



THIS APPLICATION IS FOR A  
 "CLAIMS MADE" INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

1. THIS APPLICATION IS FOR A PROFESSIONAL LIABILITY POLICY INTENDED TO PROVIDE COVERAGE FOR CONSTRUCTION MANAGEMENT-AGENCY OPERATIONS. COVERAGE WILL NOT APPLY TO CONSTRUCTION, OR "AT RISK" OPERATIONS, UNLESS COVERAGE HAS BEEN GRANTED FOLLOWING COMPLETION OF THE ATTACHED SUPPLEMENTARY QUESTIONNAIRE.
2. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED NOT APPLICABLE, PLEASE EXPLAIN WHY.
3. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
4. PLEASE COMPLETE APPLICATION & SUPPLEMENTS WHERE REQUIRED.
5. THIS APPLICATION & ALL SUPPLEMENT FORMS MUST BE SIGNED & DATED BY A PRINCIPAL OF THE FIRM.

1. A. Name of Applicant: \_\_\_\_\_

Proprietorship

Partnership

Corporation

B. Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

C. Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

D. Branch Office Address (es) (use a separate addendum if applicable).

E. Date Established (current entity): \_\_\_\_\_

F. Number of Staff:	Last Year:	This Year:
Principals/Partners/Directors:	_____	_____
Other Licensed Professionals (Architects or		
Engineers:	_____	_____
CM Practitioners:	_____	_____
Other Staff:	_____	_____
Total Staff:	_____	_____

G. Please indicate the Applicant's annual staff turnover. \_\_\_\_\_

H. Please complete Professionals Supplement – No. 1.

2. A. Has the name of the Applicant changed or has any other firm or organization amalgamated with or been merged into the Applicant? Is there any pending change in the name of the Applicant or pending amalgamation or merger?

If yes, please give full details on a separate addendum  YES  NO

B. Please indicate the 4 States from which the Applicant derived the highest percentage of Total Billings for the last year.

State	%	State	%	State	%	State	%
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Please indicate the Percentage of revenues derived from non-US work: \_\_\_\_\_ %

C. Disciplines as a Percentage of Billings:

Architecture:	_____ %	Construction Management:	_____ %
Civil Engineering:	_____ %	HVAC:	_____ %
Structural Engineering:	_____ %	Environmental / Soil / Geo:	_____ %
Mechanical Engineering:	_____ %	Interior Design:	_____ %
Electrical Engineering:	_____ %	Design / Build:	_____ %
Acoustical Engineering	_____ %	Other:	_____ %
		Total:	<u>100</u> %

\* If yes, please give full details on a separate addendum.

Construction Management- Agency Scope of Services:

Project Management	_____ %	Scheduling / Coordination	_____ %
Cost Management	_____ %	Contract/Project Admin.	_____ %
Cost Scheduling	_____ %	Constructibility Reviews	_____ %
Value Engineering	_____ %	Construction Inspection	_____ %
Materials Testing	_____ %	Safety Services	_____ %
Claims Analysis	_____ %		_____ %
Other (explain)	_____		
		Total:	<u>100</u>

D. Please complete Environmental Supplement – No. 2 if at any time in the last complete fiscal or current year the Applicant has performed PROFESSIONAL SERVICES for environmental projects, including but not limited to the testing of hazardous materials.

E. Please indicate the percentage of the Applicant’s billings derived from work performed on a Fast Track basis: i.e. those projects in which construction begins before design is complete. \_\_\_\_\_ %

F. Please indicate the percentage of the Applicant’s billings derived from repeat business. \_\_\_\_\_ %

G. Please indicate percentage by fees of current projects where the construction contract is a:  
 Bid Contract: \_\_\_\_\_ %      Negotiated Contract: \_\_\_\_\_ %

H. Please indicate types of projects as a percentage of the Applicant’s billings:

	Last Year	This Year
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Hotels/Motels/Convention Centers:	_____ %	_____ %
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Office Buildings/Retail Outlets:	_____	%	_____	%
Hospitals:	_____	%	_____	%
Schools/Colleges/Recreational:	_____	%	_____	%
Sports Arenas/Stadiums:	_____	%	_____	%
Condominiums:	_____	%	_____	%
Warehouses:	_____	%	_____	%
Other Residential	_____	%	_____	%

Manufacturing/Industrial facilities:	_____	%	_____	%
Roads/Highways/Runways:	_____	%	_____	%
Parking Structures:	_____	%	_____	%
Bridges/Tunnels/Dams:	_____	%	_____	%
Harbours/Piers/Ports:	_____	%	_____	%
Utilities:	_____	%	_____	%

Petro/Chemical:	_____	%	_____	%
Wastewater:	_____	%	_____	%
Landfills/Industrial Waste:	_____	%	_____	%
Nuclear:	_____	%	_____	%
Other: Please specify:	_____	%	_____	%
	_____	%	_____	%
	_____	%	_____	%
Total:	100	%	100	%

I. Do you foresee substantial changes in the above percentages in the next 12 months? If yes please explain:

\_\_\_\_\_

J. Please Complete Largest Project Supplement – No 3.

K. Please attach a copy of your company’s Construction Management Services brochure.

3. A. Client Profile:

Please indicate the percentage of the Applicant’s billings and derived from each of the following categories:

Contractors:	_____	%	Lending Institutions	_____	%
Other Design Professionals:	_____	%	Federal Governments:	_____	%
Commercial:	_____	%	State Governments:	_____	%
Private Owners including			Local Governments:	_____	%
Corporations:	_____	%	Other, please specify:	_____	%
Real Estate Developers:	_____	%	Other, please specify:	_____	%

B. Were more than 20% of the Applicant’s billings during the past fiscal year derived from a single client or contract?  YES  NO

If yes, for each client representing more than 20%, please specify client, project(s), & describe services rendered.

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C. Is the Applicant or any subsidiary, parent or other organization related thereto, engaged in or been engaged in within the past 36 months:

- i. Actual construction, fabrication or erection, including CM-At Risk.  YES  NO
- ii. Development, sale or leasing of computer software.  YES  NO
- iii. Real Estate development.  YES  NO
- iv. Manufacture, sale, leasing or distribution of any product, process or patented production process.  YES  NO

If the answer to any of the above is yes, please give full details on a separate addendum, and indicate annual construction revenue by entity.

D. Please indicate the percentage of contracts where the Applicant is responsible for site safety, and is added as an additional Named Assured on:

- i. the clients General Liability Insurance Policy. \_\_\_\_\_ %
- ii. the contractors General Liability Insurance Policy. \_\_\_\_\_ %

E. Does the Applicant or any subsidiary, parent or other organization related thereto, provide professional services as a partner in any joint venture projects that were established during the current or last complete fiscal year?

YES  NO

If yes, please give details including project name, description, construction value services performed, both by the Applicant & by other joint venture parties, & the status of the project on a separate addendum.

F. Please list all professional services sub-contracted by the Applicant, & indicate percentage of Total billings for each.

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

G. a) Does the Applicant require evidence of Professional Liability Insurance for it's consultants by obtaining certificates of insurance on an annual basis?

YES  NO

b) What percentage of the Applicant's consultants carry Professional Liability Insurance? \_\_\_\_\_ %

4. REVENUE BREAKDOWN (For CM Agency & Design only For At Risk see supplement 5)

	<u>Professional Fees:</u>	<u>Construction Values:</u>
A. Joint Venture Projects:*	\$ _____	\$ _____

\* Please give full details, including project name, description,

contract value, other joint venture parties involved, status of project, who manages the project, on a separate addendum.

- B. Projects insured under separate project policies: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- C. Projects which have been permanently abandoned: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\* Please give full details, to include stage of abandonment and reason, on a separate addendum
- D. Feasibility Studies, Master Plans, reports-opinions, etc: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- E. Direct Reimbursables: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- F. All other billings: \$ \_\_\_\_\_ \$ \_\_\_\_\_
- G. Total Gross Billings (whether collected or not). Do not include interest, rental or other revenues unrelated to professional practice:

NOTE: New firms should use estimated total billings for the next 12 months.

Next Year Est. \$ \_\_\_\_\_ Current Year \$ \_\_\_\_\_ Past Year \$ \_\_\_\_\_

**MANAGEMENT**

5. A. Does the Applicant have an in-house quality control procedure?  Yes  No
- B. Is it in written form?  Yes  No
- C. Are all appropriate staff members familiar with these procedures?  
If the answer to any of the above is no, please give full details on a separate addendum.  Yes  No
- D. Has the Applicant participated in a peer review program?  
If yes, briefly describe the program, when conducted & by whom:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

- E. Does the Applicant or any principal, partner, director or shareholder thereof or any Subsidiary thereof or any immediate family member of any such person have an ownership interest in any project for which PROFESSIONAL SERVICES are being rendered by the Applicant?  Yes  No  
If yes, please provide details:

\_\_\_\_\_

- F. Does the Applicant render services on behalf of any other entity in which any principal, partner or director thereof or an immediate family member of such person is a partner, shareholder or employee?  Yes  No  
If yes, please provide details:

\_\_\_\_\_

- G. Is the Applicant controlled, owned or associated with or does the Applicant Control or own any other entity?  Yes  No  
If yes, please provide details:

\_\_\_\_\_

- H. Are new clients subject to the approval of the Applicant's management committee

or at least three partners or officers of the Applicant?

Yes

No

If yes, please provide details:

I. Does the approval include credit checks?

Yes

No

**MISCELLANEOUS:**

6. A. Has any practitioner listed in Supplement 1 ever been the subject of disciplinary action by authorities as a result of their professional activities?

Yes

No

If yes, please give full details on a separate addendum

B. How many practitioners have participated in formal continuing education programs of at least seven hours during the last year? This would include attendance at professional association sponsored seminars & similar functions.

\_\_\_\_\_

C. Please indicate fees and contracts for CM – Agency services as follows:

<u>Form of Contract</u>	<u>% of Fees</u>	<u># of Contracts</u>
CMAA	_____	_____
AIA	_____	_____
EJCDC	_____	_____
AGC	_____	_____
Other ( _____ )	_____	_____
TOTALS	100	_____

D. Does the Applicant use written contracts on every project?

Yes

No

If no, please describe the circumstances when oral agreements are used:

E. If non-standard or modified CMAA, ACG, AIA or EJCDC contracts or “letter” agreements are used, who does the Applicant use to review such contracts or agreements?

Yes

No

F. Please attach a copy of the Applicant’s standard professional services contract.

**INSURANCE**

7. A. After inquiry have any claims or suits been made against the Applicant in the past 10 years?

Please include those claims that attach to separately insured projects.

Yes

No

B. After inquiry are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim

being made against the Applicant?

Yes

No

If yes to A) or B) please complete Claims Supplement – No. 4.

- C. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured?

If yes, please give full details on a separate addendum.

Yes

No

8. Please give details of previous insurance (past 5 years) including periods of coverage (including predecessor firms) and any extended claims reporting period (“tail”) coverage.

INFORMATION BELOW MUST INCLUDE POLICY NUMBER.

Carrier	Policy No.	Limits Each Claim/ Aggregate	Deductible	Paid Premium	Coverage Effective From	To
1. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
2. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
3. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
4. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
5. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____

Retroactive coverage date in current policy: \_\_\_\_\_

9. Please state coverage Limits & Deductibles required:

A. Coverage Limits of Liability

B. Self Insured Retention

\$ _____	any one claim & in the aggregate, including costs & expenses
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\$ _____	each & every claim, including costs & expenses.
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The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a policy be issued.

This application is signed on behalf of all owners, principals, partners, shareholders, directors and employees.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS APPLICATION AND APPLICABLE SUPPLEMENTAL FORMS ARE ANSWERED.



PROFESSIONAL SUPPLEMENT

APPLICANT'S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY ENVIRONMENTAL PROFESSIONAL SERVICES AS REFERRED TO BY QUESTION 2D.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS.

In accordance with Question 1.H. of this Application, please supply the following information:

1. Identify all persons performing PROFESSIONAL SERVICES on behalf of the applicants firm, and state the office address, including telephone number, for all such persons. (Do not include information for clerical staff).

	Name:	Date First Licensed:	Professional Bodies of which a member:	Years with firm:
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

2. Please supply a personal resume for each person identified in the response to No. 1 above. The resume should state the following:
  - a. Position / Title of presently held.
  - b. Number of years with the applicant firm.
  - c. Educational background identifying institutions attended, degree(s) received and year(s) of graduation.
  - d. Professional License(s) held and year(s) received.
  - e. Work experience for at least the past 10 years, identifying employer(s), address(es), dates of employment and job title / description.
  
3. Has any person identified in the response to No.1 above ever had a professional license suspended or revoked? \_\_\_\_\_  
If so, describe the circumstances.

4. For each person identified in the response to No. 1 above briefly describe the duties of the person on behalf of the firm in the following areas:
- a. Project organization and management
  - b. Budgeting, estimating and cost monitoring and control
  - c. Scheduling and coordination.
  - d. Contract administration
  - e. Quality management
  - f. Safety coordination and management
  - g. Risk management.
  - h. Other CM related responsibilities

**I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.**

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



ENVIRONMENTAL SUPPLEMENT

APPLICANT'S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY ENVIRONMENTAL PROFESSIONAL SERVICES AS REFERRED TO BY QUESTION 2D.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS.

1. Name of entity performing this type of work: \_\_\_\_\_

2. Date the Applicant commenced this type of work: \_\_\_\_\_

3. Please indicate number of professionals in the following categories:

	This Year	Last Year
Geologists / Hydrologists	_____	_____
Geotechnicals	_____	_____
Industrial Hygienists or Toxicologists	_____	_____
Chemists/Biologists	_____	_____

4. Please indicate the 4 states from which the Applicant derived the highest percentages of professional fees for environmental projects for the last year: :

_____	%	_____	%	_____	%	_____	%
State		State		State		State	

5. Please indicate the percentage of the Applicant's billings derived from each of the following categories for this type of work only:

Contractors:	_____	%	Lending Institutions:	_____	%
Other Design Professionals:	_____	%	Federal Governments:	_____	%
Commercial:	_____	%	State Governments:	_____	%
Private Owners Including	_____	%	Local Governments:	_____	%
Corporations:	_____	%	Other, please specify:	_____	%
Real Estate Developers:	_____	%	Total:	100	%

6. Where the Applicant has represented the buyer or seller in an actual or pending sale of land or property, please give details including site name, client and value.

\_\_\_\_\_

\_\_\_\_\_

7. Does the Applicant always obtain a "Hold Harmless" or limitation liability clause in it's contract provisions?  
 If not, please explain how the Applicant protects its' liability.  Yes  No

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8. Services performed as a percentage of Total Billings:

	Performed by the Applicant:	Sub-contracted to a Third Party:
a) Phase 1-audits:	_____ %	_____ %
b) Phase 2-site investigation:	_____ %	_____ %
c) Phase 3-site remediation:	_____ %	_____ %
d) Acquisition & / or submission of environmental permits:	_____ %	_____ %
e) Soil / Geo-Technical work not related to hazardous & / or contaminated materials:	_____ %	_____ %
f) Environmental impact / Conservation studies / Landscaping / Parks other than the above:	_____ %	_____ %
g) Asbestos / Lead Abatements:	_____ %	_____ %
h) Other (explain by addendum)	_____ %	_____ %

9. Where the Applicant performs testing on hazardous materials:

a) How does the Applicant ensure it never becomes legal owner of samples submitted?

\_\_\_\_\_

b) Is the Applicant ever legally responsible for the disposal of samples of hazardous materials? \_\_\_\_\_  
If so, please give details:

\_\_\_\_\_

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY & IS SUBJECT TO THE SAME REPRESENTATION & CONDITIONS. THIS CLAIM SUPPLEMENT IS TO PROVIDE UNDERWRITING INFORMATION ONLY AND DOES NOT CONSTITUTE A NOTICE OF CLAIM FOR PAYMENT. IF YOU WISH TO PROVIDE NOTICE OF CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK PROVISIONS OF YOUR POLICY AND / OR SEEK ADVICE FROM YOUR INSURANCE REPRESENTATIVE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date



Apogee Insurance Group LLC  
 610.337.3200  
 610.337.2337(fax)  
 www.apogeeinsgroup.com

SUPPLEMENT 3

10 LARGEST PROJECTS - PAST FIVE YEARS INCLUDING 5 LARGEST USING CMAA-AGENCY AGREEMENT FORM

	Name & Location:	Client/Owners:	Project Type:	Services:	Professional Fees:	Construction Values:	Completion Date:	Contract Form:
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
 AUTHORISED SIGNATURE OF APPLICANT

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 Date



Apogee Insurance Group LLC

610.337.3200

610.337.2337(fax) SUPPLEMENT 4

www.apogeeinsgroup.com

CLAIM FORM

APPLICANT'S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 7A OR 7B. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET. DO NOT ATTACH COPIES OF SUMMONS & COMPLAINTS
3. PLEASE LEAVE NO BLANKS.

1. Full Name of individual(s) and name of firm involved in the claim:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. Additional Defendants:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

3. Full name of claimant: \_\_\_\_\_

4. Date of alleged error: \_\_\_\_\_

5. To what insurance company was this claim reported? \_\_\_\_\_

6. Date reported to insurance company: \_\_\_\_\_

7. Present status of claim (circle one):                      Open                      In Suit                      Closed

8. If pending, please indicate:

- a) Amount asked in summons: \$ \_\_\_\_\_
- b) Claimants Settlement demand: \$ \_\_\_\_\_
- c) Defendant's offer for settlement: \$ \_\_\_\_\_
- d) Total amount paid in defense costs to date: \$ \_\_\_\_\_
- e) Total damages paid/outstanding: \$ \_\_\_\_\_

9. If closed, please indicated amounts paid in:

Indemnity \$ \_\_\_\_\_                      Costs \$ \_\_\_\_\_

10. Description of claim - including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS AND COMPLAINT.

a) Allegation upon which Claimant bases claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Description of events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS. THIS CLAIM SUPPLEMENT IS TO PROVIDE UNDERWRITING INFORMATION ONLY AND DOES NOT CONSTITUTE A NOTICE OF CLAIM FOR PAYMENT. IF YOU WISH TO PROVIDE NOTICE OF CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR INSURANCE REPRESENTATIVE.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date



CONSTRUCTION MANAGEMENT – AT RISK SUPPLEMENT

APPLICANT’S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY ENVIRONMENTAL PROFESSIONAL SERVICES AS REFERRED TO BY QUESTION 2D.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS.

1. Name of entity performing this type of work: \_\_\_\_\_

2. Date the Applicant commenced this type of work: \_\_\_\_\_

3. a. If construction operations are performed by a separate entity, please describe relationship between the CM firm and construction firm:

\_\_\_\_\_  
\_\_\_\_\_

b. If design operations are performed by a separate entity, please describe relationship between the CM firm and design firm. Also please describe construction observations services by design firm.

\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate percentage of work subcontracted to others:

Design \_\_\_\_\_ %                      Construction Management \_\_\_\_\_ %                      Construction \_\_\_\_\_ %

5. What is the Applicant’s current bonding capacity.                      \$ \_\_\_\_\_

6. Has a surety company ever declined to offer a bond?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please provide details by attachment.*

7. Specify the Applicant's exact contract revenue secured during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories.  
Excludes all income accrued from participation in any joint ventures.

	FISCAL YEAR REVENUE	
	Immediate Past Year	Present Year
(a) Contracting: Without any responsibility for the provision of the design documents:	\$ _____	\$ _____
(b) General Building Contracting: Undertaking single contract for the provision of both the design documents and construction services:	\$ _____	\$ _____
(c) Electrical Contracting: Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
(d) HVAC and Plumbing Contracting: Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
(e) Mechanical / Industrial / Process Contracting: Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
(f) Construction Management Services: Relative to projects for which the applicant also acts as the general contractor:	\$ _____	\$ _____
(g) Construction Management Services Only: Relative to projects for which the Applicant is not also acting as the general contractor:	\$ _____	\$ _____
(h) Any other (describe): _____ _____	\$ _____	\$ _____

For all "yes" responses to questions 8-11 please provide details by attachment. Include project name and indication if circumstance has been reported to insurance carrier.

- 8. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a disputed change order which exceeds \$10,000? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Has the applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$10,000? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	CGL	Umbrella
Company	_____	_____
Term	_____	_____
Limit	_____	_____
Deductible	_____	_____

13. Please detail by attachment a summary of the Applicant's Commercial General Liability loss history for the past five (5) years.

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME PRESENTATIONS AND CONDITIONS. THIS CLAIMS SUPPLEMENT IS TO PROVIDE UNDERWRITING INFORMATION ONLY AND DOES NOT CONSTITUTE A NOTICE OF CLAIM FOR PAYMENT, IF YOU WISH TO PROVIDE NOTICE OF CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIM PROVISIONS OF YOUR POLICY AND / OR SEEK ADVICE FROM YOUR INSURANCE REPRESENTATIVE.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
 TITLE

Date \_\_\_\_\_