



Appli	ication for Specific	Project Insura	nce Covera	age			
Victor	Use Only						
ISN:							
Broker	#•						
which a provision applied	surance coverage for which y are first made against you ar ons. The Limits of Liability sta against your Deductible, if ap ny questions about the coverage	nd reported to us in vited in the Policy are repolicable to the Claim.	vriting during the duced by the c Please consult	he policy period are o ost of defense. Legal o your policy directly fo	covered, subjec defense costs a r specific cover	t to policy Iso may be	
Please	ase indicate the limits that you would like us to quote: \$,000 per claim/aggregate						
Please	indicate the number of years r	needed for the discove	ry period (Exter	nded Reporting Period)	ı:		
APPLI	CANT INFORMATION						
1. Naı	me of Prime Design Firm:						
Add	dress:			Contact Name:			
City	y:			Contact Email:			
Sta	te: Zip:	County:		Phone:	Fax:		
We	bsite URL:						
PROJ	ECT INFORMATION						
2. Nam	ne and/or Designation of Proje	ct:					
Α.	Location:						
В.	Name of Project Owner and Address:						
C.	C. Description of Project:						
D.	Services to be provided (inclu						
	Architecture	%		dscape Architecture		%	
	Civil Engineering	%		Surveying		% %	
	Construction/Program Manage Electrical Engineering					% %	
	Geotechnical Engineering					%	
	HVAC Engineering	% Other (please specify) % Other (please specify)		/ 6			
E.	Contractor/General Contractor Name and Address:						
	- Contractor/General Contractor Name and Address.						
F.	Is this a repeat client for the Prime Design Firm? \[\ Y \ \ \ N \]						
	. How many projects have the prime design firm and the client worked on together over the past 10 years?						
Н.							
I.	Duration of Professional Serv	vices:					
	Design Phase:	(From):		(To):			
J.	Construction Phase:	(From):		(To):			
I I	Total Estimated Project Billin		· · · · · · · · · · · · · · · · · · ·	and that I IVAO Equipi	ποτιτή. ψ		
М	Prior Experience of the Prime		Ψ				
141.	That Experience of the Filling	o marriojoot rypo.					

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AIA Standard Contract	AGC Standard Contract					
☐ EJDC Standard Contrac ☐ Owner Drafted	ct	U Other ☐ Other				
Please provide a copy of the						
r icase provide a copy of the	e owner/i filme professional agreement					
O. Method of Delivery:						
☐ Design/Bid/Build ☐	Design/Build	oject Delivery	Joint Venture			
Other (please provide details)						
DESIGN TEAM INFORMATIO	N					
3. Name of Prime Design Firm:						
A. Discipline – Prime Design Firm:						
B. Insurance Coverage:						
	rding Prime Professional's consultants	rendering services in c	connection with this			
project (use a separate sheet if nece		3				
Name of Firm	Address	% of Fees	Type of Service			
		%				
Himad had Daises Designs Fires 2 T V T N						
Hired by Prime Design Firm? ☐ Y ☐ N		%				
		/0				
Hired by Prime Design Firm? ☐ Y ☐ N						
		%				
Him the Dine Bering Fine C V C N						
Hired by Prime Design Firm? ☐ Y ☐ N		%				
		70				
Hired by Prime Design Firm? ☐ Y ☐ N						
	al Liability Insurance (For those firms when the control of the co	no do not currently carr	y professional liability			
insurance, please include an audited financial statement.)						
	,	11.5	B. J. (9.1.			
Name of Firm	n audited financial statement.) Insurance Company	Limit	Deductible			
	,	Limit \$	Deductible \$			
	,					
	,	\$	\$ \$			
	,	\$ \$ \$	\$ \$ \$			
Name of Firm	Insurance Company	\$ \$ \$ \$	\$ \$ \$ \$			
4. With regard to this project, does to organizations related to the Prime December 1.	,	\$ \$ \$ s nsultants/subsidiaries/p	\$ \$ \$ parents or other			
4. With regard to this project, does to organizations related to the Prime Doan:	he Prime Design Firm or any of the coesign Firm or any pri	\$ \$ \$ s nsultants/subsidiaries/p	\$ \$ sparents or other director or employee have			
4. With regard to this project, does to organizations related to the Prime December 1.	he Prime Design Firm or any of the coesign Firm or any pri	\$ \$ \$ s nsultants/subsidiaries/p	\$ \$ \$ parents or other			
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	Have contract deliverables either internally or externally peer reviewed?				
					□ Y □ N
	Maintain documented submittal or shop drawing by indicating as planned dates, actual Y N				
	dates of receipt and response?				
F.	Is there a system in place to identify crucial timing for construction site visits and project Y N				
	meetings between the design and construction team?				
G.	Does this system assist with the coordination and facilitation of visits/meetings by various Y N				s
	design disciplines?				
H.	Does this system facilitate the collection	on of field/site	visit re	ports in one centralized	
	location?				
INTE	GRATED PROJECT DELIVERY (IF	PD) QUEST	ONS		
11 D	pes the contract address:				
A.		П	′		
В.	Waivers of Claims:				
C.		H;	_=		
0.	Damages:		·		
D.		ПУ	′ 🗌 N		
E.	Indemnifications:	□ Y			
F.	Dispute Resolution:				
G.	Any Incentive Compensation Plan:	Y	′ 🗌 N		
CLAIR	MS QUESTIONS				
	ave any claims been made or legal action				
	t you're the prime design firm or any cons			rime design firm, its predecess	ors(s) or any past or
present principal, partner, officer, director, shareholder or employee?					
lf v coo	provide a lose was and the following infor	mation for oac	h alaim	on a concrete about	\square Y \square N
	provide a loss run and the following infor	mation for eac			
	provide a loss run and the following informate of claim	mation for eac		on a separate sheet: Insurance company reserve	
A.		mation for eac	E.	Insurance company reserved Defense attorney's or insura	e, if any
A. B.	Date of claim Claimant or Plaintiff	mation for eac	E. F.	Insurance company reserved Defense attorney's or insurate evaluation of exposure potentials.	e, if any ince company's ntial liability
A. B.	Date of claim	mation for eac	E. F.	Defense attorney's or insura evaluation of exposure poter Defense and indemnity paid	e, if any ince company's ntial liability
A. B. C.	Date of claim Claimant or Plaintiff Allegations	mation for eac	E. F. G.	Defense attorney's or insura evaluation of exposure poter Defense and indemnity paid (open/closed)	e, if any ince company's ntial liability
A. B. C.	Date of claim Claimant or Plaintiff	mation for eac	E. F. G.	Defense attorney's or insura evaluation of exposure poter Defense and indemnity paid	e, if any ince company's ntial liability
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A. B. C. D. 13. Af shareh firm ha contractinsurar If yes, situation The poeffective effective and the poeffective and the poef	Date of claim Claimant or Plaintiff Allegations Demand or amount of claims ter complete investigation and inquiry, or colders, employees, or insurance manage to knowledge of any act, error, omission ctor disputes), accident, or any other circumple policy? on a separate sheet please give details on and amount of damages. Olicy of insurance being applied for will not end of the policy nor will coverage at	do any of the property on, fact, incide cumstance the contract of this situation to the poly to any classification of the contract of the cont	F. G. H. corincipa me designt, situatis or con, inclusion, inclusion incider	Defense attorney's or insura evaluation of exposure poter Defense and indemnity paid (open/closed) Deductible applicable Is, partners, officers, directors and firm or any consultants him ation, unresolved job dispute (could be the basis for a claim auding name of project and claims about which you had known the summer of	e, if any Ince company's Intial liability I to date and status s, members, ed by the prime design including owner- under the proposed Y N imant, dates, nature of
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AGENT OR BROKER MUST COMPLETE THE FOLLOWING					
Contact Name:		License Number	Expiration Date		
Agency Name:	CNA Agent (Casualty Lines)				
Address:	E&S License				
Contact Email Address:	Other Casualty Agent License				
Phone:	Non-Resident License (If Applicable)				
Fax:	Licensed Broker				
Have you included: Explanations of answers that require further clarification Copy of the Owner/Prime Professional Agreement Your E&S license number Copy of current loss runs if not currently insured with the					

FRAUD NOTICE—Where Applicable Under The Law of Your State

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 may be subject to civil fines and criminal penalties (For DC residents only: 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 applicant.) (For FL residents only: 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 quilty of a felony of the third degree.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) (For PA residents only: 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.) (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

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REPRESENTATION

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

- 1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
- 2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer of the Prime Design Firm: (Please Type or Print)	☐ Mr.	☐ Mrs.	☐ Ms.
Title:			
Signature: (Principal, Partner or Officer)			
Date:			
NOTE: This application must be reviewed, sign	ed and date	d within a mo	nth of submission by a principal, partner or officer of

NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.



Victor Insurance Managers LLC

Victor Insurance Services LLC in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • 7700 Wisconsin Ave, Suite 400, Bethesda, MD 20814

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