



The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

The limit of liability available to pay losses will be reduced and may be exhausted by amounts paid as defense expenses. The deductible will apply to defense expenses. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense expenses, and the deductible may apply up to 50% of defense expenses).

Complete this application if the firm (1) has been in business more than one year; (2) has gross annual billings of \$100,000 or less; (3) has at least one principal of the firm that is a registered architect, landscape architect, or land surveyor, or a licensed engineer; and (4) has annual gross billings from the most recently completed fiscal year from only the following disciplines: architect, land surveyor, landscape architect, civil engineer, mechanical engineer, and electrical engineer. Firms not meeting this criteria, or who reply "Yes" to any of the questions below, please complete the standard Design Professionals Liability Coverage Application.

GENERAL INFORMATION

Legal Name:
Trade or Doing Business as Name:
Address:
City: State: Zip:
Mailing Address (if different):
City: State: Zip:
Telephone Number: Web Address:
Email Address: Primary Contact Name: Year Established:

Indicate the area of practice from which the majority of the firm's billings are derived:

Architecture Land Surveying Landscape Architecture
Civil Engineering Mechanical Engineering Electrical Engineering

Provide the following information if your firm currently carries professional liability insurance.

Carrier Name: Policy Period: / / to / / Per Claim Limit:\$
Aggregate Limit:\$ Deductible:\$ Premium:\$ Retroactive Date: / /

APPLICANT INFORMATION

- 1. Is the firm's gross annual billings from the past fiscal year more than \$100,000?
2. Does the firm use verbal agreements on more than 24% of their projects?
3. Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in an entity for whom professional services are rendered?
4. Does the firm derive any of its annual gross billings from geotechnical or structural engineering work?

5. Has the firm rendered services for a condominium, cooperative, or mixed-use condominium project in the past three years, or is expected to in the next 12 months? Yes No
6. Is the firm, or any parent, subsidiary, or other related organization, engaged in any of the following:
- a. Construction, fabrication, installation or erection? Yes No
 - b. Real estate development? Yes No
 - c. Design, manufacture, sale, lease or distribution of any product, process or patented design? Yes No
 - d. Chemical, nuclear, marine, or mining engineering? Yes No
 - e. Pre-purchase home inspections? Yes No
 - f. Work performed in or around oil and gas fields or refineries? Yes No
7. Has the firm, or any parent, subsidiary, or other related organization, ever been in receivership or filed for bankruptcy? Yes No
8. Has the firm, any predecessor firm, or any member of such firm had a claim involving professional services made against them in the past five years? Yes No
9. Does any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? Yes No

If all responses above are "No", congratulations, you qualify for coverage! To bind coverage, select from the limit and payment options below, and indicate the desired effective date of coverage.

LIMITS, DEDUCTIBLE, POLICY TERM, AND PREMIUM

Limits of Liability	\$500,000/\$500,000* <input type="checkbox"/>	\$500,000/\$1,000,000* <input type="checkbox"/>	\$1,000,000/\$1,000,000 <input type="checkbox"/>	\$1,000,000/\$2,000,000 <input type="checkbox"/>
Deductible	\$0	\$0	\$0	\$0
Policy Term	3 years	3 years	3 years	3 years
Annual Premium	\$1,400	\$1,500	\$1,700	\$1,800

*Not available in Arkansas, Montana, or North Dakota

ANNUAL INSTALLMENT PAYMENT OPTIONS

<input type="checkbox"/> Direct bill – annual installments	<input type="checkbox"/> Direct bill – quarterly installments	<input type="checkbox"/> Direct bill – 25% down & 5 equal installments
<input type="checkbox"/> Direct bill – 25% down & 9 equal installments	<input type="checkbox"/> Agency bill – annual installments	

EFFECTIVE DATE

Indicate desired effective date: / /

Note the effective date of coverage can be no earlier than one day after you send this signed and dated application to your agent or broker.

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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 such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

SIGNATURES

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Authorized Representative Signature*:	Authorized Representative Name and Title:	Date (mm/dd/yyyy):
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X

PRODUCER INFORMATION (REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)

Producer Signature*:	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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X

Agency:	Agency Contact:	Agency Phone Number:
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*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box below. By doing so, the applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance – Producer