

Real Estate Developers Errors and Omissions Insurance Application

If coverage is issued, it will be on a claims-made basis.

Name of applicant:				
Address:				
Website:				
Date established:	mm/dd/yyyy			
			baan	
	s has the applicant ever ion, consolidation, me		Yes	☐ No ☐
If Yes, please descri	be:			
	percentages of the fol	lowing services the a	applicant provic	des or intend
provide:		Last fiscal	Current	Number o
		year	year	licensed st
Real Estate Develop	oment	%	%	
Architecture		%	%	
Civil Engineering		%	%	
		1	0/	
Construction Manag	ement (Agency)	%	%	
Construction Manag Construction Manag		%	%	
-	ement (At Risk)			
Construction Manag	ement (At Risk)	%	%	
Construction Manag Electrical Engineerin	ement (At Risk) ng neering	%	% %	
Construction Manag Electrical Engineerin Environmental Engir	ement (At Risk) ng neering	% % %	% % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting	ement (At Risk) ng neering	% % % %	% % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting HVAC Engineering	ement (At Risk) ng neering	% % % %	% % % % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting HVAC Engineering Interior Designer	ement (At Risk) ng neering	% % % % %	% % % % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting HVAC Engineering Interior Designer Land Surveying Landscape Architect	ement (At Risk) ng neering ture	% % % % % %	% % % % % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting HVAC Engineering Interior Designer Land Surveying	ement (At Risk) ng neering ture	% % % % % %	% % % % % % %	
Construction Manag Electrical Engineerin Environmental Engir General Contracting HVAC Engineering Interior Designer Land Surveying Landscape Architect Mechanical Enginee	ement (At Risk) ng neering ture	% % % % % % % % % % % %	% % % % % % % % % %	

5.	Please list the state(s) in which the applicant will be performing these services and the
	percentage of work in that state:

State	Percentage	State	Percentage
	%		%
	%		%
	%		%

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6. Please provide the gross billings for services listed below that were performed by the applicant:

	Last 12	months	Projected 12 months		
	Gross Construction revenues values		Gross revenues	Construction values	
Design	\$	\$	\$	\$	
Design/build	\$	\$	\$	\$	
Actual construction/ fabrication/erection	\$	\$	\$	\$	
Construction management	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

7.	Please p	provide the	approximate	percentages	of billings	derived	from the	following	services
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a.	Design and observation	%
b.	Construction/project management	%
c.	Construction observation without design	%
d.	Inspection of existing structures	%
e.	Inspections of homes/commercial properties for prospective buyers/lenders	%
f.	Other - please specify:	%

Based upon billings, please provide the approximate percentages of the projects below that the applicant is engaged in.

A: 1	0/	1 1011	٥/	0 1 1 / 11	0/
Airports	%	Landfills	%	Schools/colleges	%
Amusement rides	%	Libraries	%	Sewage systems	%
Apartments	%	Manufacturing/industrial	%	Sewage plants	%
Arenas/stadiums	%	Mass transit	%	Retail structures	%
Bridges	%	Mines	%	Superfund/pollution	%
Condos/townhouses:		Municipal buildings	%	Telecommunications	%
Residential	%	Nuclear/atomic	%	Theatres	%
Commercial	%	Office buildings	%	Tract homes	%
Convention centers	%	Parking structures	%	Tunnels	%
Dams	%	Petro/chemical	%	Underground storage tanks	%
Harbors/piers	%	Pools/playgrounds	%	Utilities	%
Hospitals/healthcare	%	Pre-engineered structures	%	Warehouses	%
Hotels/motels	%	Private dwellings	%	Wastewater treatment plants	%
Industrial waste treatment	%	Recreation	%	Water systems	%
Jails	%	Roads/highways	%		
Other-please specify:					%

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	Does the applicant design projects using model-based technology, or Building Information Modeling (BIM)? If yes, what % Yes \[\] No \[\]							
	Does the applicant provide profe are LEED certified? If yes, what		projects which	n Yes [] [No 🗌		
	ls the applicant firm involved in a described?	the applicant firm involved in any business other than those escribed?						
	If Yes, please describe/attach an explanation:							
	Does the applicant or any related other company?	Yes [] N	No 🗌				
	If Yes, please describe/attach an	n explanation (includi	ing % ownersl	nip):				
	Does the applicant provide any sentity in which the applicant or a			p? Yes] N	No 🗌		
ı	If Yes, please describe/attach an	explanation (including	ing % ownersl	nip):				
,	What forms of financing are used	d by the applicant?						
	a. Revolving line of credit						%	
	b. Letters of credit						%	
	c. Bonds						%	
	d. Private investors						%	
	e. Hedge funds						%	
	f. Other-please specify:						%	
ļ	Please provide the following info	rmation about the ar	oplicant's kev	emplovees:				
	Name in full of ALL partners/	Professional	Date	How		ow long		
	principals/key employees	qualifications	qualified	long in practice?		s partne incipal		
					-			
	-	()						
I	To what professional association	i(s) does the applica	nt belong?					

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17. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/client name	Nature of the services		Revenue obtained
			\$
			\$
			\$
			\$
			\$
Does the applicant employ	a licensed architect or engineer?	Yes 🗌	No 🗌
Does the applicant employ	a clerk of the works?	Yes 🗌	No 🗌
Ooes the applicant have a levelopment site?	regular representative present on the	Yes 🗌	No 🗌
Does the applicant retain a completion?	ny interest in any projects after	Yes 🗌	No 🗌
f Yes, please describe/atta	ach an explanation:		
Does the applicant follow in	n-house quality control procedures?	Yes 🗌	No 🗌
Does the applicant obtain open placemployees?	continuing education for professional	Yes 🗌	No 🗌
	ployees of the applicant have attended at g education over the past 12 months?		
oes the applicant use wri	tten contracts on every project?	Yes 🗌	No 🗌
f No, please provide the pagreements were used:	ercentage of projects where oral	%	,
Please specify the approximendered under AIA or EJC	mate percentage of professional services CDC standard contracts:	%	,
	odified AIA/EJCDC contracts or letter they reviewed by the applicant's legal ons prior to signing?	Yes 🗌	No 🗌
Does the applicant seek a clients?	limitation of liability clause in contracts with	Yes 🗌	No 🗌
f so, what percentage of c	ontracts contains this clause?	%	, o
Does the applicant negotia	te into its contracts a provision for on such as mediation?	Yes 🗌	No 🗌
f so, what percentage of c	ontracts contains this clause?	%	, o
Does the applicant subcon	Yes 🗌	No 🗌	

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21.	. Has any similar insurance ever been non-renewed or cancelled? Yes No If Yes, please explain:					
22.	Is similar insurance	currently in place?			Yes [□ No □
	Please provide profe	ssional insurance info	rmation for t	ne last five	years:	_
	Company	Term	Limits		Deductible	Premium
	Retroactive date on	policy?			mm/dd/yy	
23.	Please provide the a	pplicant's current gen	eral liability c	overage:		
	Insurance company	y Type of coverage	Lin	Limits		ective
		-	BI	PD	From	То
24.					Yes [□ No □
25.	act, error or omission rise to a claim again:					□ No □
	If Yes, please explai	1:				
26.		y claims been made a past ten (10) years?	against any p	roposed	Yes [□ No □
	If Yes, please provid claim.	e full loss runs and/or	a Suppleme	ntal Claim	s Information	Form for each
27.	Limit of liability desir	ed:				
	\$500,000	\$1,000,000	\$2,0	000,000	Other \$	3
28.	Deductible desired:					
	\$5,000	\$10,000		825,000	☐ Other \$	5

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It is understood and agreed that with respect to questions 22, 23 and 24, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

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 containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:	
Signature of person authorized to execute on behalf of the applicant:	Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.