



**Application for:
Owner’s Protective Professional Indemnity Insurance
(OPPI), or
Owner’s Protective Professional and Environmental
Liability Insurance (OPEL)**

Claims Made and Reported Basis

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a Claims Made basis. Only claims which are first made and reported to the Company during the “Policy Period” or Extended Reporting Period, if applicable, are covered, subject to the policy provisions.

Please attach the following:

- A. Certificates of insurance and copies of contracts for all firms or entities (for example, design professional firms or contractors) under direct contract to the Applicant, over which insurance the Owner’s Protective Professional Indemnity Insurance (OPPI) policy or the Owner’s Protective Professional and Environmental Liability Insurance (OPEL) policy will provide excess coverage for the Applicant;
- B. If this policy is to include coverage excess of a contractor’s pollution liability policy, submit a statement of related capabilities and qualifications for the prime design professionals and prime contractors.

Limits Requested: _____ Self Insured Retentions Requested: _____

NOTE: If your answers to any of the questions below require additional space for explanation, please attach a separate sheet.

Applicant/Named Insured Profile

1. Applicant's Name and Address _____

2. Key contact and/or risk manager:

Name: _____ Title: _____

Phone: _____ Fax: _____

3. Date Applicant was established: _____

4. Applicant is: Public entity; Corporation; Partnership; Professional Corporation; Sole Proprietorship;
 Design-builder Other _____

5. Describe the nature of the Applicant's Operations:

6. What limits of professional liability do you require of each prime design professional that will be under contract to you?

If this application is for an OPEL, what limits of pollution/environmental impairment liability insurance do you require of each prime design professional and contractor that will be under contract to you?

7. Indicate the project delivery method used on your project(s):

	<u>Percentage</u>
Design - Bid - Build	_____ %
Design - Build	_____ %
Other (describe)	_____ %
Total	_____ %

8. Has the Applicant been a party to any dispute(s), claim(s) or suit(s) involving design professional services or environmental issues in the past 3 years? Yes No. If yes, on a separate sheet of paper, please provide the following:

- a) Date:
- b) Nature and amount of demand, and description of circumstances and allegations:
- c) Current status:
- d) Damages and expenses paid:
- e) Date closed:
- f) What steps have been taken to reduce the chances of a similar claim in the future?

9. Are you aware of any fact(s), incident(s), act(s), event(s), or circumstance(s) that may result in any claim(s) being made against you arising out a project to be insured under this policy? Yes No.

If yes, please provide details on a separate sheet. It is agreed that if such fact(s), act(s), event(s), or circumstance(s) exist, whether or not disclosed, any claim arising therefrom is excluded from this proposed coverage.

Project(s) Information

If this application is for a single project, skip questions 10 - 12, and complete the attached Project Questionnaire.

If this application is for multiple projects, complete Questions 10 - 12

10. List the total construction values of all projects started, or to be started, in :

Last Calendar Year () _____

Current Calendar Year () _____

Next Calendar Year () _____

11. List the number of projects included above by size:

<u>Construction Values</u>	<u>Number of Projects</u>
\$ 1,000,000 - \$ 10,000,000	_____
\$ 10,000,000 - \$ 25,000,000	_____
\$ 25,000,000 - \$ 100,000,000	_____
\$ 100,000,000 +	_____
Total	_____

12. Complete the attached Project Questionnaire for the three largest projects.

NOTICE: NO INSURANCE IS PROVIDED TO ANY DESIGN FIRM FOR THEIR PROFESSIONAL LIABILITY. NO LIMITATION OF LIABILITY IS TO BE PROVIDED TO ANY DESIGN FIRM BY THE INSURED UNLESS SPECIFICALLY APPROVED BY THE COMPANY.

The applicant represents that the statements and facts made in this application are true and that no material facts have been suppressed or misstated. It is further agreed by the applicant that each policy or renewal thereof, if issued, is issued in reliance upon the truth of the representations and information in the application.

The undersigned(s) certifies that he/she is the duly authorized representative(s) of Applicant which submits this application to the Steadfast Insurance Company for a policy of insurance. The statements and information above and all schedules and documents submitted, of which the company receives notice, are deemed parts of the application (all of which schedules and documents shall be deemed attached to the policy as if physically attached thereto), and the word application refers to all of the foregoing.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

This application does not bind the applicant or the company, nor does it obligate the company to issue a policy or insure any services. However, it is agreed that should a policy be issued, this application will be attached to and made a part of the policy.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY.

Dated this _____ day of _____, _____.

Signature of Director/Principal/Partner/Authorized Representative of Applicant:

Title: _____

Address: _____

Phone: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip Code : _____

Phone: _____

Steadfast Insurance Company
Owner's Protective Project Questionnaire

This is part of an application for Owner's Protective Professional Indemnity Insurance (OPPI) or Owner's Professional Protective and Environmental Liability Insurance (OPEL).

If this is an application for multiple projects, complete a questionnaire for each of the three largest projects that will be insured under the OPPI or OPEL policy.

1. Applicant's Name: _____

2. Name and location of the project: _____

3. Project description and purpose: _____

4. Construction Values:

5. What is the construction schedule:

Design : From _____ To _____
Construction : From _____ To _____

6. Is the project built on a fast track construction schedule, with construction beginning before all design has been completed?

Yes No. If yes, explain:

7. Does the project(s) use any innovative, untested, or state-of-the-art design elements?

Yes No. If yes, please explain:

8. What is the source of funding for the projects?

9. If this application is for an OPEL policy, will there be environmental work or remediation as part of the project?

Yes No.

a) If yes, what will be the remediation costs of that aspect of the project?

b) If yes, describe the nature of the environmental work, if any, including a description of the pollutants and the planned work or remediation. (Include attachments, as necessary.)

c) If yes, is there a consent decree, administrative order or action by any governing body establishing a schedule for this project? yes No. If yes, please explain and provide a copy of the decree, order or action.

d) Do you want to have coverage under this policy extended to apply excess of your contractor's pollution liability coverage? Yes No. If yes, what are the limits of pollution liability insurance that your contractor currently maintains?

10. Who will be the prime design professional firm(s), construction manager and general contractor under contract to the Applicant over which the OPPI or OPEL Insurance policy will provide excess coverage for the Applicant?

Name	Services Provided	Professional Liability Insurance Limits
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I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND I/WE AGREE THAT THIS PROJECT QUESTIONNAIRE SHALL BE PART OF THE APPLICATION AND THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY.

Dated this _____ day of _____, _____.

Signature of Director/Principal/Partner/Authorized Representative of Applicant:

Print Name: _____