



# CONTRACTUAL DEFENSE PROTECTION APPLICATION RELIANCE FORM

**NOTICE: THE INSURANCE COVERAGE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS WHICH ARE FIRST MADE AGAINST YOU AND REPORTED TO THE INSURER DURING THE POLICY PERIOD, OR EXTENDED REPORTING PERIOD, IF APPLICABLE, ARE COVERED SUBJECT TO THE POLICY PROVISIONS. THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY PAYMENT OF CLIENT DEFENSE EXPENSES. IF YOU HAVE ANY QUESTIONS ABOUT THE COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE REPRESENTATIVE.**

It is agreed that in granting coverage under this Policy, the Insurer has relied upon the information and materials described below and any other material submitted by the Firm in connection with the underwriting of this Policy.

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet of the Firm's letterhead. This form must be completed, signed and dated by a Principal, Partner or Officer of the Firm.

**Please provide the following along with this completed Application:**

1. Firm's most recent application for their professional liability insurance.
2. Carrier produced loss runs and Design Professionals Claim Supplement(s).
3. Copy of current professional liability insurance policy.

<hr/> Applicant Firm Name			
<hr/> Physical Address			<hr/> Suite
<hr/> City	<hr/> County	<hr/> State	<hr/> Zip Code
<hr/> Mailing Address (if different from above)			<hr/> Suite
<hr/> City	<hr/> County	<hr/> State	<hr/> Zip Code
<hr/> Website Address			
<hr/> Primary Contact Name		<hr/> Email	
1. What are your desired limits for the Contractual Defense Protection policy?			
\$250,000 / \$250,000	\$500,000 / \$500,000	\$1,000,000 / \$1,000,000	
\$250,000 / \$500,000	\$500,000 / \$1,000,000		

2. Is this requested CDP coverage specific to a client, master service agreement or a specific project?

Yes No

If Yes, Please refer to Page 3

3. Please provide professional services revenue:

Last Complete Year	Estimated Current Year	Projected for Next 12 Months
_____ to _____	_____ to _____	_____ to _____
\$ _____	\$ _____	\$ _____

4. What percentage of your executed contracts includes an indemnification provision with an obligation to defend a client against third party claims?

0-10%                      10%-25%                      25%-50%                      50%-75%                      75%-100%

5. Specify the approximate percentage of your Firm's professional services rendered under AIA, EJCDC or other association standard forms of agreement: \_\_\_\_\_ %

6. What percentage of your executed contracts are prime agreements versus sub-consultant agreements?

Prime Agreements: \_\_\_\_\_ %

Sub-consultant Agreements: \_\_\_\_\_ %

7. What percentage of your executed contracts are for private clients versus public clients?

Private Clients: \_\_\_\_\_ %

Public Clients: \_\_\_\_\_ %

100%

8. What percentage of your contracts are executed using your own form versus your client's form?

Your form contract: \_\_\_\_\_ %

Your client's form contract: \_\_\_\_\_ %

100%

**DUTY TO DEFEND CLAIMS:**

9. Is your Firm (after proper inquiry of every Principal, Partner, Officer, Director, or other prospective Insured party) aware of any circumstances, incidents, situations, or accidents during the past ten (10) years which may result in a demand being made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers, or Directors to **defend a client against a third party claim**?                      Yes      No

10. Is your Firm aware of or have knowledge of any deficiencies or alleged deficiencies in work, or injury to people or damage to property where your Firm, predecessor or any other Insured performed professional services for others for whom your Firm is legally responsible?                      Yes      No

**If "Yes" to either question 9 or 10, please complete a separate Claim / Circumstance Supplement with full details for each.**

**IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT OF, DIRECTLY OR INDIRECTLY RESULTING FROM, IN CONSEQUENCE OF, OR IN ANY WAY INVOLVING ANY FACT, CIRCUMSTANCE OR SITUATION SET FORTH OR THAT SHOULD HAVE BEEN SET FORTH IN RESPONSE TO QUESTIONS 9 AND 10 ABOVE WILL BE EXCLUDED FROM THE PROPOSED COVERAGE.**

**Specific Project / Client CDP Policy Request Form**

Please complete this section for Project Specific CDP terms, or CDP coverage limited to a Master Service Agreement:

**Project Name and Location:**

**Project Description:**

**Applicant Responsibilities:**

**Provide beginning and completion dates for Design and Construction:**

Design Services            From: \_\_\_\_\_            To: \_\_\_\_\_  
Construction Period      From: \_\_\_\_\_            To: \_\_\_\_\_

**Applicant's Total Design Fees for this Project:**

**Total Construction Value for this Project:**

Please complete this section for Client Specific CDP terms:

**Client Name and Location:**

**Applicant Responsibilities:**

**Please provide applicant's annual gross billings attributable to this client:**

Projected for the next 12 months: \_\_\_\_\_  
Past completed 12 months: \_\_\_\_\_  
12 months prior to the last completed: \_\_\_\_\_

**APPLICANT REPRESENTATION**

**By signing this Application, the undersigned, on behalf of the Applicant and all Insureds proposed for coverage, represents and agrees to each of the following five (5) items:**

1. The Applicant Firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant Firm member is aware of any act, error, omission, personal injury, fact, circumstance, situation, or incident which could be a basis for a demand, claim or suit under the proposed Insurance;
2. This Application, the Incorporated Application, and any required additional supplemental applications submitted to and accepted by the Insurer, shall constitute the Application;
3. Each of the statements and answers given in this Application, the Incorporated Application, and in each of the supplemental applications are:
  - a. Accurate, true and complete to the best of the Applicant's knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations the Applicant Firm is making are on behalf of all persons and entities proposed to be insured; and
  - d. A material inducement to the Insurer to provide insurance, and any policy issued by the Insurer is issued in specific reliance upon these representations.
4. This Application, the Incorporated Application, along with each of the supplemental applications are hereby deemed to be attached to, and incorporated into, any policy that is issued, regardless of whether the Application, the Incorporated Application, or any of the supplemental applications are signed or dated; and
5. The Applicant agrees to promptly report to the Insurer, in writing, any material change in its operations, conditions or answers provided in this Application, the Incorporated Application, or any supplemental applications, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Insurer. Upon receipt of any such written notice, the Insurer has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND AT POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

This Application must be signed and dated by a Principal, Partner, or Officer of the Firm. Electronically reproduced signatures will be treated as original.

_____	_____
Signature of Partner, Owner, Officer or Principal	Date
_____	_____
Print or Type Name	Title

## **FRAUD WARNING STATEMENT**

**NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSE, VERMONT, VIRGINIA, AND WASHINGTON:** Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 LOUISIANA 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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 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 or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**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 material false information or conceals for the purposes 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 AND VIRGINIA 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 VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.