



# APPLICATION FOR CONTRACTORS CONTINGENT LIABILITY POLICY (Claims Made and Reported Basis)

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. **Please attach a current Financial statement.**
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

## 1. APPLICANT INFORMATION

- a. Name of Applicant: \_\_\_\_\_
- b. Principal business premise address: \_\_\_\_\_  
   (Street)  (County)  
 \_\_\_\_\_  
                                   (City)  (State)  (Zip)
- c.  Corporation?    Partnership?    Individual?    Other? \_\_\_\_\_ Date firm established \_\_\_\_\_
- d. Nature of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- |   |                                   |                                |                           |
|---|-----------------------------------|--------------------------------|---------------------------|
| e. <u>Name of Owner/Partner/Officer</u> | <u>Educational Qualifications</u> | <u>Date and Place Acquired</u> | <u>How Long with Firm</u> |
| _____                                   |                                   |                                |                           |
| _____                                   |                                   |                                |                           |
| _____                                   |                                   |                                |                           |

## 2. OPERATIONS

- a. Total Personnel: (including those listed in item 1(e) above: \_\_\_\_\_
- b. Construction values:
- |                                     | Dates:              | Estimate for        |                     |                    |
|-------------------------------------|---------------------|---------------------|---------------------|--------------------|
|                                     |                     | Coming year         | Present 12 Months   | Previous 12 Months |
|                                     | From _____ to _____ | From _____ to _____ | From _____ to _____ |                    |
| (i) All operations                  |                     | _____               | _____               | _____              |
| (ii) Design/Construct               |                     | _____               | _____               | _____              |
| (iii) Design only - no construction |                     | _____               | _____               | _____              |
| (iv) Construction only - no design  |                     | _____               | _____               | _____              |
- c. Approximate percentage of work in connection with these projects:
- | None or list %                                |   | None or list % |  |
|---|---|----------------|--|
| (i) Private dwellings, apts ..... [ ] _____ % | (x) Hospitals ..... [ ] _____ %   |                |  |
| (ii) Commercial buildings ..... [ ] _____ %   | (xi) Municipal buildings ..... [ ] _____ %  |                |  |
| (iii) Schools, Churches ..... [ ] _____ %     | (xii) Petrochemical, refinery, fertilizer, ammonia, urea plants ..... [ ] _____ % |                |  |
| (iv) Industrial buildings ..... [ ] _____ %   | (xiii) Harbors & jetties ..... [ ] _____ %  |                |  |
| (v) Mines ..... [ ] _____ %                   | (xiv) Dams ..... [ ] _____ %  |                |  |
| (vi) Bridges & tunnels ..... [ ] _____ %      | (xv) Other ..... [ ] _____ %  |                |  |
| (vii) Nuclear & Atomic projects.. [ ] _____ % | ..... TOTAL   | 100%           |  |
| (viii) Parking structures ..... [ ] _____ %   |   |                |  |
| (ix) Condominiums ..... [ ] _____ %           |   |                |  |
- d. Disciplines of Design Professionals you retain:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Architects           | <input type="checkbox"/> HVAC Engineers | <input type="checkbox"/> Mechanical Engineers |
| <input type="checkbox"/> Civil Engineers      | <input type="checkbox"/> Soil Engineers | <input type="checkbox"/> Process Engineers    |
| <input type="checkbox"/> Land Surveyor        | <input type="checkbox"/> Others         | <input type="checkbox"/> Structural Engineers |
| <input type="checkbox"/> Electrical Engineers |   |   |

**3. PROCEDURES**

- a. (i) Do you provide services on projects in which you retain an ownership interest? ..... [ ] Yes [ ] No
- (ii) Is a formal written safety program in place for each project?..... [ ] Yes [ ] No
- (iii) Do you hire all Design Consultants under written contracts?..... [ ] Yes [ ] No
- (iv) Do you have any licensed Engineers on staff? ..... [ ] Yes [ ] No
- (v) Do you sublet 100% Design Services? ..... [ ] Yes [ ] No
- (vi) Do you subcontract 100% actual construction, manufacturing or fabrication? ..... [ ] Yes [ ] No
- (vii) Is proof of Professional Liability Coverage required from all Design Professionals on projects? ..... [ ] Yes [ ] No

**4. HISTORY/CLAIMS**

Prior Carrier Information

a. Please list general liability insurance carried for each of the past three years. IF NONE, STATE NONE.

<u>Insurance Carrier</u>	<u>Policy Number</u>	<u>Limits of Liability</u>	<u>Deductible (if any)</u>	<u>Premium</u>	<u>Inception Exp. Mo./Day/Yr.</u>	<u>Expiration Mo./Day/Yr.</u>	<u>Was this a Claims Made Policy Form?</u>		<u>Retro Date</u>
							<u>Yes</u>	<u>No</u>	
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____

If Yes to b. or c. below, a SUPPLEMENTAL CLAIM INFORMATION form must be completed for each claim.

- b. Are you aware of any liability claims made against the firm?..... [ ] Yes [ ] No
- c. Do you know of any circumstances which may result in any claim against you or your employees? ..... [ ] Yes [ ] No

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

\_\_\_\_\_  
Name of Applicant\*

\_\_\_\_\_  
Title (Officer, partner, etc.)

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

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.



**PROFESSIONAL LIABILITY  
INSURANCE SERVICES, INC.<sup>SM</sup>**

T: 1-800-713-9473, 770-427-9577

F: 770-427-5218

W: www.pliswholesale.com

E: info@pliswholesale.com

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:

Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

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

\_\_\_\_\_  
Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.