

WESTERN WORLD INSURANCE COMPANY TUDOR INSURANCE COMPANY STRATFORD INSURANCE COMPANY

THIS POLICY APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR DISCOVERY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY PAYMENT OF DEFENSE COSTS. DEFENSE COSTS ARE SUBJECT TO THE APPLICABLE RETENTION. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

INSTRUCTIONS: PLEASE FULLY ANSWER ALL QUESTIONS AND SUBMIT ALL REQUIRED ATTACHMENTS ALONG WITH THE SUPPLEMENTAL APPLICATION(S) FOR THE REQUESTED COVERAGES. THE APPLICATIONS MUST BE SIGNED AS INDICATED BELOW.

The term "**Applicant**" shall mean all natural persons and entities, including the **Named Insured** and any **Subsidiary**, proposed for coverage.

Section A. General Information

1. Applicant Information

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Website: _____

Date of Formation/Incorporation: _____

If less than 3 years, please include resumes of all principals

Ownership Structure: Privately Held Publicly Traded (Symbol: _____) Not for Profit

Number of Locations: Domestic: _____ Foreign: _____

Section B. Company Information

1. Description of **Professional Services** for which coverage is being sought:

2. Does Applicant provide any other **Professional Services** not listed above? Yes No

If "Yes" please attach a description.

3. Are any changes in nature or size of Applicant's business anticipated over the next twenty-four (24) months? Yes No

If "Yes" please attach a description.

4. Please list all direct and indirect Subsidiaries:

Name	Business Structure	Percentage Of Ownership	Date Acquired Or Created	Nature of Operations
		%		
		%		
		%		

5. Number of Employees: Principals, partners, officers, professionals: _____ Others: _____
6. Is Applicant controlled, owned, affiliated or associated with any other entity? Yes No
If "Yes" please attach a description.
7. During the past three (3) years, has Applicant's name changed, or has any other business entity acquired, merged, or consolidated with the Applicant? Yes No
If "Yes" please attach a description.
8. Please list all professional associations to which Applicant belongs:
-
-
-

Section C. Financial Information

1. Please list the Applicant's annual gross revenue:

	Year	Gross Revenue
Past Fiscal Year		\$
Current Fiscal Year		\$
Projected Next Fiscal Year		\$

Please attach most recent annual report or financial statement

2. Please provide a breakdown of Applicant's revenue by the type of service provided:

Type of Service	% of Gross Revenue
	%
	%
	%
	%
	%

3. Please list Applicant's five (5) largest projects over the past two (2) years:

Client	Type of Service Performed	Annual Gross Revenue
		\$
		\$
		\$
		\$
		\$

Section D. Contract Procedures

1. Does Applicant have a standard contract? Yes No
If "Yes", provide a copy.
2. Does an attorney review such contracts prior to use? Yes No
3. Does standard contract contain the following? Please check all that apply:
- | | |
|--|--|
| <input type="checkbox"/> Description of services | <input type="checkbox"/> 'Force majeure' limitation clause |
| <input type="checkbox"/> Hold harmless clauses for the benefit of the Applicant | <input type="checkbox"/> Warranties or guarantee |
| <input type="checkbox"/> Hold harmless clauses for the benefit of Applicant's client | <input type="checkbox"/> Payment terms |
| <input type="checkbox"/> Limitation of liability of Applicant | <input type="checkbox"/> Description of responsibilities of each party |

4. a. Does Applicant subcontract work to others? Yes No
If "Yes" Please provide the approximate % of subcontracted work: _____ %
- b. Are subcontractors required to carry errors and omissions insurance? Yes No
5. Does any principal, partner, officer or employee of Applicant serve on the board of directors or hold greater than a 3% shareholder interest in any client of the Applicant? Yes No
If "Yes", please describe: _____

Section E. Insurance Information

1. Coverage Requested:

Desired Effective Date	Limit of Liability	Retention			
	\$	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
		<input type="checkbox"/> Other: _____			

2. Are any errors and omissions or professional liability insurance policies currently in force? Yes No
If "Yes", please describe: _____

Name of Insurer: _____
 Effective Date: _____
 Limit: \$ _____
 Deductible/Retention: \$ _____
 Premium: \$ _____
 Retroactive Date: _____

3. Does Applicant currently carry commercial general liability insurance? Yes No
4. Does Applicant currently carry fidelity insurance? Yes No
5. Has any policy or application for similar insurance on behalf of the Applicant or its predecessor(s) in business ever been declined, cancelled, rescinded or refused renewal? Yes No
 *MISSOURI APPLICANTS NEED TO REPLY.

If "Yes", attach complete details including when and reason(s).

Section F. Risk Management and Claims Information

1. Does Applicant have a Risk Manager? Yes No
If "No", describe the steps taken to minimize and manage business risks: _____

2. Has any owner, principal, director, officer, agent or employee of the Applicant ever been the subject of an investigation, disciplinary or criminal action as a result of his or her professional activities? Yes No

If "Yes", complete a Claim Supplement for each incident.

3. Have any Claims, suits or demands for arbitration been made, whether or not reported, under the provisions of any professional liability coverage policy, against the Applicant, its predecessors, or any past or present principal, partner, officer or employee within the last five (5) years? Yes No

If "Yes", complete a Claim Supplement for each incident.

4. Does any director, officer, employee or partner of the Applicant have knowledge or information of any fact, circumstance or any actual or alleged act, error, or omission which might reasonably be expected to result in a Claim? Yes No

It is agreed that with respect to Questions 1 through 4 above, if such claim(s), suit(s), investigation(s), loss(es), action(s), proceeding(s), inquiry, violation, knowledge, information or involvement exists, then such claim(s), suit(s), investigation(s), action(s), proceeding(s) or inquiry and any claim, action, suit, investigations, loss, action, proceeding or inquiry arising therefrom or arising from such violation, knowledge, information or involvement is excluded from the proposed coverage.

FRAUD WARNING STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA 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 Agencies.

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 (or any supplemental application, questionnaire or similar document) containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 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 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 MEXICO 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 civil fines and criminal 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance 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.

LEGAL NOTICES AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE.

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTES AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, APPLICANT AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COST OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

WARRANTY STATEMENT

The undersigned authorized owner, partner, director, or officer of the Applicant represents and warrants on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after reasonable inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Applicant further agrees that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void.

The undersigned authorized owner, partner, director, or officer of the Applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance, he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations, authorizations, or agreements to bind the insurance.

Signed: _____

(Duly authorized representative, by and on behalf of the Applicant)

Title: _____ Date: _____

MUST BE SIGNED BY THE APPLICANT'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, OR GENERAL COUNSEL.

FOR FLORIDA APPLICANTS ONLY:

Agent Name: _____

Agent License Identification Number: _____

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____

FOR MISSOURI AND WYOMING APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE POLICY FOR WHICH IT IS APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE THE POLICY'S LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, THE APPLICANT SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

Signed: _____

(Duly authorized representative, by and on behalf of the Applicant)

Title: _____ Date: _____