

Zain Jeewanjee Insurance Agency

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APPLICATION FOR
CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A
"CLAIMS-MADE" INSURANCE POLICY

APPLICANTS INSTRUCTIONS

1. THIS APPLICATION IS FOR A PROFESSIONAL LIABILITY POLICY INTENDED TO PROVIDE COVERAGE FOR CONSTRUCTION MANAGEMENT - AGENCY OPERATIONS. COVERAGE WILL NOT APPLY TO CONSTRUCTION, OR "AT RISK" OPERATIONS, UNLESS COVERAGE HAS BEEN GRANTED FOLLOWING COMPLETION OF THE ATTACHED SUPPLEMENTARY QUESTIONNAIRE.
2. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED NOT APPLICABLE, PLEASE EXPLAIN WHY.
3. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET & INDICATE QUESTION NUMBER.
4. PLEASE COMPLETE APPLICATION & SUPPLEMENTS WHERE REQUIRED.
5. THIS APPLICATION & ALL SUPPLEMENT FORMS MUST BE SIGNED & DATED BY A PRINCIPAL OF THE FIRM.

1. A. Name of Applicant: _____

Proprietor _____ Partnership _____ Corporation _____

B. Address: _____

City : _____ County: _____

State: _____ Zip: _____

C. Telephone: _____ Facsimile: _____

D. Branch office addressees) (use a separate addendum if applicable).

E. Date Established (current entity) _____

F. Number of Staff-	Last Year	This Year
Principals/Partners/Directors	_____	_____
Other Licensed Professionals (Architects or Engineers):	_____	_____
CM Practitioners:	_____	_____
Other Staff.	_____	_____
Total Staff-	_____	_____

G. Please indicate the Applicants annual staff turnover _____

H. Please complete Professionals Supplement - No. I

2. A. Has the name of the Applicant changed or has any other firm or organization amalgamated with or been merged into the Applicant? Is there any pending change in the name of the Applicant or pending amalgamation or merger?

Yes _____ No _____

If yes, please give full details on a separation addendum.

- B. Please indicate the 4 States from which the Applicant derived the highest percentages of Total Billings for the last year.

State _____ % State _____ % State _____ % State _____ %

Please indicate the percentage of revenues derived from non-US work: _____ %

- C. Disciplines as a Percentage of Billings:

Architecture:	_____ %	Construction Management:	_____ %
Civil Engineering:	_____ %	HVAC:	_____ %
Structural Engineering:	_____ %	Environmental/Soil/Geo:	_____ %
Mechanical Engineering:	_____ %	Interior Design:	_____ %
Electrical Engineering:	_____ %	Design/Build:*	_____ %
Acoustical Engineering:	_____ %	Other:	_____ %
		Total	<u>100%</u>

*If yes, please give full details on a separate addendum.

Construction Management - Agency Scope of Services:

Project Management:	_____ %	Scheduling/Co-ordination:	_____ %
Cost Management:	_____ %	Contract/Project Admin:	_____ %
Cost Scheduling:	_____ %	Constructability Reviews:	_____ %
Value Engineering:	_____ %	Construction Inspection:	_____ %
Materials Testing:	_____ %	Safety Services:	_____ %
Claims Analysis:	_____ %		
Other (explain) _____			_____ %

TOTAL 100%

- D. Please complete Environmental Supplement - No. 2 if at any time in the last complete fiscal or current year the Applicant has performed PROFESSIONAL SERVICES for environmental projects, including but not limited to the testing of hazardous materials.

- E. Please indicate the percentage the Applicants billings derived from work performed on a Fast Track basis; i.e. those projects in which construction begins before design is complete.
_____ %

- F. Please indicate the percentage of the Applicants billings derived from repeat business
_____ %

- G. Please indicate percentage by fees of current projects where the construction contract is:

Bid contract: _____ % Negotiated contract: _____ %

- H. Please indicate types of projects as a percentage of the Applicants billings:

	Last Year:	This Year:
Hotels/Motels/Convention Centers	_____ %	_____ %
Office Buildings/Retail Outlets	_____ %	_____ %
Hospitals	_____ %	_____ %
Schools/Colleges Recreational	_____ %	_____ %
Sports Arenas/Stadiums	_____ %	_____ %

Condominiums	_____%	_____%
Warehouses	_____%	_____%
Other Residential	_____%	_____%
Manufacturing/Industrial facilities	_____%	_____%
Roads/Highways/Runways	_____%	_____%
Parking Structures	_____%	_____%
Bridges/Tunnels/Dams	_____%	_____%
Harbours/Piers/Ports	_____%	_____%
Utilities	_____%	_____%
Petro Chemical	_____%	_____%
Wastewater	_____%	_____%
Landfills/Industrial Waste	_____%	_____%
Nuclear	_____%	_____%
Other, Please specify _____	_____%	_____%
TOTAL	100%	100%

I. Do you foresee substantial changes in the above percentages in the next 12 months? If yes please explain: _____

J. Please complete Largest Project Supplement - No. 3

K. Please attach a copy of your company's Construction Management Services brochure.

3. A. Client Profile:
Please indicate the percentage of the Applicants billings derived from each of the following categories:

Contractors:	_____%	Lending Institutions:	_____%
Other Design Professionals:	_____%	Federal Governments:	_____%
Commercial:	_____%	State Governments:	_____%
Private Owners Including:	_____%	Local Governments:	_____%
Corporations:	_____%	Other, please specify:	_____%
Real Estate Developers:	_____%	Other, please specify:	_____%

B. Were more than 20% of the Applicants billing during the past fiscal year derived form a single client or contract?

Yes _____ No _____

If yes, for each client representing more than 20%, please specify client, project(s) and describe services rendered.

C. Is the Applicant or any subsidiary, parent or other organization related thereto, engaged in, or been engaged in within the past 36 months:

- I) Actual construction, fabrication or erection, including CM - At Risk. Yes _____ No _____
- II) Development, sale or leasing of computer software Yes _____ No _____
- III) Real Estate development Yes _____ No _____
- iv) Manufacture, sale, leasing or distribution of any product, process or patented production process. Yes _____ No _____

If the answer to any of the above is yes, please give details on a separate addendum, and indicate annual construction revenues by entity.

D. Please indicate the percentage of contracts where the Applicant is responsible for site safety, and is added as an additional Named Assured on:

- i) the clients General Liability Insurance Policy Yes _____ No _____
- ii) the contractors General Liability Policy Yes _____ No _____

E. Does the Applicant or any subsidiary, parent or other organization related thereto, provide professional services as a partner in any joint venture projects that were established during the current or last complete fiscal year? Yes _____ No _____

If yes, please give details including project name, description, construction value, services performed, both by the Applicant and by other joint venture parties and the status of the project on a separate addendum. _____

F. Please list all professional services sub-contracted by the Applicant and indicate percentage of Total billings for each.

_____ % _____ % _____ % _____ %

G. a) Does the Applicant require evidence of Professional Liability insurance for its consultants by obtaining certificates of insurance on an annual basis? Yes _____ No _____

b) What percentage of the Applicant's consultants carry Professional Liability Insurance? _____ %

4. **REVENUE BREAKDOWN** (For CM Agency & Design only For At Risk see supplement 5)

	Professional Fees:	Construction Values:
A. Joint Venture Projects:*	\$ _____	\$ _____

*Please give full details, including project name, description, contract value, other joint venture parties involved, status of project, who manages the project, on a separate addendum.

B. Projects insured under separate project policies: \$ _____ \$ _____

C. Projects have been permanently abandoned: * \$ _____ \$ _____
*Please give full details, to include stage of abandonment and reason, on a separate addendum.

D. Feasibility Studies, Master Plans, reports opinion, etc. \$ _____ \$ _____

E. Direct Reimbursables: \$ _____ \$ _____

F. All other billings: \$ _____ \$ _____

G. Total Gross Billings (whether collected or not). Do not include interest, rental or other revenues unrelated to professional practice:
NOTE: New firms should use estimated total billings for the next 12 months.

Next Year Est. \$ _____ Current Year \$ _____ Past Year \$ _____

MANAGEMENT

5. A. Does the Applicant have an in-house quality control procedure? Yes _____ No _____

B. Is it in written form? Yes _____ No _____

C. Are all appropriate staff member familiar with these procedures? Yes _____ No _____

If the answer to any of the above is no, please give full details on a separate addendum.

D. Has the Applicant participated in a peer review program? Yes _____ No _____

If yes, briefly describe the program, when conducted and by whom:

E Does the Applicant or any principal, partner, director or shareholder thereof or any subsidiary thereof or any immediate family member of any such person have an ownership interest in any project for which PROFESSIONAL SERVICES are being rendered by the Applicant?

Yes _____ No _____

If yes, please provide details:

MISCELLANEOUS

6. A. Has any practitioner listed in Supplement I ever been the subject of disciplinary action by authorities as a result of their professional activities?

B. How many practitioners have participated in formal continuing education programs of at least seven hours during the last year? This would include attendance at professional association sponsored seminars and similar functions.

C. Please indicate fees and contracts for CM - Agency services as follows:

<u>Form of Contract</u>	<u>% of Fees</u>	<u># of Contracts</u>
CMAA	_____	_____
AIA	_____	_____
EJCDC	_____	_____
AGC	_____	_____
Other _____	_____	_____
TOTAL	100%	_____

D. Does the Applicant use written contracts on every project? Yes _____ No _____
If no, please describe the circumstances when oral agreements are used:

E. If non-standard or modified CMAA, AGC, AIA or EJCDC contracts or letter agreements are used, who does the Applicant use to review such contracts or agreements?

F. Please attach a copy of the Applicants standard professional services contract.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

Effective Date Requested for this Insurance

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL
APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED.

PROFESSIONALS SUPPLEMENT I

In accordance with Question I.H. of this Application, please supply the following information:

1. Identify all persons performing PROFESSIONAL SERVICES on behalf of the applicant firm, and state the office address, including telephone number, for all such persons. (Do not include information for clerical staff).
2. Please supply a personal resume for each person identified in the response to No. 1 above. The resume should state the following:
 - a. Position/Title presently held.
 - b. Number of years with the applicant firm.
 - c. Educational background identifying institutions attended, degree(s) received and year(s) of graduation.
 - d. Professional license(s) held and year(s) received.
 - e. Work experience for at least the past 10 years, identifying employer(s), address(es), dates of employment and job title/description.
3. Has any person identified in the response to No. 1 above ever had a professional license suspended or revoked? _____ If so, describe the circumstances.
4. For each person identified in the response to No. 1 above briefly describe the duties of the person on behalf of the firm in the following are as:
 - a. Project organization and management _____
 - b. Budgeting, estimating and cost monitoring and control _____
 - c. Scheduling and co-ordination _____
 - d. Contract administration _____
 - e. Quality management _____
 - f. Safety co-ordination and management _____
 - g. Risk management _____
 - h. Other CM related responsibilities _____

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANTS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Authorized Signature of Applicant

Title

Date

SUPPLEMENT 2

APPLICATION FOR
CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY INSURANCE

ENVIRONMENTAL SUPPLEMENT

APPLICANTS INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY PROFESSIONAL SERVICES FOR ENVIRONMENTAL PROJECTS AS REFERRED TO BY QUESTION 2D).
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET.
3. PLEASE LEAVE NO BLANKS

1. Name of entity performing this type of work: _____

2. Date the Applicant commenced this type of work: _____

3. Please indicate number of professionals in the following categories:

Geologists/Hydrologists	_____	This Year	_____	Last Year
Geotechnicals	_____		_____	
Industrial Hygienists or Toxicologists	_____		_____	
Chemists/Biologists	_____		_____	

4. Please indicate the 4 states from which the Applicant derived the highest percentages of professional fees for environmental projects for the last year:

State % State % State % State %

5. Please indicate the percentage of the Applicants billings derived from each of the following categories:

Contractors: _____% Lending Institutions: _____%

Other Design Professionals:	_____%	Federal Governments:	_____%
Commercial:	_____%	State Governments:	_____%
Private Owners Including:	_____%	Local Governments:	_____%
Corporations:	_____%	Other, Please Specify:	_____%
Real Estate Developers:	_____%	Total	_____ 100%

6. Where the Applicant has represented the buyer or seller in an actual or pending sale of land or property, please give details including site name, client & value:

7. Does the Applicant always obtain a Hold Harmless or limitation of liability clause in its contract provisions? Yes _____ No _____

If not, please explain how the Applicant protects its liability.

8. Services performed as a percentage of Total Billings:

	Performed by The Applicant:	Sub-contracted to a Third Party:
a) Phase I -audits:	_____ %	_____ %
b) Phase 2-site investigations:	_____ %	_____ %
c) Phase 3-site remediation:	_____ %	_____ %
d) Acquisition and/or submission of environmental permits:	_____ %	_____ %
e) Soil/Geo-Technical work not related to hazardous and/or contaminated materials	_____ %	_____ %
f) Environmental impact/Conservation studies/ Landscaping/Parks other than the above:	_____ %	_____ %
g) Asbestos/Lead Abatement:	_____ %	_____ %
h) Other (explain by addendum)	_____ %	_____ %

9. Where the Applicant performs testing on hazardous materials:

a) How does the Applicant ensure it never becomes legal owner of samples submitted?

b) Is the Applicant ever legally responsible for the disposal of samples of hazardous materials?
If so, please give details:

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AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

APPLICATION FOR
CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY INSURANCE
CLAIM FORM

APPLICANTS INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A YES ANSWER TO QUESTIONS 7A OR B. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
- 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET. DO NOT ATTACH COPIES OF SUMMONS & COMPLAINT.
- 3. PLEASE LEAVE NO BLANKS

-
- 1. Full name of individual(s) and name of firm involved in the claim:
 - a) _____
 - b) _____
 - c) _____
 - 2. Additional Defendants:
 - a) _____
 - b) _____
 - c) _____
 - 3. Full name of claimant: _____
 - 4. Date of alleged error: _____
 - 5. To what insurance company was this claim reported? _____
 - 6. Date reported to insurance company: _____
 - 7. Present status of claim (circle one): Open In Suit Closed
 - 8. If pending, please indicate:
 - a) Amount asked in summons: \$ _____
 - b) Claimants Settlements demand: \$ _____
 - c) Defendants offer for settlement: _____
 - d) Total amount paid in defense costs to date: \$ _____

e) Total damages paid/outstanding: \$ _____

9. If closed, please indicate amounts paid in:

Indemnity \$ _____ Costs \$ _____

10. Description of claim-including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS AND COMPLAIN.

a) Allegation upon which Claimant bases claim:

b) Description of events:

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANTS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS. THIS CLAIMS SUPPLEMENT IS TO PROVIDE UNDERWRITING INFORMATION ONLY AND DOES NOT CONSTITUTE A NOTICE OF CLAIM FOR PAYMENT. IF YOU WISH TO PROVIDE NOTICE OF CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR INSURANCE REPRESENTATIVE.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

APPLICATION FOR
CONSTRUCTION MANAGERS PROFESSIONAL LIABILITY INSURANCE

CONSTRUCTION MANAGEMENT - AT RISK SUPPLEMENT

APPLICANTS INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT CURRENTLY PERFORMS ANY PROFESSIONAL SERVICES IN CONJUNCTION WITH ACTUAL CONSTRUCTION, FABRICATION OR ERECTION, INCLUDING AS REFERRED TO BY QUESTION 3.C.j. CM AT RISK
 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET.
-

1. Name of entity performing this type of work: _____

2. Date the Applicant commenced this type of work: _____

3. a. If construction operations are performed by a separate entity, please describe relationship between the CM firm and construction firm:

b. If design operations are performed by a separate entity, please describe relationship between the CM firm and design firm. Also please describe construction observation services by design firm.

4. Please indicate percentage of work subcontracted to others:

Design _____% Construction Management _____% Construction _____%

5. What is the Applicants current bonding capacity: _____

6. Has a surety company ever declined to offer a bond? Yes _____ No _____
If yes, please provide details by attachment

7. Specify the Applicants exact contract revenue secured during the immediate past fiscal year and that which is anticipated to be accrued during the present fiscal year, derived from the following categories. Exclude all income accrued from participation in any joint venture.

**FISCAL YEAR
REVENUE**

	Immediate Past Year	Present Year
a) Contracting; without any responsibility for the provision of the design documents:	\$ _____	\$ _____
b) General Building Contracting; Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
c) Electrical Contracting; Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
d) HVAC and Plumbing Contracting; Undertaking single contracts for the provision of both the design documents and construction services:	\$ _____	\$ _____
e) Mechanical/Industrial/Process Contracting; Undertaking single contracts for the provision of both the design documents and construction:	\$ _____	\$ _____
f) Construction Management Services: Relative to projects for which the Applicant also acts as the general contractor:	\$ _____	\$ _____
g) Construction Management Services Only: Relative to projects for which the Application is not also acting as the general contractor:	\$ _____	\$ _____
h) Any other (describe): _____	\$ _____	\$ _____

For all yes responses to questions 8-11 please provide details by attachment. Include project name and indication if circumstance has been reported to insurance carrier.

8. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment? Yes _____ No _____
9. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a disputed change order which exceeds \$1 0,000? Yes _____ No _____
10. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them? Yes _____ No _____
11. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$ 1 0,000? Yes _____ No _____
12. Please provide the following details with respect to the Applicants Commercial General Liability and Umbrella Liability coverages:

13. Please detail by attachment a summary of the Applicants Commercial General Liability loss history for the past five (5) years.

I UNDERSTAND THE INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANTS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS. THIS CLAIMS SUPPLEMENT IS TO PROVIDE UNDERWRITING INFORMATION ONLY AND DOES NOT CONSTITUTE A NOTICE OF CLAIM FOR PAYMENT, IF YOU WISH TO PROVIDE NOTICE OF CLAIM ON YOUR CURRENT OR EXPIRING POLICY, PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVISES FROM YOUR INSURANCE REPRESENTATIVE.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

Date

APPLICATION CONSTRUCTION MANAGEMENT PROFESSIONAL LIABILITY INSURANCE

10 LARGEST PROJECTS - PAST FIVE YEARS INCLUDING 5 LARGEST USING CMAA - AGENCY AGREEMENT FORM

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

Authorized signature of applicant

Title

Date

Date