



Excess Application for Retired Design Professionals

Professional Liability
 Contractors Pollution Liability
 Cyber Liability
 Media and Personal Injury Liability

Coverage provided by Berkley Insurance Company

CLAIMS MADE WARNING: This application is for a Claims Made and Reported Policy, relating to claims made against the Insured during the Policy Period or any Extended Reporting Period that may apply.

General Applicant Information

1.

 Your Name (as Named Insured shall appear on Dec Page)

 Mailing Address

 City

 County

 State

 Zip Code

 E-mail Address

 Telephone Number

 Fax Number

2. Your Retirement Date: _____ Year First Registered or License Issued: _____

3. How many years of coverage are you requesting? _____

Your Professional History

4. Please list below your professional employment history for the last 10 years.

Firm Name	State	Your Position (Partner, Principal, Officer, Director, Employee, Other)	Years Employed (From / To)	Professional Liability Insurance in Place when you Left? (Y / N / Unknown)	Type of Firm (Sole Proprietor, Partnership, Corporation)

5. Do you currently provide consulting services for any of your former firms or anyone else?

Yes No *If yes, please describe including expected duration.*

6. Your Discipline in the last ten years is best categorized as (*check one*):

<input type="checkbox"/>	Architect	<input type="checkbox"/>	Acoustical Engineer
<input type="checkbox"/>	Architect Planner	<input type="checkbox"/>	Illumination Engineer
<input type="checkbox"/>	Interior Design	<input type="checkbox"/>	Geotechnical Engineer
<input type="checkbox"/>	Landscape Architect	<input type="checkbox"/>	Geotechnical Engineer (drilling, compaction & lab)
<input type="checkbox"/>	Civil Engineer	<input type="checkbox"/>	Environmental Engineer
<input type="checkbox"/>	Structural Engineer	<input type="checkbox"/>	Environmental Permitting, Lab, Wildlife or Botanical Studies
<input type="checkbox"/>	Surveyor	<input type="checkbox"/>	CM Advisor
<input type="checkbox"/>	Traffic Engineer	<input type="checkbox"/>	CM At Risk
<input type="checkbox"/>	Mechanical Engineer	<input type="checkbox"/>	Process Engineer
<input type="checkbox"/>	Electrical Engineer	<input type="checkbox"/>	

7. Please estimate the percent of your work history in the last 5 years for the following project categories

	%		%
High Rise – over 15 stories (do not include below)		Telecommunications	
Mixed Use Condominiums		Data Centers	
<i>Portion for Commercial Use</i>		Municipal Buildings	
<i>Portion for Residential Use</i>		Mass Transit	
Residential Condominiums		Transportation passenger terminals	
Residential Subdivisions		Airport runways	
Custom homes		Roads, Highways	
Apartments		Bridges, trestles	
Hospitals, retirement homes, convalescent homes		Harbors, docks, piers or structures for offshore use	
Public Schools, colleges & universities		Dams, reservoirs, levees	
Private Schools, colleges and universities		Mines, quarries, tunnels	
Correctional Institutions		Utilities, Power Plants	
Churches		Oil Refineries, Chemical plants and pipelines	
Offices, warehouses, restaurants		Facilities related to nuclear activities	
Retail, malls, shopping centers		Landfills	
Systems for processing, manufacturing and production		Wastewater, sewage and water treatment systems	
Industrial buildings for processing, manufacturing and production		Pools, parks, playgrounds and recreational facilities	
Motels		Waste storage or disposal facilities	
Hotels		Arenas, stadiums, theaters	
Libraries		Ski lifts, amusement rides, amusement parks	
Convention facilities		All other environmental projects	
Parking Garages		Other, please describe.	

8. Were your prior firms involved in any actual construction, or the hiring of construction contractors to perform construction work? Yes No *If yes, please provide details.*

9. Were you involved in the design, manufacture, fabrication, sale, leasing or distribution of any product, process, component, device or system? Yes No *If yes, please provide details.*

Loss History

10. In the last five years, were your Professional Services the subject of any professional liability claims made against your former firms? Yes No *If yes, please provide details of any claims where you were involved with, or in charge of, the Professional Services at issue. Please include whether the claim was reported to your prior firm's insurance carrier.*

11. Are you aware of any wrongful act, error, omission, unresolved job dispute, accident or any other circumstance which might reasonably be expected to give rise to a claim under this insurance? Yes No *If yes, please provide details, including whether this circumstance has been reported to your prior firm's insurance carrier.*

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 AGENCIES.

NOTICE TO NEW MEXICO, 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 APPLICANTS OF KENTUCKY: 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 APPLICANTS OF MINNESOTA, NEW JERSEY, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, 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 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 APPLICANTS OF FLORIDA: 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 ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, AND RHODE ISLAND 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 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 OREGON APPLICANTS: ALL STATEMENTS AND DESCRIPTIONS IN AN APPLICATION FOR INSURANCE BY OR ON BEHALF OF THE INSURED, SHALL BE DEEMED TO BE REPRESENTATIONS AND NOT WARRANTIES. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENT OF FACTS ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH INTENT TO KNOWINGLY DEFRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENT OF FACTS MUST BE EITHER FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY. THE INSURER MAY DENY A CLAIM ON THE BASIS OF MISREPRESENTATIONS, MISSTATEMENTS, OMISSIONS OR CONCEALMENTS ON THE PART OF THE INSURED THAT ARE MATERIAL TO THE CONTRACT, RELIED UPON BY THE INSURER AND MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED OR PROVIDED FRAUDULENTLY. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY MAY BE SUBJECT TO PROSECUTION FOR INSURANCE FRAUD.

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.

I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the insurance company. I understand this application and the related materials submitted with the application are part of any policy Berkley Insurance Company may issue to our firm. 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 Signature: _____

Date: _____

Name and Address of Licensed Producer:

Signature: _____

Date: _____