

3D STAR INSURANCE SERVICES, INC.

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE
(Claims Made Coverage)

Name of Applicant: _____

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
b. Answer all question, leave no blank spaces.
c. If space provided is not sufficient to answer all questions fully, attach a separate sheet and label appropriately.
d. This questionnaire must be signed and dated by the Owner (if applicant is an individual), a Partner (if Applicant is a Partnership) or authorized Officer (if applicant is a Corporation).
e. Completion of this supplement to the LEXINGTON APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE) is voluntary. Your responses will be evaluated in conjunction with your application. Demonstrable implementation of effective loss control and risk management practices may result in a premium credit. You are therefore encouraged to complete this supplement.

- 1. Does your firm have a written in-house quality control procedure? Yes No. If Yes, please attach a copy and specify the date that it was last revised or updated.
2. Does your firm subscribe to MASTERSPEC? Yes No. What percentage of your projects incorporate specifications based upon or derived from MASTERSPEC %?
3. What percentage of your professional services are performed under written contracts? %

Type of Contract Used

- (a) AIA or EJDC standard forms of agreement between owner and architect or engineer %
(b) Firms Standard Form (attach copy) %
(c) Client Drafted Agreement %
(d) Client Purchase Order %
(e) Letter Agreement (firm or client drafted) %

Are all contracts/agreements/purchase orders reviewed by Applicants legal counsel before they are executed? Yes No. Explain: _____

- 4. Are certificates of insurance requested from all sub-consultants? Yes No. If Yes, describe your system for maintaining current and complete files in this respect. _____

What percentage of your billings during the last twelve months can be attributed to services performed by sub-consultants that did not have professional liability insurance %.

- 5. Has your firm participated in a peer review program? Yes No. If Yes, please describe it and provide the date(s) of the review. _____

- 6. Does your firm have an in-house program of continuing education for professional employees? Yes No. If Yes, describe the program and give percentage of professional staff that have participated in the program in the past twelve months:

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy should one be issued.

Date: _____ Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)

36. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 7?
 ___ Yes ___ No. If Yes, please attach details stating: (1) date when claim was made; (2) date the act giving rise to the claim was committed; (3) name of the claimant; (4) nature of the claim; (5) amount involved including reserves; (6) final disposition.
37. After the inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them?
 ___ Yes ___ No. If Yes, attach a statement giving full details.
38. Has the Applicant, any predecessor in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? ___ Yes ___ No. If Yes, attach a statement giving full details.
39. Coverage requested: Limit _____ Deductible _____
40. If the Applicant has a Risk Management and Risk Control Program in place, please complete a Risk Management/Risk Control Questionnaire. The program will be considered in evaluating the Applicant's practice.
41. If the applicant is interested in coverage for pollution, please have the pollution supplement completed. The basic policy excludes coverage for pollution.
42. Please attach:
- a. a list 10 largest jobs in the last five years.
 Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
 - b. a copy of the firm's brochure.
 - c. a copy of the firm's latest financial statement, annual report or 10-K.

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy issued.

Date: _____ Signature: _____

Title: _____
 (Owner, Partner, Authorized Officer)

26. Does any one contract or client represent more than 50% of annual work? ___ Yes ___ No. If Yes, please give details: _____

27. Does the Applicant work with other firms in Joint Ventures? ___ Yes ___ No
BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.
If coverage is desired, request Joint Venture Supplement form.

28. Does the Applicant perform asbestos abatement services? ___ Yes ___ No
BASIC POLICY EXCLUDES COVERAGE FOR ASBESTOS.
If coverage is desired, request Asbestos Supplement form.

29. If the Applicant has any direct or indirect responsibility for the design or redesign of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

30. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

31. Please detail present Architects and Engineers Professional Liability Insurance Coverage.

Insurance Company	Policy Number	Limits	Deductible
_____	_____	_____	_____
Expiring Premium: \$ _____		Expiration Date: _____	
Present Policy Retroactive Date: _____			

32. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

33. Date UNINTERRUPTED insurance began: _____

34. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?
___ Yes ___ No. If Yes, please give details:

Insurance company	Type of Coverage	Limits	Effective	To
		BI PD	From	
_____	_____	_____	_____	_____

35. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled ore renewal refused? ___ Yes ___ No. If Yes, please give details: _____

Contractors	___ %	State Government	___ %	Other	___ %
Other Design Prof.	___ %	Local Government	___ %	_____	___ %
Institutional	___ %	Industrial	___ %		

21. Does the Applicant foresee any substantial changes in the percentage of items 17-20 during the next twelve months?
 ___ Yes ___ No. If Yes, please give details:

22. Gross Billings and Construction Values -
 IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24.

Dates:		Present 12 months From _____ To _____		Previous 12 months From _____ To _____
Domestic Operations:		Total Gross Billings	Construction Values	Total Gross Billings
a. Joint Venture Projects Applicant's Portion Only		\$ _____	\$ _____	\$ _____
b. Projects Insured Under Separate Project Policies		\$ _____	\$ _____	\$ _____
c. Projects Which Have Been Permanently Abandoned		\$ _____	\$ _____	\$ _____
d. Feasibility Studies, Master Plans, Reports		\$ _____	\$ _____	\$ _____
e. Direct Reimbursables		\$ _____	\$ _____	\$ _____
f. All Other Billings		\$ _____	\$ _____	\$ _____
TOTAL GROSS BILLINGS		\$ _____	\$ _____	\$ _____

For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

23. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ _____ Construction Values: \$ _____

24. DESIGN/BUILD - CONSTRUCT VALUES
 COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

Dates:		Estimate for Coming Year From _____ To _____	Present 12 months From _____ To _____	Previous 12 months From _____ To _____
a. All Operations		\$ _____	\$ _____	\$ _____
b. Design/Construct		\$ _____	\$ _____	\$ _____
c. Design Only - No Construction		\$ _____	\$ _____	\$ _____
d. Construction Only - No Design		\$ _____	\$ _____	\$ _____

25. What percentage of the Applicant's practice involves any of the following:

a. Subletting of work to others ___ % Type of work sublet? _____

b. Is evidence of insurance from consultants required? ___ Yes ___ No

(Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design _____ %
- b. Design without supervisory services _____ %
- c. Design & Observation _____ %
- d. Construction/Project Management _____ %
- e. Construction observation without design _____ %
- f. Inspection services on existing structures _____ %
- g. Inspections of homes/commercial properties for prospective buyers or lenders _____ %
- h. Manufacture, sale or distribution of any product or process _____ %
- i. Development, sale or leasing of computer software to others _____ %
- j. Other _____ %

19. Please indicate the approximate percentage of billings derived from each project type: (Total Must Equal 100%)

- | | | | |
|---------------------------------|---------|--------------------------|---------|
| Airport Runways/Taxiways | _____ % | Nuclear Facilities | _____ % |
| Amusement Rides | _____ % | Office Buildings | _____ % |
| Apartments | _____ % | Parking Structures | _____ % |
| Bridges | _____ % | Petrochemical/Refineries | _____ % |
| Churches | _____ % | Pools | _____ % |
| Condominiums | _____ % | Power Plants | _____ % |
| Convention Centers | _____ % | Roads/Highways | _____ % |
| Custom Residential | _____ % | Schools/Colleges | _____ % |
| Dams | _____ % | Sewage Systems | _____ % |
| Environmental Impact Statements | _____ % | Sewage Treatment Plants | _____ % |
| Foundation or Shoring Projects | _____ % | Shopping Centers/Retail | _____ % |
| Harbors/Piers/Ports | _____ % | Site Development | _____ % |
| Hospital/Healthcare | _____ % | Superfund/Pollution | _____ % |
| Hotels/Motels | _____ % | Tract Homes/Subdivisions | _____ % |
| Industrial Waste Treatment | _____ % | Traffic Planning | _____ % |
| Jails/Justice | _____ % | Tunnels | _____ % |
| Landfills | _____ % | Warehouses | _____ % |
| Libraries | _____ % | Water Systems | _____ % |
| Manufacturing/Industrial | _____ % | Other _____ | _____ % |
| Mass Transit | _____ % | _____ | _____ % |

20. TYPES OF CLIENTS

Commercial _____ % Federal Government _____ % Real Estate Developers _____ %

10. Have any of the Principals, Officers or Partners listed in item 7 ever been subject to disciplinary action by authorities as a result of their professional activities? ____ Yes ____ No. If Yes, please give full details: _____

11. To what Professional Associations does the Applicant belong? _____

12. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

13. Are any principals, officers, directors or employees of the Applicant engaged in actual construction, erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? ____ Yes ____ No. If Yes, please give details: _____

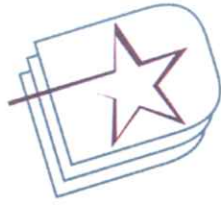
15. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest? ____ Yes ____ No. If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

16. Does the Applicant ever perform services on a salaried or annual retainer basis or act in the capacity of an employee or official of any governmental body? ____ Yes ____ No. if Yes, please give details: _____

17. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:
(Total Must Equal 100%)

Acoustical Engineering	____ %	Land Surveying	____ %
Architecture	____ %	Laboratory Testing	____ %
Asbestos Inspection, Testing or Abatement Design	____ %	Machine/Equipment Design	____ %
Chemical Engineering	____ %	Mechanical Engineering	____ %
Civil Engineering	____ %	Mining Engineering	____ %
Construction/Project Management	____ %	Naval/Marine Engineering	____ %
Communication Engineering	____ %	Process Engineering	____ %
Electrical Engineering	____ %	Soil/Geotech Engineering	____ %
Environmental Engineering	____ %	Structural Engineering	____ %
HVAC Engineering	____ %	Other (please specify)	____ %
Interior Design	____ %	_____	____ %
Landscape Architecture	____ %	_____	____ %

18. Please indicate the approximate percentage of billings derived from the following types of services:



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**APPLICATION FOR ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)**

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions: leave no blank spaces.
- c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

- 1. Name of Applicant: _____
(If partnership or corporation, show firm)
 - 2. Address: _____
Street City State Zip Code
 - 3. Address of all Branch Offices: _____

 - 4. When was the firm established: ____/____/____
 - 5. Is firm: ___ Sole Proprietorship ___ Partnership ___ Corporation ___ Professional Corporation
 - 6. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? ___ Yes ___ No. If Yes, please give full details (including dates):

 - 7. Number of Total Staff:
 - 1. Principals, Partners, Officers and Directors: _____
 - 2. Architects, Engineers, Surveyors, Site Representatives, Landscape Architects, Draftsmen and other Technical Personnel _____
 - 3. Clerical and Accounting Employees _____
 - 4. Total Staff (1+2+3) _____
- On a separate sheet, please provide full name and professional qualifications (registrations and degrees, date and place acquired) of all principals, partners or officers of the current firm(s).
- 8. States in which a Professional License is held: _____
 - 9. Foreign Work? ___ Yes ___ No. If Yes, please give full details: _____