Post-Construction Phase Services	%	%	%
Other Services – Describe:	%	%	%

Total should equal 100%.

8. As the approximate percentage of your company's agency and at-risk construction management fees, please indicate which of the following contract forms your company performed under during the past accounting year. None

Contract Form	Agency CM	At-Risk CM	Total
A. Industry Standard Form:			
• Associated General Contractors of America (AGC)	%	%	%
• American Institute of America (AIA)	%	%	%
• Construction Management Association of America (CMAA)	%	%	%
B. Your company's form – attach copy	%	%	%
C. Other forms – describe and attach representative forms:	%	%	%

Total should equal 100%.

9. Indicate the approximate percentage of total construction values for past 12 months by project type.

Airport Facilities (except terminals)	%	Hotels/Motels	%	Petro/Chemical	%
Airport Terminals	%	Houses/Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping Centers/Retail/Restaurants	%
Condos/Co-ops	%	Mass Transit	%	Storm Water Systems	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dams	%	Nuclear/Atomic	%	Warehouses	%
Dormitories	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Environmental Remediation	%	Parking Structures	%	Water/Wastewater Treatment	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Utilities (Gas, Electric, Steam)	%
Hospitals/Health Care	%	Other (specify)	%	Other (specify)	%

10. Indicate the approximate percentage of your total professional fees in question 4, if any, derived from the following categories:			
Air Emissions Testing or Evaluation	%	Foundation, Sheeting, and Shoring Design	%
Surveys of Subsurface Conditions	%	Continuing Service, Maintenance, or Inspection Contracts	%
Inspections of Home/Commercial Properties for Prospective Buyers or Lenders (including mold)	%	Ground Testing – Including Soil Testing or Subsurface Conditions	%
Permitting or Monitoring Related to Hazardous Waste	%	Asbestos Abatement, Evaluation or Monitoring*	%
Lead Paint Testing or Evaluation	%	Emergency Response or Clean Up*	%
*Please provide a description and the extent of the above services on a separate sheet.			
11. Please indicate the approximate percentage of services rendered for each of the following categories of clients. Base responses on the percentage of your total volume derived from each category:			
Design Professionals	%	Real Estate Developers	%
General Contractors	%	Owners Who Act As their Own Builders	%
Commercial	%	Institutional	%
Industrial	%	Other (specify):	%
Federal Government	%	State Governments	%
		Local Governments	%
		Other (specify):	%
If the response is "yes" to any of the questions below, please provide complete details on a separate sheet:			
12. Is your company or any subsidiary predecessor or other organization related to you engaged in real estate development?			<input type="checkbox"/> Y <input type="checkbox"/> N
13. A. Has your company ever held or do you now hold a patent for any product or process?			<input type="checkbox"/> Y <input type="checkbox"/> N
B. Is your company engaged in the manufacture, sale or distribution of any product or process or patented production process?			<input type="checkbox"/> Y <input type="checkbox"/> N
C. Has your company ever held or do you currently hold a franchise from a metal building manufacturer?			<input type="checkbox"/> Y <input type="checkbox"/> N
If so, does that manufacturer provide indemnification?			<input type="checkbox"/> Y <input type="checkbox"/> N
14. Was more than 50% of your total project volume derived from a single client or contracts?			<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, specify client, project, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue.			
15. Has your company ever built using a stock set of plans and specifications or built more than one unit using the same set of plans and specifications? If yes, provide particulars.			<input type="checkbox"/> Y <input type="checkbox"/> N
16. Approximately what percentage of your total project volume is derived from repeat clients?			%
17. Indicate the number of joint ventures your company has participated in during the past accounting year.			
A. If any, provide details of projects including description of joint venture services, project type and size and your percentage of participation in the joint venture.			
B. Do you require evidence of professional liability insurance from all joint venture partners?			<input type="checkbox"/> Y <input type="checkbox"/> N

RISK MANAGEMENT AND LOSS PREVENTION

18. The company has the following risk management procedures in place. Please indicate percentage of use:

Written quality management procedures	<input type="checkbox"/> Y <input type="checkbox"/> N	Use of MASTERSPEC® or SPECTEXT™	<input type="checkbox"/> Y <input type="checkbox"/> N	%
Continuing education program	<input type="checkbox"/> Y <input type="checkbox"/> N	Use of written contracts	<input type="checkbox"/> Y <input type="checkbox"/> N	%
Attend IRMI Seminar	<input type="checkbox"/> Y <input type="checkbox"/> N	Use AIA/AGC contracts	<input type="checkbox"/> Y <input type="checkbox"/> N	%

19. Please indicate professional society memberships:

<input type="checkbox"/> Associated General Contractors of America	<input type="checkbox"/> The American Institute of Architects
<input type="checkbox"/> Design Build Institute of America	<input type="checkbox"/> American Consulting Engineers Council
<input type="checkbox"/> Associated Builders and Contractors	<input type="checkbox"/> Construction Management Association of America
<input type="checkbox"/> Mechanical Contractors of America	<input type="checkbox"/> Independent Electrical Contractors
<input type="checkbox"/> National Society of Professional Engineers	<input type="checkbox"/> American Society of Landscape Architects
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

BUSINESS INFORMATION

If the response is "yes" to any question in this section, please provide details on a separate sheet.

20. A. Does your company or any principal, partner, officer, director or shareholder or an immediate family member of any such person have more than a 25% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Does your company render services on behalf of any other entity in which any principal, partner, officer, director or shareholder or an immediate family member of such person is a partner, officer, director, shareholder or employee?	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Is your company controlled, owned by, or does your company control or own, any other entity not listed on this application?	<input type="checkbox"/> Y <input type="checkbox"/> N
21. A. Has your company ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization?	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Has your company or any predecessor or subsidiary company ever filed for or been in receivership or bankruptcy under a Chapter 7 or 11?	<input type="checkbox"/> Y <input type="checkbox"/> N
22. Is your company bondable? If yes, please provide the name of the surety company and bonding capacity. If no, please explain by attachment.	<input type="checkbox"/> Y <input type="checkbox"/> N
23. Does your company carry comprehensive general liability and umbrella liability insurance? Provide the following information for your current policies:	<input type="checkbox"/> Y <input type="checkbox"/> N

Particulars		General Liability	Umbrella Liability
A.	Insurer		
B.	Policy Number		
C.	1. Policy Limits		
	2. Policy Deductible		
D.	Inception Date	/ /	/ /
E.	Expiration Date	/ /	/ /
F.	Tell us about your CGL policy:		
	1. Is there an exclusion for professional services provided by your company or others on your behalf?		<input type="checkbox"/> Y <input type="checkbox"/> N
	2. Is there a mold or EFIS exclusion?		<input type="checkbox"/> Y <input type="checkbox"/> N
	3. Is there a Silica or Respirable Dust exclusion?		<input type="checkbox"/> Y <input type="checkbox"/> N
	4. Does your policy include products-completed operations coverage?		<input type="checkbox"/> Y <input type="checkbox"/> N

Please provide the following for the past 5 years:

General Liability Loss Ratio: %	Workers Compensation Modifier:
Total Paid GL Losses: \$	Total Paid WC Losses: \$
Total Incurred GL Losses: \$	Total Incurred WC Losses: \$

For incurred or paid losses in excess of \$100,000, please provide full details on a separate sheet.

24. If you have licensed design professionals on staff please provide the following information for each individual on a separate sheet: A. Name B. Type of Licenses C. Employment History D. Professional Qualifications	
25. Please provide total construction values for each of the past 5 years.	
Total Construction Value:	Year:
\$	
\$	
\$	
\$	
\$	
26. On a separate sheet, please list your ten largest projects in terms of construction value during the past five years. Provide name, location, type, client, nature of services rendered and status.	
CONTRACTOR'S POLLUTION LIABILITY RISK INFORMATION	
Complete Questions 27 through 38 only if you are applying for Contractor's Pollution Liability Coverage	
27. Does your company have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements?	<input type="checkbox"/> Y <input type="checkbox"/> N
28. Are personnel trained in the use of personal protective equipment?	<input type="checkbox"/> Y <input type="checkbox"/> N
29. Does your company have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent?	<input type="checkbox"/> Y <input type="checkbox"/> N
30. Does your company have a written health and safety manual? When was it last updated?	<input type="checkbox"/> Y <input type="checkbox"/> N Last updated:
31. Are site-specific health and safety plans prepared for all projects involving known or possible toxic substances?	<input type="checkbox"/> Y <input type="checkbox"/> N
32. Is there a health and safety audit program for both office and field practice?	<input type="checkbox"/> Y <input type="checkbox"/> N
33. Does your company carry Contractor's Pollution Liability coverage?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please provide the following information:	
A. Name of Insurer:	
B. Limit of Liability per claim: / aggregate	
C. Deductible/SIR/per claim / aggregate	
D. Retroactive date	
E. Annual Premium	
If the response is "yes" to any question in this section, please provide details on a separate sheet.	
34. Does your company or any related company own or lease any licensed waste TSD facility or landfill?	<input type="checkbox"/> Y <input type="checkbox"/> N
35. Is your company ever responsible for removing or transporting waste from job sites. If yes, please include how often and job types.	<input type="checkbox"/> Y <input type="checkbox"/> N
36. Does your company subcontract the disposal and/or transportation of waste? If yes, do you require the subcontractor to name you as an additional insured on their pollution liability policy?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
37. Is your company ever responsible for selecting and contracting with the TSD facility?	<input type="checkbox"/> Y <input type="checkbox"/> N
38. Please describe on a separate sheet of paper how your company handles job site waste in terms of the temporary storage and the protection from the weather.	
CLAIM INFORMATION	
39. Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? <i>If yes, provide the following information for each claim on a separate sheet:</i>	
A. Date of claim	E. Insurance company reserve, if any
B. Claimant or Plaintiff	F. Defense attorney's or insurance company's evaluation of exposure/potential liability
C. Allegations	G. Defense and Indemnity Paid to Date and Status (open/closed)
D. Demand or amount of claims	H. Deductible applicable

40. After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? Y N
If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration.
 The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 39 and 40 of this application.

NEW APPLICANT INFORMATION

41. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (N/A in Missouri) If yes, please give details. Y N

42. Do you or any subsidiary or predecessor company have any current outstanding professional liability or pollution liability SIR/deductible obligations? Y N
 If yes, please give exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments on a separate sheet.

43. Has any similar insurance been issued to any of the firms named in Question 1 or persons named in Question 28? If yes, please complete the following for the last five years. Y N

Company	Policy #	Limit	Deductible/SIR	Dates	Premium
1.					
2.					
3.					
4.					
5.					
D. Retroactive coverage date on current policy (if applicable)					
E. Do you have first dollar defense coverage?	<input type="checkbox"/> Y <input type="checkbox"/> N				

44. The applicant was referred to CNA/Schinnerer by:

- | | | | | | |
|------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> AGC | <input type="checkbox"/> NSPE | <input type="checkbox"/> ASLA | <input type="checkbox"/> DBIA | <input type="checkbox"/> AIA | <input type="checkbox"/> CMAA |
| <input type="checkbox"/> ABC | <input type="checkbox"/> ACEC | <input type="checkbox"/> MCAA | <input type="checkbox"/> IEC | <input type="checkbox"/> My Broker | <input type="checkbox"/> Other |

Agent/Broker License _____

AGENT OR BROKER MUST COMPLETE THE FOLLOWING

Contact Name	License Number	Expiration Date
Agency Name	CNA Agent (Casualty Lines)	
Address	E&S License	
Contact Email Address	Other Casualty Agent License	
Phone	Non-Resident License (If Applicable)	
Applicant exposure may require policy placement within a non-admitted CNA company. Consult with underwriter in regard to specific underwriting criteria and placement.		Licensed Broker

- Have you included:**
- Resumes for principals and key staff members or a statement of qualifications
 - Explanations of answers that require further clarification
 - Your company brochure or marketing materials
 - Complete details on all project types or services listed as others
 - Complete details on separately insured projects
 - Complete details on special endorsements for projects including higher limits for designated projects

FRAUD NOTICE – Where Applicable Under The Law of Your State

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. (For Florida Residents only: 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.) (For Maine residents only: 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.) (For New York residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION:

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: Mr.
(Please Type or Print) Mrs.
Ms.

Title:

Signature: (Principal, Partner or Officer)

Date:

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



Underwriting Managers and Program Administrators

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