



APPLICATION FOR INSURANCE
ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY
(CLAIMS-MADE BASIS)

Important Instructions: Please . . . 1) Type or print (in ink) clearly. 2) Answer all questions completely. 3) If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate question number. 4) This form must be completed, signed, and dated by a principal or officer of the firm.

Note: The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the Policy Period and reported to the Insurance Company during the Reporting Period are covered, subject to policy provisions. The limits of insurance may be reduced by any amounts incurred as Claim Expenses (as defined in the policy), and such Claim Expenses may also apply to your deductible, if applicable to the claim. If you have questions about coverage, please discuss them with your insurance representative. Completion of this application does not imply an obligation for you to purchase coverage and it does not imply an obligation of the Company to provide coverage.

1. Name of Applicant (Please specify all entities, including predecessors, for whom coverage is desired):

Firm Type: ___ Proprietorship(s) ___ Professional Corporation(s)
 ___ Partnership(s) ___ Other _____

2. Date Current Firm Established: _____

3. Mailing Address/Telephone/Fax Number/E-Mail/Website Address: _____

Address of Branch Office(s): _____

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENT OF THE NEW YORK INSURANCE DEPARTMENT. HOWEVER, SUCH FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.
CLASS 2 CODE: _____ ARCHITECT 2-14013 _____ ENGINEER 2-14054

4. If the name of the applicant has ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure, please provide full details, listing each firm or organization and specifying the date of such change, acquisition, consolidation, dissolution or merger:

<u>Name of Firm</u>	<u>Type of Firm</u> <u>(See 1.)</u>	<u>Date</u> <u>Established</u> <u>(M/D/Y)</u>	<u>Date</u> <u>of Change</u> <u>(M/D/Y)</u>	<u>Reason</u>	<u>Assumed</u> <u>Liabilities</u>	
					<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

5. (a) Type of professional service rendered by applicant by current percentage of fees (percentages to equal 100%):

___ Architecture	___ Geotechnical/Soils Engineering	___ Landscape Architecture	___ Testing Lab
___ Civil Engineering	___ HVAC Engineering	___ Mechanical Engineering	___ Traffic Engineering
___ Construction Management	___ Interior Design	___ Process Engineering	___ Other _____
___ Electrical Engineering	___ Land Surveying	___ Structural Engineering	

(b) If there has been any substantial change in the services offered in the past five (5) years, or if any services have been discontinued, please provide details (dates, types, reasons):

NOTE: QUESTIONS 6 THROUGH 17 REFER TO TOTAL BILLINGS FOR PROFESSIONAL SERVICES FOR YOUR PAST ACCOUNTING YEAR (NEWLY FORMED FIRMS SHOULD USE ESTIMATED BILLINGS FOR THE NEXT TWELVE (12) MONTHS).

6. State Licenses (please list the percentage for each state; percentages to equal 100%):

<u>State</u>	<u>%</u>	<u>State</u>	<u>%</u>	<u>State</u>	<u>%</u>	<u>State</u>	<u>%</u>	<u>State</u>	<u>%</u>	<u>State</u>	<u>%</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

7. Foreign Work? ___ Yes ___ No If yes, please provide full details: _____

8. Contract Forms (please provide percentages, to equal 100%):

_____ Standard industry forms (national, state, local; other approved)	_____ Other non-standard forms
_____ Non-standard forms approved by an independent attorney	_____ Verbal contracts

9. EXACT GROSS BILLINGS

IF FIRM IS RENDERING DESIGN/BUILD SERVICES, PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION #12 INSTEAD.

DATES: e.g. 00/00/00	Immediate Past Fiscal Year From _____ To _____	Projected for Current Fiscal Year From _____ To _____		
DOMESTIC OPERATIONS:	Total Gross Billings	Construction Values	Total Gross Billings	Construction Values
a. Joint Venture Projects Applicant's Portion Only	\$ _____	\$ _____	\$ _____	\$ _____
b. Projects Insured Under Separate Project Policies (Provide Copy of Declarations Page Including any ERP, if applicable)	\$ _____	\$ _____	\$ _____	\$ _____
c. Permanently Abandoned Projects	\$ _____	\$ _____	\$ _____	\$ _____
d. Contracts solely for Feasibility Studies, Master Plans or Space Planning	\$ _____	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables (e.g. travel per diem, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
f. All Other Billings	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL BILLINGS (A through F)	\$ _____	\$ _____	\$ _____	\$ _____

10. Provide gross billings for each of the past 5 years (excluding years shown above). Show earliest year first:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

11. What percentage of the Applicant's practice involves subletting of work to others _____%

Type of work sublet? _____

Is evidence of insurance required from all subconsultants? ___ Yes ___ No If no, advise % received ___%

12. DESIGN/BUILD – CONSTRUCTION VALUES

COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

DATES: e.g. 00/00/00	Projected for Coming Fiscal Year From _____ To _____	Projected for Current Fiscal Year From _____ To _____	Previous Fiscal Year From _____ To _____
a. Design/Construct	\$ _____	\$ _____	\$ _____
b. Design Only – No Construction	\$ _____	\$ _____	\$ _____
c. Construction Only – No Design	\$ _____	\$ _____	\$ _____
d. Total All Operations	\$ _____	\$ _____	\$ _____

13 Scope of Services Distribution (please provide percentages, to equal 100%):

- ___ Feasibility studies, surveys, and reports that will not result in construction.
- ___ Design only with no construction phase services.
- ___ Design with responsibility for periodic observation during the construction phase to ensure design compliance.
- ___ Design with responsibility for wholly or partly supervising the contractor.
- ___ Construction phase services without responsibility for preparing the drawings and specifications.

14 Special Services (please provide percentages; total need not equal 100%):

- | | | |
|---|---|-------------------------------------|
| ___ Approval or signing of other than your own work product | ___ Machine, Equipment, or Product Design | ___ Prototype Design |
| ___ Asbestos Related Services | ___ Materials Testing/Handling | ___ Rehabilitation/Restoration |
| ___ Building/Home Inspections | ___ Nuclear or Atomic Related | ___ Seismic Related Services |
| ___ Environmental Audits or Assessments | ___ Pollution Control/Abatement Services
Superfund Pollution | ___ Site Design |
| ___ Financial, Investment, Tax, or Economic Studies | ___ Precast, Prestressed, or Post-Tensioning Design | ___ Subsurface Conditions/Survey |
| ___ Forensic or Expert Witness | | ___ Turn-Key or Fast-Track Projects |

15. Ownership of Project (please provide percentages, to equal 100%):

- | | | |
|--|-----------------------------------|--------------------------------|
| ___ Contractor | ___ Lending Institutions | ___ Private Clients/Businesses |
| ___ Federal, State, or Local Government | ___ Other Design Professionals | ___ Real Estate Developers |
| ___ Industrial (Manufacturing Process, etc.) | ___ Owners Acting as Own Builders | ___ Other _____ |

16. Project Type (please provide percentages, to equal 100%):

- | | | |
|--|---|--|
| ___ Airports: runways, taxiways, terminals, etc. | ___ Hotels/Motels (High-Rise) | ___ Recreational (Parks/Golf Courses) |
| ___ Amusement Parks | ___ Hotels/Motels (Low Rise) | ___ Playground Equipment |
| ___ Apartments | ___ Industrial | ___ Refineries/Chemical Plants |
| ___ Bridges/Tunnels/Dams | ___ Jails/Prisons | ___ Religious |
| ___ Commercial (Under 50,000 Sq Ft) | ___ Marine | ___ Residential Subdivisions/Tract Homes |
| ___ Commercial (Excess 50,000 Sq Ft) | ___ Mass Transit | ___ Sewer/Water Systems |
| ___ Condominiums
Residential ___ Commercial ___ | ___ Offices | ___ Stadiums/Arenas/Convention Centers |
| ___ Custom Single Family Dwellings | ___ Parking Garages | ___ Swimming Pools |
| ___ Educational | ___ Pipelines (Please Specify Type) | ___ Toxic/Hazardous Waste Systems |
| ___ FHA or Other Subsidized Housing | _____ | ___ Waterslides |
| ___ Governmental | ___ Power Plants | ___ Other (Please Specify) |
| ___ Highways/Roads | ___ Recreational (Other, Excluding
Swimming Pools/Waterslides) | _____ |
| ___ Hospitals/Health Care | | _____ |

17. Project Size. List by construction value for projects in past twelve (12) months.

(Please provide percentages, to equal 100%):

____ Up to \$500,000 ____ Over 1M up to 5M ____ Over 10M up to 25M ____ Over 50M
____ Over \$500,000 up to 1M ____ Over 5M up to 10M ____ Over 25M up to 50M

18. Project Policy: Has applicant ever been insured under a separate project policy?

____ Yes ____ No If "Yes", please include a copy of the policy.

19. Current and Retroactive Coverage:

(a) Has your firm, or any predecessor firm, had coverage in the past? ____ Yes ____ No
Retroactive date of current policy (M/D/Y) _____

(b) Please specify the current and immediate past four (4) years of professional liability insurance coverage:

<u>From</u> <u>(M/D/Y)</u>	<u>To</u> <u>(M/D/Y)</u>	<u>Carrier</u>	<u>Limit(\$)</u>	<u>Deductible(\$)</u>	<u>Premium(\$)</u> <u>Excluding Taxes & Fees</u>

20. Does current deductible apply to all loss and expense? ____ Yes ____ No

If "No", please describe _____

21. Number of Total Staff: Include resumes of principals and key staff members.

	<u>Full Time</u>	<u>Part Time</u>
A. Principals, Partners, Directors and Officers	_____	_____
B. Architects, Engineers, Surveyors, Inspectors, Draftsmen, and other Technical Personnel	_____	_____
C. Clerical and Accounting Employees	_____	_____

22. Background of Personnel: Please specify the experience of all principals & key personnel (attach resumes).

<u>Name</u>	<u>Age</u>	<u>Professional Qualification</u> <u>or License Type</u>	<u>Years with</u> <u>Firm</u>	<u>Years in</u> <u>Practice</u>

23. (a) Does the applicant maintain licenses in all states where services have been rendered?

____ Yes ____ No If "No", please explain: _____

(b) Has the applicant ever been censured or had a license revoked or suspended?

____ Yes ____ No If "Yes", please explain: _____

24. Please specify those professional organizations or societies of which the applicant is a member:

25. Is your firm or any subsidiary, parent, or other organization related to your firm engaged in:

Yes No

Actual construction, fabrication, or erection _____

The development, sale, or leasing of computer software to others _____

Design/Build _____

Real estate development _____

The manufacture, sale, leasing, or distribution of any product, process or patented production process _____

If the answer to any item in #25 is "Yes", please provide full details on a separate attachment, including a description of the services performed, construction values involved, and fees received.

26 Are any principals, officers, owners, or employees of your firm engaged in any activities described in #25? _____ Yes _____ No If "Yes", please provide full details and relationship of such persons to the firm:

27. (a) Does your firm or any principal, owner, partner, director, or officer of the firm or a member of the immediate family of any such person have an equity or ownership interest in any project for which professional services have been or are to be rendered by the firm? _____ Yes* _____ No

(b) Does your firm render services on behalf of any other entity in which any principal of your firm or an immediate family member is an officer, manager, or owner? _____ Yes* _____ No

*If "Yes" to (a) or (b), please provide full details on a separate attachment (see Equity Interest Supplement).

28. Is your firm controlled, owned by or associated with or does your firm control or own any other firm, corporation or company? _____ Yes _____ No If "Yes", please provide full details including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.

29. Joint Ventures: Does the applicant desire coverage for its participation in any past or current joint ventures? _____ Yes _____ No If "Yes", please complete a Joint Venture Application for each joint venture.

30. Claims: Has any suit ever been filed, or any claim otherwise made, against the applicant or the applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the applicant has assumed liability? _____ Yes _____ No If "Yes", please provide details with respect to each claim or suit on Claim Information Form.

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIM ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

31. (a) Awareness: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the applicant? _____Yes _____No
If "Yes", please provide full details on Claim Information Form.

(b) Has the applicant adopted a policy against suing for fees? _____Yes _____No

(c) Advise the number of suits filed for the collection of fees during the last two years: _____

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIM ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

32 Fee Disputes: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the applicant or others in regards to such fee disputes? _____Yes _____No
If "Yes", please provide full details on Claim Information Form.

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIM ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

33. Other Claims Reporting: In addition to Questions # 30, 31 & 32, has the applicant, or any predecessors in business, or any of the past or present partners, owners, officers or employees, or any person, firm, or entity on whose behalf the applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting? _____Yes _____No
If "Yes", please provide full details on Claim Information Form

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIM ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

34. Please complete a separate attachment showing the applicant's ten (10) largest projects in the last five (5) years. Include start and end dates, construction values, and type of project.

35. As an attachment to this application, submit the following documents with respect to the applicant:

- | | |
|--------------------------------------|---|
| (a) Brochure or Promotional Material | (d) U.S. Government Form 254 |
| (b) Copy of Current Policy | (e) Resumes of Principals, Partners and Key Personnel |
| (c) Financial Information | |

This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm. It is understood and agreed that this application does not bind the insurance company to sell or the applicant to purchase the insurance.

The undersigned, being authorized by and acting on behalf of all prospective insureds, represents that, after specific inquiry of all such prospective insureds, the answers given with respect to the foregoing questions are true and agrees that this application, together with all attachments to this application and any other materials submitted to the Insurance Company (all of which attachments and materials shall be deemed attached to the policy as if physically attached thereto), shall be the basis of and a part of any policy that may be issued by the Insurance Company. In the event of a material change in the applicant's practice or information provided in this application prior to the effective date of coverage, the applicant agrees to notify the Insurance Company of such change, and the Insurance Company, at its option, may modify, or withdraw, the quotation.

ANY PERSON 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 ACT, WHICH IS A CRIME, AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND/OR CIVIL DAMAGES.

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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The applicant agrees that in the event of a covered claim(s), it will be defended by the Insurer's appointed attorneys and that the deductible shall apply to Claims and Claims Expense as those terms are defined in this policy, if issued. The applicant understands that if it elects to handle a claim(s) without prior notice to and prior approval of the Insurer, then no coverage for such a claim(s) shall be afforded under any policy issued by the Insurer.

The information specified in this application is subject to audit in accordance with the terms of the policy, if issued.

Please Print Name: _____ (Must be principal, partner or officer)

Signature _____ Title: _____ Date: _____

PRODUCER: Name: _Norton and Siegel, Inc. Signature _____

Address: 2 East Main Street, Babylon NY 11702

Phone Number: 631-669-0365 Fax Number: 631-669-0158

Email Address: sales@nortonsiegel.com Website Address::_www.executiveliabilityNY.com

Mail completed application through local broker or agent to:

BENCHMARK PROFESSIONAL INSURANCE SERVICES, INC.

201 East Ogden Avenue, Suite 212

Hinsdale, IL 60521

Phone: (630) 986-5151

Fax: (630) 986-9780

E-mail: mail@benchmarkprofessional.com

NEW YORK - APPLICATION ADDENDUM FOR APPLICANTS

THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE FOR THE PURPOSE OF THIS APPLICATION DECLARES, IN ADDITION TO THE DECLARATIONS MADE ABOVE, THAT EACH OF THE INDIVIDUALS AND ENTITIES UNDERSTANDS ALSO:

- (1.) THAT THIS POLICY IS WRITTEN ON A **CLAIMS-MADE BASIS**;
- (2.) THAT THE POLICY PROVIDES NO COVERAGE FOR CLAIMS FOR ANY NEGLIGENT ACT, NEGLIGENT ERROR OR OMISSION COMMITTED PRIOR TO THE POLICY INCEPTION DATE OR PRIOR ACTS DATE, IF ANY, STATED IN THE POLICY;
- (3.) THAT THE POLICY COVERS ONLY CLAIMS MADE AGAINST YOU WHILE THE POLICY REMAINS IN EFFECT AND ALL COVERAGE FOR THE POLICY CEASES UPON THE POLICY TERMINATION DATE, EXCEPT FOR THE AUTOMATIC DISCOVERY PERIOD, UNLESS YOU PURCHASE THE ADDITIONAL OPTIONAL DISCOVERY PERIOD;
- (4.) THAT SUCH OPTIONAL DISCOVERY PERIOD, INCLUDING THE AUTOMATIC DISCOVERY PERIOD, IS LIMITED TO A MAXIMUM OF THREE YEARS FROM THE POLICY TERMINATION DATE; THAT POTENTIAL COVERAGE GAPS MAY ARISE UPON EXPIRATION OF THE OPTIONAL DISCOVERY PERIOD; AND THE ADDITIONAL PREMIUM IS 150% OF YOUR EXPIRING ANNUAL PREMIUM;
- (5.) THAT YOU HAVE THE RIGHT, UPON WRITTEN REQUEST TO US, TO AN ACCOUNTING OF CLAIM EXPENSES;
- (6.) THAT, IN GENERAL, THE NATURE OF CLAIMS-MADE COVERAGE IS SUCH THAT, DURING THE FIRST SEVERAL YEARS OF THE CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE GENERALLY LOWER THAN OCCURRENCE RATES (ASSUMING THAT COVERAGE ON AN OCCURRENCE BASIS IS AVAILABLE FOR THE INSURANCE IN QUESTION) AND THAT YOU MAY EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE LEVEL INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY.

IN CONNECTION WITH REGULATION 107 OF NEW YORK INSURANCE LAW

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT CONFIRMS BY AFFIXING HIS SIGNATURE TO THIS STATEMENT THAT IT IS UNDERSTOOD THAT THE LIMITS OF INSURANCE CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY LEGAL CLAIMS EXPENSES AND TO THE EXTENT THAT POLICY LIMITS ARE THEREBY EXCEEDED, WE SHALL NOT BE LIABLE FOR LEGAL CLAIMS EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT.

IT IS ALSO UNDERSTOOD THAT CLAIMS EXPENSES THAT ARE INCURRED SHALL BE APPLIED AGAINST YOUR DEDUCTIBLE UP TO THE AMOUNT STATED IN ITEM 4 OF THE POLICY DECLARATIONS AND, IN SUCH EVENT, THAT WE SHALL BE LIABLE FOR LEGAL CLAIMS EXPENSES (EXCEPT FOR THOSE DUE TO ANY OFFSET AGAINST LIABILITY LIMITS) EXCEEDING THAT AMOUNT OR PERCENTAGE.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT CONFIRMS BY AFFIXING HIS SIGNATURE TO THIS STATEMENT THAT IT IS ALSO UNDERSTOOD:

THAT 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF CLAIM FOR EACH VIOLATION.

IT IS FURTHER UNDERSTOOD THAT IF A POLICY IS ISSUED, THIS STATEMENT WILL BE ATTACHED TO AND FORM A PART OF SAID POLICY.

SIGNED: _____ TITLE: _____
(PRINCIPAL, PARTNER OR OFFICER)

APPLICANT: _____ DATE: _____
(NAME OF INSURED)

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