

Application for Specialty Construction Consultants and Environmental Engineers Professional Liability Coverage

Important Instructions:

Please:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number.
3. This form must be completed, signed and dated by a principal, partner or officer of your firm.
4. Send completed application through a local insurance agent or broker.

 New Application

 Renewal Application

Renewal Policy #:
Schinnerer Use Only

Note:

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 Deductible, 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.

Please indicate with a check mark the limits that you would like us to quote (values add 000's):

 250 500 750 1,000 2,000 3,000 4,000 5,000 Other:

Please indicate the deductible(s) you wish us to quote (values add 000's):

 2 3 5 10 15 20 25 35 50 75 100 Other:

FIRM INFORMATION

1. Principal Firm Name:

Please list all persons or entities for which you are seeking coverage and describe the relationship and ownership of each listed person or entity on a separate sheet. Please also list the addresses of all branch offices.

Address:

Contact Name:

City:

Contact Email:

State:

Zip:

County:

Phone:

Fax:

Website URL:

 Partnership

 Sole

 Corporation

 Professional

 Subchapter S

 Other:

 LLC

 Proprietorship

 Corporation

 Corporation

Tax ID #:

Year Firm Established:

2. Indicate the numbers of licensed professionals in each category:

	Architects	Engineers	Land Surveyors	Landscape Architects	Geologists Hydrologists	Industrial Hygienists	Other:
A. Principals, Partners, Officers & Directors:							
B. Staff:							
C. Total Licensed:							
D. Number of All Employees that are:	Full Time		Part Time		Temporary	Leased	

E. Number of professional or management staff or principals that left the firm in the last year:

F. Please attach a resume indicating the full name and professional qualifications for all principals, partners, key personnel, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired.) If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.

3. Please attach a current brochure describing your firm's services. If you don't have a current brochure, describe the nature of your practice on a separate sheet.

RISK MANAGEMENT AND LOSS PREVENTION		
4. A.	Does your firm follow written in-house quality management procedures?	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	Are all appropriate staff members familiar with these procedures?	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	Does your firm have a written business plan?	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Does your firm have and utilize a written procedure for evaluating and screening projects and clients from a risk management point of view?	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Does your firm have written policies and procedures for following EPA, ASTM or other standardized procedures and protocols?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. A.	Does your firm use an automated master specification system such as MASTERSPEC® or SPECSys™? If yes, on what percentage of projects is it used: %	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	Does your firm design projects using a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? If yes, on what percentage of projects is it used: %	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Have any principals of the firm attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.?	<input type="checkbox"/> Y <input type="checkbox"/> N
10. A.	Does your firm have an in-house program of continuing education for professional employees? This includes attendance at AIA/NSPE/PEPP sponsored seminars and similar functions.	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	How many professional employees of your firm have had at least six hours of continuing education in the past 12 months?	#:
C.	Has your firm participated in an "Organizational Peer Review" sponsored by ACEC, AIA or other professional organizations? If yes, when?	<input type="checkbox"/> Y <input type="checkbox"/> N
11. A.	Does your firm have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements that is dated and includes procedures for updating?	<input type="checkbox"/> Y <input type="checkbox"/> N
B.	Does your firm have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent? To Whom does he or she report?	<input type="checkbox"/> Y <input type="checkbox"/> N
C.	Is there a health and safety audit program for both office and field practice?	<input type="checkbox"/> Y <input type="checkbox"/> N
12. A.	What percentage of your past 12 months' billings were generated from projects where:	
	1. A client's agreement form was used?	%
	2. Your firm's standard agreement form was used?	%
	3. An AIA or EJCDC agreement form was used?	%
	4. Purchase orders were used?	%
	5. CMAA contracts were used?	%
	6. Oral agreements were used? If, so describe the circumstances on a separate sheet.	%
	7. Payment terms were specified in the written contract?	%
B.	When agreements other than your firm's standard agreement or an unmodified AIA or EJCDC agreement are used, what percentage are reviewed by legal counsel for liability implications prior to signing?	%
C.	If you provide construction management or remediation contracting services, please attach a copy of your firm's standard agreement form.	
13. A.	If you hire sub-contractors or sub-consultants, does your firm have a procedure in place that requires them to provide you with insurance certificates evidencing general liability (for sub-contractors) and both general liability and professional liability coverages for sub-consultants?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (don't hire any subs)
B.	For what percentage of gross billings generated by sub-consultants or sub-contractors you hire do you obtain such certificates of insurance?	%
14.	Does your firm have procedures for monitoring and collecting outstanding fees?	<input type="checkbox"/> Y <input type="checkbox"/> N
15.	Who in your firm should receive Schinnerer's Risk Management publications, <i>Guidelines for Improving Practice and Liability Update</i> ? Name and Title: _____ e-mail: _____	

16.	Please indicate professional society memberships:																	
<input type="checkbox"/>	AIA	<input type="checkbox"/>	NSPE	<input type="checkbox"/>	ACEC	<input type="checkbox"/>	ASCE	<input type="checkbox"/>	ACSM	<input type="checkbox"/>	ASLA	<input type="checkbox"/>	CMAA	<input type="checkbox"/>	AAEE	<input type="checkbox"/>	NSCSS	
<input type="checkbox"/>	IIDA	<input type="checkbox"/>	ASA	<input type="checkbox"/>	CSI	<input type="checkbox"/>	NAFE	<input type="checkbox"/>	SFPE	<input type="checkbox"/>	ASID	<input type="checkbox"/>	SEGD	<input type="checkbox"/>	IEEE	<input type="checkbox"/> Other:		
ACCOUNTING YEAR DATA																		
17.	The following items refer to Gross Billings which include reimbursable expenses, consultants' and subcontractors' fees for your firm's past accounting year (12 months). Include Gross Billings for projects insured under separate Project Policies and provide the name, location, description of service and current status for each on a separate sheet. New firms should use an estimate of gross billings for the next 12 months.																	
A.	Date of Reporting Period: From: _____ To: _____											Gross Billings (Include Billings paid to Subcontractors)		Percentage Attributable to Subcontractors				
B.	Engineering, Consulting, and Other Design Services																	
C.	Remediation or other <u>Construction</u> billings																	
D.	Direct Reimbursable by contract, which includes travel, per diem, billings for reproduction, etc. and DOES NOT include billings paid to subcontractors																	
E.	Total Billings																	
F.	Estimate your firm's total Gross Billings for the next 12 months																	
G.	If you currently have a specific additional limit of liability endorsement on your policy, provide us with your firm's billings for the most recently completed fiscal year and estimated billings for the current year for each project:											Past year:		Current Year:				
	(1) Project:											\$		\$				
	(2) Project:											\$		\$				
H.	Please provide the Total Gross Billings for each of the four fiscal years prior to the Reporting Period shown in A. above:																	
	Year:	\$	Year:	\$	Year:	\$	Year:	\$	Year:	\$	Year:	\$	Year:	\$	Year:	\$	Year:	\$
18.	Please indicate the approximate percentage of your total gross billings attributable to:											%		%				
A.	Projects located outside U.S., its territories or Canada											%		%				
B.	Purchases made on behalf of clients (please explain on a separate sheet)											%		%				
C.	Projects for repeat clients											%		%				
D.	Continuing service, inspection or maintenance contracts											%		%				
E.	Professional services subcontracted to consultants that do not maintain professional liability insurance											%		%				
19.	Were more than 50% of your total gross billings in any years shown in (17.E. or H.) derived from a single client or contract? If so, please indicated with an * in the project lists in 20.A and B.															<input type="checkbox"/> Y <input type="checkbox"/> N		
20.	Please provide the following information regarding your firm's five largest current projects.																	
A	Client	Location	Project Type	Your Services	Total Gross Billings	Construction Values												
						\$												
						\$												
						\$												
						\$												
						\$												
B.	Please attach the above requested information regarding your firm's five largest projects over the past five years that are not already included in the above list.																	

CLIENTS DATA					
21.	Please indicate the approximate percentage of your total gross billings derived from each of the following categories of clients:				
Federal Government	%	State Governments	%	Local Governments	%
Foreign Government	%	Commercial Entities	%	Design-Build Contractors	%
Financial Institutions	%	General or Specialty Contractors	%	Institutional Entities (Non-Public)	%
Manufacturing/Industrial Entities	%	Other Design Professionals	%	Real Estate Developers	%
Other (Describe)	%	Other (Describe)	%	Other (Describe)	%
PROJECT TYPES					
22.	Please indicate the approximate percentage of your total gross billings in Question 17 derived from each project type. This section should equal 100%				
Airport Facilities (not 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 (Footnote 22.B)	%	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)	%
A.	Do you or your sub-consultants specify, or do any of your projects involve, the installation of Exterior Insulation and Finish Systems (EFIS)? If yes, please list the specific project, including project location below: Project with (EFIS):				<input type="checkbox"/> Y <input type="checkbox"/> N
B.	If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire. Please visit www.PlanetAEC.com and click on our Applications link on the right side menu.				

23.	Please provide the percentage of total gross billings attributable to each of the following services:	
A. Environmental Engineering and Consulting		
Preparation of Environmental studies and reports		
1.	Environmental Impact Reports	%
2.	Mold Investigations	%
3.	Phase I environmental site assessments	%
4.	Phase II environmental site assessments	%
5.	Other (specify)	%
6.	Other (specify)	%
Environmental Construction Management		
7.	Agency	%
8.	At Risk (responsible for construction)	%
Remedial Design		
9.	Asbestos Abatement	%
10.	Lead Abatement	%
11.	Mold Remediation	%
12.	Radon Mitigation	%
13.	Soil and Groundwater	%
Sampling, Testing, and Laboratory Analysis		
14.	Asbestos Sampling and Testing	%
15.	Mold Sampling and Testing	%
16.	Other Environmental Sampling and Testing	%
17.	Radon Sampling and Testing	%
Environmental Health and Safety		
18.	Inspections	%
19.	Training/Consulting	%
Other Environmental		
20.	Air Monitoring (Asbestos)	%
21.	Air Monitoring (other than asbestos)	%
22.	Asbestos Management Plans	%
23.	Environmental Program Management	%
24.	Facilities O & M Consulting	%
25.	Forestry Management	%
26.	Geographic Information Systems/Modeling	%
27.	Hydrogeology/Geology	%
28.	Litigation Support	%
29.	Permitting and compliance assistance	%
30.	Storage Tank Design	%
31.	Storm Water Management	%
32.	Tank Tightness Tests	%
33.	Training and education (specify)	%
34.	Waste Brokering	%
35.	Wetlands Consulting and Delineation	%
36.	Wildlife Management	%
37.	Other (please specify)	%

B. Construction and Remediation Services		
38.	Asbestos Abatement	%
39.	Demolition / Dismantling	%
40.	Emergency Response Contracting	%
41.	Facilities Operations and Maintenance	%
42.	Fire and Water Restoration	%
43.	General Contracting	%
44.	Habitat/Wetlands Restoration	%
45.	Pesticide/Herbicide Application	%
46.	Remedial Action Contracting	%
47.	Sewer/Septic Cleaning	%
48.	Tank Installation	%
49.	Tank Removal	%
50.	Waste Hauling	%
51.	Well drilling	%
52.	Other (specify)	%

C. Engineering, Architectural & Other Professional		
53.	Drafting Services	%
54.	Feasibility, economic or other studies	%
55.	Land surveying	%
56.	Land Use Urban Planning	%
57.	Project or program management -owner's agent	%
58.	Other (specify)	%
Construction Management		
59.	Agency	%
60.	At Risk (responsible for construction)	%
Engineering and Design		
61.	Architecture Design	%
62.	Chemical Engineering	%
63.	Civil Engineering	%
64.	Corrosion Engineering	%
65.	Electrical Engineering	%
66.	Foundation Design	%
67.	Geotechnical Engineering	%
68.	HVAC Engineering	%
69.	Instrumentation/Control Engineering	%
70.	Interior Design	%
71.	Irrigation Engineering	%
72.	Landscape architecture	%
73.	Lighting Design	%
74.	Machinery/Equipment Design	%
75.	Marine Engineering	%
76.	Mechanical Engineering	%
77.	Mining Engineering	%
78.	Nuclear Engineering	%
79.	Oil/Petrochemical Engineering	%
80.	Pollution Control Systems	%
81.	Process Engineering	%
82.	Sprinkler Design	%
83.	Soils Engineering	%
84.	Structural Engineering	%
85.	Telecommunications/ Communication	%
86.	Traffic Signals/Intersection Design	%
Sampling, Testing, and Laboratory Analysis		
87.	Construction Materials Testing	%
88.	Subsurface Soils Testing and Analysis	%
D. Specialty Technical Consulting Services		
89.	Acoustical Consulting	%
90.	Agricultural Engineering (specify)	%
91.	Air Balancing	%
92.	Archeology, Historical, Cultural Resources	%
93.	Audio Visual Consulting	%
94.	Commercial Inspections	%
95.	Construction Site Safety	%
96.	Elevator Consulting	%
97.	Facilities operations and management	%
98.	Food Handling/Kitchen Consulting	%
99.	Forensic Consulting (specify)	%
100.	Graphic Consulting (specify)	%
101.	Health and Safety Consulting	%
102.	Home Inspections	%
103.	Hydrogeology/Geology	%
104.	Industrial Hygiene Services	%
105.	Photogrammetry	%
106.	Planning	%
107.	Property Condition Assessments	%
108.	Roofing Consulting	%
109.	Software Consulting/Design (specify)	%
110.	Transportation Consulting (specify)	%

BUSINESS INFORMATION							
24.	Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management or control of a company engaged in:						
A.	Actual construction, installation, fabrication, erection, remediation, removal or demolition.					<input type="checkbox"/> Y <input type="checkbox"/> N	
B.	Actual construction, installation, fabrication, erection, remediation, removal or demolition, where you are not involved in the design of the project.					<input type="checkbox"/> Y <input type="checkbox"/> N	
C.	Design-Build or Turnkey.					<input type="checkbox"/> Y <input type="checkbox"/> N	
D.	Development, sale or lease of computer software or hardware to others					<input type="checkbox"/> Y <input type="checkbox"/> N	
E.	Real estate development.					<input type="checkbox"/> Y <input type="checkbox"/> N	
F.	Manufacture, sale, leasing or distribution of any product, process or patented production process.					<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>If the answer to 24. A, B, C, D, E, or F is yes, please provide full details on a separate sheet, including a description of the services performed, construction values involved, evidence of GL and WC coverage and fees billed. Also enclose sample contract(s).</i>							
25. A.	Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or is 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 firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm 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 firm controlled, owned by or associated with or does your firm control or own any other entity?					<input type="checkbox"/> Y <input type="checkbox"/> N	
D.	Has your firm 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	
E.	Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?					<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>If the answer to 25.A, B, C, D or E above is yes, please provide full particulars on a separate sheet. For 25.D, please include a listing of each firm name in chronological order and specify the date of the change, and include claims information for each firm name.</i>							
26.	Indicate the number of joint ventures your firm has participated in during the last accounting year:						
A.	Have you ever participated in a joint venture with a non-architecture or engineering firm? <i>If yes, please provide any details for any such projects during the past five years below or attach separate sheet.</i>					<input type="checkbox"/> Y <input type="checkbox"/> N	
Joint Venture Project Details:							
B.	Do you require evidence of professional liability and general liability insurance from joint venture partners? <i>If yes, please provide details of all insurance requirements on a separate sheet, including limits of insurance.</i>					<input type="checkbox"/> Y <input type="checkbox"/> N	
27.	Does your company carry comprehensive general liability and umbrella liability insurance? <i>If yes, provide the following information for your current policies:</i>					<input type="checkbox"/> Y <input type="checkbox"/> N	
	Insurer	Policy Number	Limit	Ded /SIR	Effective Dates		
General Liability			\$ per occ. aggregate	\$	Eff Date Exp Date		
Umbrella Liability			\$ per occ. aggregate	\$	Eff Date Exp Date		
28.	Is there an exclusion for professional services on your general or umbrella liability insurance?					<input type="checkbox"/> Y <input type="checkbox"/> N	
29.	Total payments and reserves for the past 5 years:			\$	General Liability	Workers Compensation	
					\$	\$	
For any General Liability claims above \$100,000 (reserves and payments), please provide the information requested below. <i>If necessary attach a separate sheet.</i>					5 yr Loss Ratio:	Number of Claims:	
Description of Occurrence and Damages Alleged	Date of		Paid		Reserved		Open Closed
	Loss	Claim	Indemnity	Expense	Indemnity	Expense	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	

NEW APPLICANT INFORMATION							
30.	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>					<input type="checkbox"/> Y <input type="checkbox"/> N	
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				
31.	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?					<input type="checkbox"/> Y <input type="checkbox"/> N	
<i>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.</i>							
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 30 and 31 of this application.							
32.	Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri) <i>If yes, please give details:</i>					<input type="checkbox"/> Y <input type="checkbox"/> N	
33.	Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? <i>If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments.</i>					<input type="checkbox"/> Y <input type="checkbox"/> N	
34.	Has any similar professional liability insurance been issued to the firms or persons named in Question 1? Please provide policy information below, beginning with the most recent coverage in force.					<input type="checkbox"/> Y <input type="checkbox"/> N	
	Insurer	Policy #	Limit	Deductible	Effective Date	Expiration Date	Premium
1.			\$	\$			\$
2.			\$	\$			\$
3.			\$	\$			\$
4.			\$	\$			\$
5.			\$	\$			\$
35.	Please provide the Retroactive Date for your most recent policy referenced in 34 above.						
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	Fax	Non-Resident License (If Applicable)					
		Licensed Broker					
Have you included:							
<input type="checkbox"/> Resumes for principals and key staff members or a statement of qualifications <input type="checkbox"/> Explanations of answers that require further clarification <input type="checkbox"/> Your company brochure or marketing materials <input type="checkbox"/> Complete details on all project types or services listed as others <input type="checkbox"/> Complete details on separately insured projects <input type="checkbox"/> 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.



VICTOR O.
SCHINNERER
& COMPANY, INC.

Underwriting Managers and Program Administrators

Two Wisconsin Circle, Chevy Chase, MD 20815

(301) 961-9800 Fax: (301) 951-5444