



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

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ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY RENEWAL APPLICATION (CLAIMS MADE AND REPORTED BASIS)

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. CLAIM EXPENSE is also applied against the deductible. 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: _____
Have any Branch Offices been added in the past year? [] Yes [] No
If "Yes," please list branch offices on separate sheet.
Website Address: _____

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

3. Please show the 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:

Table with 4 columns: Projected Fiscal Year, Current Fiscal Year, Last Completed Year, and rows for TOTAL GROSS BILLINGS and 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 the Firm's net billings, please indicate the approximate percentage of services listed below which are performed by the Firm. Do not include services of your consultants. (Note: This section should total one hundred percent [100%.])

Table with 6 columns: Services, Percent, Services, Percent, Services, Percent. Lists various engineering and construction services.

Services	Percent	Services	Percent	Services	Percent
Construction Management	%	Landscape Architecture	%	Other (specify): _____	%
Electrical Engineering	%	Mechanical Engineering	%		
Environmental Engineering*	%	Naval/Marine	%	TOTAL	100%

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

6. Other Services:

a. Have there been any changes to the Firm's other services since the previous application was completed?..... Yes No

If "Yes," based on the Firm's gross billings, indicate the approximate percentages of activities listed below in which the Firm is involved. (Note: This section need not total one hundred percent [100%.])

Services	Percent	Services	Percent	Services	Percent
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	%	Other (specify): _____	%
Foundations, Sheeting and Shoring Design	%	Product Design	%	TOTAL	%

b. Have there been any changes to the Firm's projects since the previous application was complete?

If "Yes," based on the Firm's gross billings, indicate the approximate percentages of the projects listed below in which the Firm is engaged. (Note: This section should total one hundred percent [100%.])

Services	Percent	Services	Percent	Services	Percent
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 Bridges 500 ft. and over	% %	Mines	%	Superfund/Pollution	%
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	%

Services	Percent	Services	Percent	Services	Percent
Hotels/Motels	%	Private Dwellings (Custom)	%	Warehouses	%
Industrial Waste Treatment	%	Religious/Churches	%	Wastewater Treatment Plants	%
Jails	%	Roads/Highways	%	Water Systems	%
				Other (specify):	%
				TOTAL	100%

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. **(Not applicable to Kansas, Nebraska, Oregon or Vermont applicants.)**

NOTICE TO ALABAMA APPLICANTS: 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 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.

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

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 a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable to Iowa Agents Only)