



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

SUPPLEMENTAL APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY FOR EQUITY INTEREST ENDORSEMENT (CLAIMS MADE COVERAGE)

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 READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of applicant: _____
- b. Principal Business Address: _____
- c. Business Phone Number: () _____

2. APPLICANT OPERATIONS

- a. Please provide the name and a description of the projects in which you retain an ownership interest:

- b. For each project, please provide the following information:

<u>Design Date</u>	<u>Start of Construction</u>	<u>Estimated Completion Date</u>	<u>Total Construction Value (\$)</u>	<u>Total Estimated Billings (\$)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- c. Please provide the complete name and the percentage of ownership for each party or entity having an ownership interest in each of the projects listed in 2(a). Percentages must total 100%.

<u>Name</u>	<u>Percentage of Ownership</u>
_____	_____
_____	_____
_____	_____
- d. Are you or any of your related entities engaged in the actual construction, manufacturing, or fabrication utilized in these respective projects? [] Yes [] No. If yes, please provide a detailed explanation.
- e. Are any of the persons named in 2(c) above either owners, officers, or employees of firms engaged in the actual construction, manufacturing, or fabrication utilized in the projects listed in 2(a)? [] Yes [] No. If yes, please provide a detailed explanation.

3. CLAIMS

(Attach a detailed explanation for any "yes" answers.)

- a. Has any claim or suit ever been made against you or any of the persons having an ownership interest in any of the projects stated in 2(a) above? [] Yes [] No

b. Are you aware of any facts or circumstances which may give rise to a claim against you or any of the persons having an ownership interest in any of the projects stated in 2(a) above? [] Yes [] No

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a CLAIMS MADE BASIS AND IS LIMITED TO COVERAGE FOR THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Company, 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 authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

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.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Maine Applicants: 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 denial of insurance benefits.

Notice to New Hampshire Applicants: 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 subjects the person to criminal and civil penalties.

Notice to Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____