



DUAL North America insurance agency – contractors professional supplemental

Section A: Applicant information

Applicant: _____

Section B: Personnel on staff

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| 1. Total number of licensed engineers | Do these architects or engineers ever certify or prepare blueprints or other structural design documents? Yes No |
| 2. Total number of licensed architects | |

Section C: Requested coverage

| Coverages | Policy term | New business | | Renewal | |
|------------------------|-------------|--------------|------------|----------------|--|
| | | Limits | Deductible | Proposed retro | |
| Professional liability | | | | | |

Section D: Current/prior liability

| Coverages | Carrier | Policy number | Limits | Deductible | Retro | Policy term | Premium |
|------------------------|---------|---------------|--------|------------|-------|-------------|---------|
| General liability | | | | | | | |
| Professional liability | | | | | | | |

Section E Professional liability questions

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| 1. Do you subcontract any architectural or engineering work to others? If so, please describe what work is subcontracted and to whom. | Yes | No |
| 2. Does the insured perform any construction project management services? If so, please provide detail description of all services | Yes | No |
| 3. Does insured provide blueprints or architectural drawings and if so for what purpose? | Yes | No |

Section F: Claims

1. Have any claims been made previously (last five years) against the applicant or reported under any Professional Liability Policy? Yes No

Please attach full details on each incident and please provide 5 years currently valued claims runs.

2. Has any professional liability claim, suit or notice of incident been, made against the firm or any staff member? Yes No

If yes, please attach full details on each incident.

3. Is the applicant aware of circumstances, which may result in any professional liability claim, suit or notice of incident against him, the firm, and/or his predecessors in business, any of the present or past partners or officers, or any staff member? Yes No

If yes, please attach full details on each incident.

Fraud warning: applicable to all states

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 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.

Warranty statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants:

- a. Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b. You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature

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Title

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Title