

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

JOINT VENTURE SUPPLEMENTAL COVERAGE FOR APPLICANT'S INTEREST ONLY

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

Note: Please complete all items below for each Joint Venture for which coverage is desired.

1. APPLICANT INFORMATION

- a. Name of Joint Venture: _____
- b. Joint Venture Project Description and Location: _____
- c. Services Performed by Applicant: _____
- d. Services Performed by Others: _____
- e. Is Applicant's portion of the Joint Venture currently insured?: Yes ___ No ___ Carrier: _____
Limit _____ Ded _____

2. OTHER PARTIES TO JOINT VENTURE & THEIR INSURANCE

Name and Address

- a. _____ Yes ___ No ___ Carrier _____
- b. _____ Yes ___ No ___ Carrier _____
- c. _____ Yes ___ No ___ Carrier _____
- d. Has any claim ever been made against you or against any Joint Venture member with regard to the project named in question No. 1 above? Yes ___ No _____. If yes, please attach detailed description.

3. JOINT VENTURE

- a. Fees and Construction Values:
 - (i) Total Construction Values of Joint Venture: \$ _____
 - (ii) Gross Fees for Joint Venture (all members): \$ _____
 - (iii) Your Share of Gross Fees for Joint Venture: _____ %
 - (iv) Your Fees: Estimate for coming year:*
(from _____ to _____) \$ _____
Latest 12 months: (from _____ to _____) \$ _____
Previous 12 months: (from _____ to _____) \$ _____

*Those fees apply to Joint Venture ONLY

- b. Duration of Joint Venture:
 - (i) Date of Preliminary Design through Completion of Design:
Beginning of Preliminary Design ___/___/___ (MM/DD/YYYY)
% of design completed _____ %
Completion date ___/___/___ (MM/DD/YYYY)
 - (ii) Construction Dates: Beginning: ___/___/___ (MM/DD/YYYY)
Ending: ___/___/___ (MM/DD/YYYY)
 - (iii) Percentage of Joint Venture Completed: _____ %

c. Former Joint Ventures:

If coverage for completed Joint Ventures is desired, please provide a list of these using same format as above and INCLUDING information on previous coverage for these Joint Ventures.

I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer of Shand, Morahan & Company, Inc., Underwriting Managers for the Company/Underwriters.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.