

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

**NOTICE: 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.**

**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.

**SECTION ONE**

**A. APPLICANT INFORMATION**

1. Name of Applicant			
2. D/B/A:			
3. Address			
4. Phone / e-mail			
5. Contact Name, Title			
6. Business Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)	
	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Other	
7. Date Established			
8. Requested Effective Date			
9. New Business or Renewal	<input type="checkbox"/> New Business	<input type="checkbox"/> Renewal of #	

**B. SHORT FORM ELIGIBILITY (ALL QUESTIONS IN THIS SECTION ARE MANDATORY)**

1. Is principal in the applicant's firm a licensed architect, engineer or land surveyor?	
If yes, please list states where license(s) are held	
2. Is a principal in the applicant's firm an interior designer or landscape architect?	
Please describe the applicant's operation:	
3. Is the applicant's firm in private practice?	
4. Did the applicant's firm have billings less than \$1,000,000 in their last fiscal year?	
5. Please indicate applicant's total number of claims in the most recent 5 years	
6. Did total incurred claims exceed \$25,000 in the last 5 years?	
7. Please indicate total claim \$ incurred.	
8. After inquiry, is the applicant, any predecessors in business or any other person for whom coverage is requested aware of any act, error or omission or circumstance which may result in a claim being made against them but which has not yet been reported to a professional liability carrier? (If yes, please attach a full statement)	
9. Does the applicant's firm have less than 25 staff members? (full & part time)	
10. Does the applicant procure certificates of insurance from subconsultants for limits equal to the applicants?	
11. Please indicate if any of the following risk management tools utilized by the firm	
Written contracts are used 100% of the time	
AIA or EJCDC are used at least 70% of the time	
Limitation of Liability clauses are included at least 75% of the time	
Membership in professional associations or organizations	
Written in-house quality control procedures	
Continuing education program for professional employees	
Professional Association Peer Review Program	
Certificates of insurance required from subconsultants	
12. Is it true that no member of the applicant's firm (staff or principal) has ever had their Professional Liability policy cancelled or not renewed by an insurance company (except for non payment of premium)	
13. Did less than 20% of the applicant's (plus any subsidiaries, parent or other related entities) total billings from the past fiscal year result from actual construction or erection?	
14. Do you design projects using model-based technology linked to project databases, for example, Building Information Modeling (BIM)?	
15. Do you provide professional services on projects that are LEED certified?	

**C. PROFESSIONAL DISCIPLINES / PROJECTS / SERVICES**

List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page **(TOTAL MUST EQUAL 100%)**:

Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity.

*(\*\* denotes that additional information may be requested, or excluded classes)*

<b>DISCIPLINES (MUST TOTAL 100%)</b>			
Acoustical Engineering		HVAC Engineering	
Architecture		Hydrology/Geology	
Asbestos inspection, testing or Abatement Design **		Interior Design	
Chemical Engineering **		Laboratory Testing **	
Chemical Engineering (coal, gas, oil) **		Land Surveying	
Civil Engineering (including traffic/transportation, water/wastewater)		Landscape Architecture	
Communication Engineering		Machine Equipment Design **	
Construction Inspection		Mechanical Engineering incl Plumbing Design	
Construction/Project Management (Agency) **		Mining Engineering **	
Construction/Project Management (At-Risk) **		Naval/Marine Engineering **	
Drafting / Drawing / CAD		Planning – Space / Land / Master	
Electrical Engineering		Process Engineering (gas, oil) **	
Environmental Engineering **		Process Engineering **	
Environmental Real Estate Audits		Soil / Geotechnical Engineering **	
Environmental Remediation Design/Specifications **		Structural Engineering	
Environmental Risk Assessment/Permitting **		Value / Quality Engineering	
Feasibility Studies & services not resulting in construction		Other**	
Fire Protection Engineering		Other**	
Forensic Activities / Expert Testimony		Other**	

<b>PROJECTS (MUST TOTAL 100%)</b>			
Airports		Municipal buildings / facilities	
Amusement Rides **		Nuclear facilities **	
Apartments		Office buildings	
Auditoriums/Theaters		Parking structures	
Bridges		Parks / playgrounds	
Churches		Petrochemical / refineries **	
Commercial buildings, excl condos or apts		Pools **	
Condominiums **		Power plants / utilities	
Convention Centers		Recreation	
Custom residential		Restaurants / food services	
Dams **		Roads / highways	
Environmental Impact Statements		Schools / colleges	
Foundation or shoring **		Sewer systems	
Forensic / Expert		Sewage treatment plants	
Golf Courses		Shopping centers / Retail	
Harbors, ports, piers, marinas		Site Development	
Hospitals / Healthcare		Sports stadiums	
Hotels / Motels		Superfund / pollution **	
Industrial waste treatment **		Surveying (incidental activities only)	
Jails / Justice		Tract homes / subdivisions	
Landfills **		Traffic planning	
Libraries		Tunnels **	
Machinery & equipment **		Warehouses	
Manufacturing / Industrial buildings		Water systems	
Mass transit		Other**	
Material handling systems		Other**	
Military facilities / bases		Other**	
Mines **		Other**	

<b>SERVICES (MUST TOTAL 100%)</b>			
Conceptual Design		Inspection of home/commercial property for prospective buyers or lenders **	
Construction Observation without design		Inspection services on existing structures **	
Construction / Project Management		Manufacture, sale or distribution of any products or process **	
Consulting – not resulting in design		Perc testing	
Design and observation		Plan checking	
Design without observation		Subsurface soil testing excl perc testing	
Development, sale or leasing of computer software to others **		Surveying, planning, platting, mapping, flood plain studies	
Feasibility studies / Planning / Reports		Construction studies, boundary surveys	
Forensic activities / Expert testimony		Other**	
Inspection / Certification		Other**	

**D. POLICY COVERAGE**

Per claim limit	Aggregate limit	Deductible
Does the applicant currently have professional liability coverage?		
If yes, does the applicant have full prior acts coverage?		
If the applicant does not have full prior acts coverage, what is the prior acts date on the current policy?		

**E. OPERATIONS**

1. Does the applicant or any subsidiary, parent or otherwise related entity engage in actual construction?			
2. Does the applicant or subsidiary, parent or otherwise related entity engage in any manufacturing, fabrication or real estate development? If yes, please provide details:			
	Most recently completed fiscal year	First prior year	Second prior year
Domestic operations total gross billings	\$	\$	\$
Joint venture projects applicants portion only	\$	\$	\$
Projects insured under separate project policies	\$	\$	\$
Projects which have been permanently abandoned	\$	\$	\$
Feasibility studies, master plans, reports	\$	\$	\$
Direct reimbursables	\$	\$	\$
All other billings	\$	\$	\$
<b>Total Gross Billings</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

For design/build firms, please complete this section:			
Design/Build Construct Values	Most recently completed fiscal year	First prior year	Second prior year
All Operations:	\$	\$	\$
Design/Construct:	\$	\$	\$
Design only	\$	\$	\$
Construction only – no design	\$	\$	\$
3. Please provide an attachment for the three (3) largest projects within the last five years. Attachment should include the following details: (1) name of project; (2) type of structure; (3) services performed; (4) construction values.			

**SECTION TWO**

**F. APPLICANTS PRACTICE**

1. 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? If yes, please provide details:	
2. Is the Applicant controlled, owned or associated with, or does the Applicant own or control any other firm, corporation or company? If yes, please provide details:	
3. Does the Applicant have a membership in a Professional Organization? If yes, please list affiliations:	
4. Number of Total Staff:	
Principals, partners, officers, directors	
Architects, engineers, surveyors, site representatives, landscape architects, draftsmen and other technical personnel:	
Clerical and accounting employees	
5. Is foreign work greater than 25%? If yes, please provide details:	
6. Have any of the Principals, Officers or Partners listed ever been subject to disciplinary action by authorities as a result of their professional activities? If yes, please provide details:	

7. Types of contracts used: (enter percentage amounts – must total 100%)	
AIA or EJCDC	
Client drafted agreement	
Firms standard form (please attach sample copy)	
Letter agreement (please attach sample copy)	
Oral agreements	
Purchase orders	

**G. APPLICANTS PRACTICE (CON'T)**

1. Types of Clients			
Commercial		Local Government	
Contractors		Industrial	
Other Design Professionals		Real Estate Developers	
Institutional		Individual owners	
Federal Government		Other	
State Government		Other	
2. 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 an ownership interest of greater than 25%? If yes, please provide details:			
3. Does the Applicant act in the capacity of an employee or official of any governmental body? If yes, please provide details:			

**H. RISK MANAGEMENT**

1. Does any one contract or client represent more than 50% of annual work? If yes, please provide details:	
2. In-house continuing education for professionals?	
3. Professional association peer review program?	
4. Are all contracts/ agreements / purchase orders reviewed by applicant's legal counsel before they are executed? If no, please explain:	

**I. CLAIMS HISTORY**

1. Please provide the total number of claims and the total aggregate amount incurred (indemnity and expense) for all claims over the last five (5) years or the total number of years in operation if less than 5 years.

Total claims:		Total aggregate	
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2. Please provide the information below for all losses with paid indemnity and/or expenses

Date of loss:	
Date reported:	
Name of Claimant:	
Description:	
Current status:	
Incurred amt incl reserves	
Defendants offer to settle (if open)	

3. After 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 but which has not yet been reported to a professional liability carrier?

If yes, please provide details:	

4. Has the Applicant, any Predecessor in business or any other person form whom coverage is requested ever reported a potential claim, circumstance to a professional liability carrier?

If yes, please provide details:	

**J. INSURANCE HISTORY**

1. Please detail present Architects & Engineers Professional Liability Insurance coverage:

Insurance Company	
Policy Number	
Limits	
Deductible	



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

	Company	Policy #	Limits	Deductible	Policy period
1 <sup>st</sup> prior year					
2 <sup>nd</sup> prior year					
3 <sup>rd</sup> prior year					
4 <sup>th</sup> prior year					
5 <sup>th</sup> prior year					

3. Has the applicant ever purchased an extended reporting period endorsement? If yes, please provide details:	
4. 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 or renewal refused? If yes, please provide details:	
5. Date UNINTERRUPTED insurance began:	
6. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? If yes, please provide details:	
7. Please attach firm's brochure, resume, financial statement, and any other pertinent information.	

## IMPORTANT NOTICE

The Applicant warrants and represents that the information that is set forth in this Application is true, accurate and complete. The Applicant acknowledges and understands that this Application and all information that is provided by this Applicant or any representative of the Applicant to supplement this Application will, if a policy of insurance is issued, be incorporated in such policy and be made part of such policy by reference.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALASKA APPLICANTS:** The Applicant represents that the information that is set forth in this Application is true, accurate and complete. The Applicant acknowledges and understands that this Application and all information that is provided by this Applicant or any representative of the Applicant to supplement this Application will, if a policy of insurance is issued, be incorporated in such policy and be made part of such policy by reference.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgment or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature	
Name of Applicant	
Title	
Date	
Producers Name	
License Number	