

ALDWYN GROUP, INC.

961 POTTSTOWN PIKE
LUDWIGS CORNER PROFESSIONAL BUILDINGS
CHESTER SPRINGS, PA 19425

Application for Architects & Engineers Professional Liability Insurance (including Construction Management, Surveying, Land-use Planning and Interior Design)

This Application is for a Claims-Made Policy

Applicant's Instructions:

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED NOT APPLICABLE, MARK "NA."
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE QUESTION NUMBER.
3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED.
4. THIS APPLICATION AND ALL SUPPLEMENTAL FIRMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. APPLICANT INFORMATION

a. Name of applicant: _____
(If partnership or corporation, show firm)

b. Address: _____
Street City State Zip Code

Phone number _____

c. Address of all Branches: _____
Street City State Zip Code

_____ Street City State Zip Code

d. When was firm established?: _____

e. Number of Employees: Full time _____ Part time _____ Total _____

f. Is the firm: Corporation? Partnership? Individual? _____

g. During the past five years, has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
If yes, please give full details:

h. Coverage Requested: Limits _____ Deductible _____

2. APPLICANT OPERATIONS

a. Please indicate the approximate percentage of the professions in which your firm is engaged. (To equal 100%). Exclude services performed by subcontractors.

Architects _____%	Land Surveying _____%	Environmental Engineering _____%
Civil Engineering _____%	Landscape Architecture _____%	Structural Engineering _____%
Electrical Engineering _____%	Interior Design _____%	Soil Engineering _____%
Mechanical Engineering _____%	Process Engineering _____%	Testing Lab _____%
HVAC Engineering _____%	Construction Management _____%	Other (Specify below) _____%
Marine Engineering _____%	Land Use Planning _____%	
Nuclear Engineering _____%	Mining Engineering _____%	

* If ENVIRONMENTAL Operations, please complete and ATTACH "Supplement #1"

b. Total Revenue from All Operations listed in #2.a. \$ _____

ATTACH Company Brochure or list website for viewing _____

2. APPLICANT OPERATIONS (CONTD.)

Please indicate the type and approximate percentage of work under each heading:

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c. Scope of Services (to equal 100%)

- (i) Design with construction observation _____%
- (ii) Design without construction observation _____%
- (iii) Construction observation without design _____%
- (iv) Studies, reports and services not resulting in construction _____%

d. Types of Services (to equal 100%)

- (i) Master planning _____%
- (ii) Foundation design _____%
- (iii) Geotechnical services _____%
- (iv) Alternations _____%
- (v) Machinery/product design _____%
- (vi) Forensic/expert witness _____%
- (vii) Building inspection/certification _____%
- (viii) Other _____%

Please indicate the type and approximate percentage of work under each heading:

e. Types of Projects (need not equal to 100%)

- | | |
|---|---|
| (i) Single family dwellings _____% | (xi) Parking structures _____% |
| (ii) Condominiums _____% | (xii) Roads/highways _____% |
| (iii) Apartments _____% | (xiii) Bridges, dams, or tunnels _____% |
| (iv) Hotels, motels or resorts _____% | (xiv) Sewage or waste disposal systems _____% |
| (v) High-rise buildings _____% | (xv) Wastewater treatment plants _____% |
| (vi) Educational facilities _____% | (xvi) Power plants _____% |
| (vii) Religious facilities _____% | (xvii) Industrial/manufacturing _____% |
| (viii) Commercial/shopping centers _____% | (xviii) Petrochemical, chemical _____% |
| (ix) Hospitals/health care _____% | (xix) Offshore & marine structures _____% |
| (x) Recreational/sports facilities _____% | (xx) Other _____% |

f. Does the Applicant foresee any substantial changes in the percentages of Items (c), (d) or (e) above during the next twelve months? Yes No
If yes, please give details: _____

g. Fees and Construction Values - (For design firms only)

	Dates	Estimate for Coming Year From _____ to _____	Present 12 months From _____ to _____	Previous 12 months From _____ to _____
Domestic Operations				
(i)	Construction values	_____	_____	_____
(ii)	Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operation				
(iii)	Construction Values	_____	_____	_____
(iv)	Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____

* Firms with Design AND Construction Operations should complete and ATTACH "Supplement #2"

h. REVENUE DETAILS

Indicate the percentage of revenue derived from work performed on a "Fast Track" basis (I.e. those projects in which construction begins before design is complete). _____%

Bid Contracts _____%
Negotiated Contracts _____%

Indicate percentage of revenue from repeat business _____%

10 Largest Projects – Please see and complete schedule on final page of App

i. SUBCONTRACTING.

_____ % work is sublet to others. Describe type of subbed work _____

Use written contract with all subs? _____yes _____no

Certificates of insurance from all subs? _____yes _____no

How does Applicant select subs _____

<p>j. Equity Interest:</p> <p>Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If coverage is desired, please request equity interest supplement form.</p>	<p>m. Is the Applicant controlled, owned or associated with any other Firm, Corporation or Company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>
<p>k. Does any one contract or client represent more than 50% of annual work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p>	<p>n. Does the Applicant work with other firms in Joint Ventures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES. If coverage is desired, please request joint venture supplement form.</p>

Please complete and **ATTACH** "Supplement #4" if coverage for JOINT VENTURES is required.

Please complete and **ATTACH** "Supplement #5" if coverage for EQUITY INTEREST is required.

For "yes" answers to any questions below, please provide details (including amount of revenue from).

Any projects currently insured under separate Project Policies? yes no
 Any Projects which have been permanently abandoned? yes no

CONTRACTS – Please **ATTACH** copy of typical contract used by Applicant.

Standard Industry Contract (ACEC, AIA, ASFE, etc)	<input type="checkbox"/> %	Letter Agreement	<input type="checkbox"/> %
Applicant's Own Standard Contract	<input type="checkbox"/> %	Purchase Order	<input type="checkbox"/> %
Client's Contract	<input type="checkbox"/> %	Oral	<input type="checkbox"/> %

TYPES OF CLIENTS – check those that are applicable

Government/Public Entity	<input type="checkbox"/>	Contractors (general, design/build, turnkey)	<input type="checkbox"/> *
Private Owners	<input type="checkbox"/>	Developers	<input type="checkbox"/>
Financial Institutions	<input type="checkbox"/>	Other (describe)	_____

* Please describe steps taken to avoid contractor litigation _____

3. APPLICANT STAFF

a. Name of Owner, Partner or Officer	Educational Qualifications	Date and Place Acquired	How Long with Firm

Applicant may **ATTACH** resumes in lieu of completing section 3.a.

**LLOYD'S
LLOYD'S OF LONDON**

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

10 LARGEST PROJECTS – PAST FIVE YEARS

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

Must be signed by Owner, Partner or Officer

Authorised signature of applicant

Title

Date