

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

**SUPPLEMENTAL APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY
FOR EQUITY INTEREST ENDORSEMENT
(CLAIMS MADE COVERAGE)**

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)

1. APPLICANT INFORMATION

- a. Full name of applicant :
- b. Principal Business Address:
- c. Business Phone Number: () _____

2. APPLICANT OPERATIONS

- a. Please provide the name and a description of the projects in which you retain an ownership interest:

- b. For each project, please provide the following information:

<u>Design Date</u>	<u>Start of Construction</u>	<u>Estimated Completion Date</u>	<u>Total Construction Value (\$)</u>	<u>Total Estimated Billings (\$)</u>
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- c. Please provide the complete name and the percentage of ownership for each party or entity having an ownership interest in each of the projects listed in 2(a). Percentages must total 100%.

<u>Name</u>	<u>Percentage of Ownership</u>
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- d. Are you or any of your related entities engaged in the actual construction, manufacturing, or fabrication utilized in these respective projects? [] Yes [] No. If yes, please provide a detailed explanation.
- e. Are any of the persons named in 2(c) above either owners, officers, or employees of firms engaged in the actual construction, manufacturing, or fabrication utilized in the projects listed in 2(a)? [] Yes [] No. If yes, please provide a detailed explanation.

3. CLAIMS

(Attach a detailed explanation for any "yes" answers.)

- a. Has any claim or suit ever been made against you or any of the persons having an ownership interest in any of the projects stated in 2(a) above? [] Yes [] No
- b. Are you aware of any facts or circumstances which may give rise to a claim against you or any of the persons having an ownership interest in any of the projects stated in 2(a) above? [] Yes [] No

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a CLAIMS MADE BASIS AND IS LIMITED TO COVERAGE FOR THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and 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 Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.**

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.