

BEDFORD UNDERWRITERS, LTD.

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APPLICATION FOR CONTRACTORS CONTINGENT LIABILITY POLICY

(Claims Made and Reported Basis APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. **Please attach a current Financial statement.**
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION			
a. Name of Applicant: _____			
b. Address: _____			
c. <input type="checkbox"/> Corporation? <input type="checkbox"/> Partnership? <input type="checkbox"/> Individual? <input type="checkbox"/> Other? _____ Date firm established _____			
d. Nature of Business: _____			
e. <u>Name of Owner/Partner/Officer</u>	<u>Educational Qualifications</u>	<u>Date and Place Acquired</u>	<u>How long with firm</u>
2. OPERATIONS			
a. Total Personnel: (including those listed in item 1(e) above: _____)			
b. Construction values:			
	<u>Coming year</u>	<u>Estimate for Present 12 Months</u>	<u>Previous 12 Months</u>
Dates: From _____ to _____		From _____ to _____	From _____ to _____
(i) All operations	_____	_____	_____
(ii) Design/Construct	_____	_____	_____
(iii) Design only - no construction	_____	_____	_____
(iv) Construction only - no design	_____	_____	_____
c. Approximate percentage of work in connection with these projects:			
	None or list %		None or list %
(i) Private dwellings, apts	(i) <input type="checkbox"/> _____%	(ix) Condominiums	(ix) <input type="checkbox"/> _____%
(ii) Commercial buildings	(ii) <input type="checkbox"/> _____%	(x) Hospitals	(x) <input type="checkbox"/> _____%
(iii) Schools, Churches	(iii) <input type="checkbox"/> _____%	(xi) Municipal buildings	(xi) <input type="checkbox"/> _____%
(iv) Industrial buildings	(iv) <input type="checkbox"/> _____%	(xii) Petrochemical, refinery, fertilizer, ammonia, urea plants	(xii) <input type="checkbox"/> _____%
(v) Mines	(v) <input type="checkbox"/> _____%	(xiii) Harbors & jetties	(xiii) <input type="checkbox"/> _____%
(vi) Bridges & tunnels	(vi) <input type="checkbox"/> _____%	(xiv) Dams	(xiv) <input type="checkbox"/> _____%
(vii) Nuclear & Atomic projects	(vii) <input type="checkbox"/> _____%	(xv) Other _____	(xv) <input type="checkbox"/> _____%
(viii) Parking structures	(viii) <input type="checkbox"/> _____%		TOTAL _____ 100%

d. Disciplines of Design Professionals you retain:

- | | | |
|-----------------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Architects | <input type="checkbox"/> HVAC Engineers | <input type="checkbox"/> Mechanical Engineers |
| <input type="checkbox"/> Civil Engineers | <input type="checkbox"/> Soil Engineers | <input type="checkbox"/> Process Engineers |
| <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Others | <input type="checkbox"/> Structural Engineers |
| <input type="checkbox"/> Electrical Engineers | | |

3. PROCEDURES

- | | | | |
|--------|-------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
| | | <u>Yes</u> | <u>No</u> |
| a. (i) | Do you provide services on projects in which you retain an ownership interest? | (i) <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) | Is a formal written safety program in place for each project? | (ii) <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | Do you hire all Design Consultants under written contracts? | (iii) <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) | Do you have any licensed Engineers on staff? | (iv) <input type="checkbox"/> | <input type="checkbox"/> |
| (v) | Do you sublet 100% Design Services? | (v) <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) | Do you subcontract 100% actual construction, manufacturing or fabrication? | (vi) <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) | Is proof of Professional Liability Coverage required from all Design Professionals on projects? | (vii) <input type="checkbox"/> | <input type="checkbox"/> |

b. Year 2000 Computer Systems Problem:

- | | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | <u>Yes</u> | <u>No</u> |
| (i) | Do your computer systems store a four-digit year? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If NO, please attach a description of corrective measures taken and the date upon which you anticipate the problem will be solved. | | |
| (ii) | Are you, in the course of your business, involved in working to solve the year 2000 problem as a consultant/advisor or as a part of your employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | If YES, what percentage of your work is involved? _____ % | | |

4. HISTORY/CLAIMS

Prior Carrier Information

a. Please list general liability insurance carried for each of the past three years. IF NONE, STATE NONE.

<u>Insurance Carrier</u>	<u>Policy Number</u>	<u>Limits of Liability</u>	<u>Deductible (if any)</u>	<u>Premium</u>	<u>Inception Exp. Mo./Day/Yr.</u>	<u>Expiration Mo./Day/Yr.</u>	<u>Was this a Claims Made Policy Form?</u>		<u>Retro Date</u>
							<u>Yes</u>	<u>No</u>	
_____							<input type="checkbox"/>	<input type="checkbox"/>	
_____							<input type="checkbox"/>	<input type="checkbox"/>	
_____							<input type="checkbox"/>	<input type="checkbox"/>	

If Yes to b. or c. below, a SUPPLEMENTAL CLAIM INFORMATION form must be completed for each claim.

- | | | | |
|----|--------------------------------------------------------------|--------------------------|--------------------------|
| | | <u>Yes</u> | <u>No</u> |
| b. | Are you aware of any liability claims made against the firm? | <input type="checkbox"/> | <input type="checkbox"/> |

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.