

National Casualty Company

Home Office: Scottsdale, Arizona
 Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only **CLAIMS** which are first made against you and reported to the Company during the **POLICY PERIOD** are covered subject to the policy provisions. If you have any questions about the coverage, please discuss them with your insurance agent.

Expiring Policy Number: _____ Limits Requested: _____ Deductible: _____

Firm Name/Address/Structure

1. Firm Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Branch Offices (List Branch Offices on separate sheet.) Yes No
 Website Address: _____

2. Key Contact and/or Risk Manager:
 Name: _____ Title: _____ Telephone: _____

3. Please show firm's combined number of licensed staff, principals, partners, directors and officers: _____

Accounting Year Data

4. Please provide the Firm's Accounting Year Data as follows:

	Projected Fiscal Year:	Current Fiscal Year:	Last Completed Year:
Total Gross Billings:	\$	\$	\$
Total Construction Values:	\$	\$	\$

Practice Details

5. Professional Services: Have there been any changes to the firm's professional services since the previous application was completed? Yes No

If "Yes," based on your Firm's net billings, please indicate the approximate percentage of services listed below which are performed by your Firm. Do not include services of your consultants. (Note: This section should total 100%.)

Acoustical Engineering	%	Forensic Engineering	%	Naval/Marine	%
Architecture	%	HVAC Engineering	%	Nuclear Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Process Engineering	%
Civil Engineering	%		%	Geo Technical	%
Communication Engineering	%	Interior Design	%	Structural Engineering	%
		Land Surveying/ Construction Stakeout		%	Testing Labs
Construction Management	%	Landscape Architecture	%	Other (specify): _____	%
Electrical Engineering	%	Mechanical Engineering		TOTAL	100%

*Note: If Environmental Engineering or Consulting services are indicated, please attach a narrative description of these services.

6. a. Other Services: Have there been any changes to your firm’s other services since the previous application was completed? Yes No
 If “Yes,” based on your Firm’s gross billings, indicate the approximate percentages of activities listed below in which your firm is involved. (Note: This section need not total 100%.)

Asbestos Related Work	%	Ground Testing/Soil Analysis	%	Site Development	%
Building Design		Inspection Services	%	Software Development/Sales	%
Cost Estimating	%	Instrumentation/Controls	%	Subsurface Soil	%
Destructive Testing	%	Lead Related Work	%	Underground Utility Locating	%
Environmental Impact Statements	%	Machine/Equipment Design	%	Wetland Delineation	%
Fast Track, Turnkey or Prototype Projects	%	Pipelines	%	Other (specify): _____	%
Foundations, Sheeting and Shoring Design	%	Product Design	%		

- b. Have there been any changes to the firm’s projects since the previous application was complete? ... Yes No
 If “Yes,” based on your Firm’s gross billings, indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: This section should total 100%.)

Airports	%	Mines	%	Superfund/Pollution	%
Amusement Rides	%	Municipal Buildings	%	Telecommunications	%
Apartments	%	Nuclear/Atomic	%	Theaters	%
Arenas/Stadiums	%	Office Buildings	%	Tract Homes	%
Bridges 499 ft and under	%	Parking Structures	%	Traffic/Transportation	%
Bridges 500 ft and over	%	Petro/Chemical	%	Tunnels	%
Condominium/Townhouses	%	Pools/Playgrounds	%	Underground Storage Tanks	%
Commercial	%	Pre-engineered Buildings/Structures	%	Utilities	%
Convention Centers	%	Private Dwellings (Custom)	%	Warehouses	%
Dams	%	Religious/Churches	%	Wastewater Treatment Plants	%
Harbors/Piers/Ports	%	Residential	%	Water Systems	%
Hospitals/Healthcare	%	Roads/Highways	%	Other (specify): _____	%
Hotels/Motels	%	Schools/Colleges	%		
Industrial Waste Treatment	%	Sewage Systems	%		
Jails	%	Sewage Treatment Plants	%	TOTAL	100%
Landfills	%	Shopping Centers/Retail	%		
Libraries	%				
Manufacturing/Industrial	%				
Mass Transit	%				

7. Largest Current Projects. On a separate sheet, attach a list of your ten (10) largest projects in the past two years. Include type of structure, services performed, construction values, professional fees and project location.

8. After inquiry, is the applicant aware of any facts or circumstances or any allegations or contentions of any incident not previously reported to the Company which may result in a claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was formerly employed by, associated with or had an interest in?..... Yes No

If "Yes," on attached **SUPPLEMENTAL CLAIMS INFORMATION SHEET** give full details including status of claim, amounts demanded or paid and dates of claims.

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

FRAUD WARNING: 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.

DATED THIS _____ DAY OF _____, 20_____

SIGNATURE OF AUTHORIZED DIRECTOR/PARTNER/PRINCIPAL: _____

TITLE: _____

PRODUCER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____