

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 (CLAIMS MADE BASIS)

THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY

NOTICE TO THE INSURED

THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER. EXCEPT FOR THE EXTENDED REPORTING PERIOD, THERE IS NO COVERAGE FOR CLAIMS REPORTED AFTER TERMINATION OF COVERAGE. DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND AN INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

OPTION 1: THE DEDUCTIBLE AMOUNT SHOWN IN THE POLICY WOULD BE APPLIED TO BOTH DAMAGES AND CLAIM EXPENSE IF THE APPLICANT SELECTS THIS OPTION. CLAIM EXPENSE WOULD BE CHARGED AGAINST THE DEDUCTIBLE AND WOULD NOT EXCEED FIFTY PERCENT (50%) OF SUCH DEDUCTIBLE. THE COMPANY WOULD ASSUME ANY CLAIM EXPENSE OVER THIS AMOUNT.

OPTION 2: THE DEDUCTIBLE AMOUNT SHOWN IN THE POLICY WOULD BE APPLIED TO DAMAGES FOR EACH WRONGFUL ACT BUT WOULD NOT BE APPLIED TO CLAIM EXPENSE IF THE APPLICANT SELECTS THIS OPTION.

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

Firm Name/Address/Structure

1. Firm Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have any Branch Offices been added in the past year? Yes No

(List Branch Offices on separate sheet.)

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: _____ mm/dd/yyyy	Current Fiscal Year: _____ mm/dd/yyyy	Last Completed Year: _____ mm/dd/yyyy
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	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geo Technical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying/ Construction Stakeout	% %	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other: (specify) _____	%
Electrical Engineering	%	Mechanical Engineering	%		%
Environmental Engineering*	%	Naval/Marine	%		%

* 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	%	Pipelines	%	Wetland Delineation	%
Foundations, Sheeting and Shoring Design	%	Product Design	%	Other: (specify) _____	%

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

7. Largest Current Projects. 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.

NOTICE TO NEW YORK 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 shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for the violation.

DATED THIS _____ DAY OF _____, 20_____

SIGNATURE OF AUTHORIZED DIRECTOR/PARTNER/PRINCIPAL: _____

TITLE: _____

PRODUCER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____