

**SUPPLEMENTAL APPLICATION FOR THE ARCHITECT OR ENGINEER THAT WILL BE ENROLLED BY THE
 SPONSOR OR ORGANIZER**

1. Architect's or Engineer's Information: (To be filled out by the Architect or Engineer)

Name _____

Individual Partnership Corporation Joint Venture LLC Other

Street address _____

City, State, Zip _____

Mailing address _____

City, State, Zip _____

Phone number _____

Contact name: _____

Years in business under current name _____

Total years experience as an architect or engineer _____

State license number (s) _____

Licensed state (s) _____

Tax ID number _____

2. Describe Your Past Residential Experience:

3. PROFESSIONAL DISCIPLINES PROVIDED FOR PROJECT: (Architect, Soils Engineer, Civil Engineer, Land Surveying etc.)

4. LOSS AND CLAIM INFORMATION (5 YEARS):

PERIOD	YEAR	TOTAL LOSSES	# OF CLAIMS	LARGEST LOSS	CAUSE OF LARGEST LOSS
CURRENT YEAR		\$		\$	
1 ST PRIOR YEAR		\$		\$	
2 ND PRIOR YEAR		\$		\$	
3 RD PRIOR YEAR		\$		\$	
4 TH PRIOR YEAR		\$		\$	

Within the last five years have you been named in litigation involving damages attributed to professional services that you rendered?
 YES NO

Within the last five years, has any person or entity demanded that you defend them, or hold them harmless, in any claim or lawsuit?
 YES NO

Within the last five years has any lawsuit been filed, or claim otherwise been made, against you or your company or any partnership or joint venture of which you have been a member, or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purposes of this supplemental application only, a claim or lawsuit means a receipt of a demand for money, services, arbitration or mediation.
 YES NO

If any of the above questions had a yes response, please provide the following information for each claim and or lawsuit:

PROJECT NAME	PROJECT TYPE	Description of Loss	CLAIMED DAMAGES
1.			
2.			
3.			
4.			
5.			

PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG, A RISK RETENTION GROUP
WRAP CONTRACTORS APPLICATION – NATIONSBUILDERS INSURANCE SERVICES, INC.

REMARKS: _____

Are you aware of any facts, circumstances, incidents, situations, damages or accidents that may give rise to a claim or lawsuit (whether valid or not or whether covered by insurance or not)? Yes No

IF YES PLEASE COMPLETE THE FOLLOWING:

PROJECT NAME	PROJECT TYPE	DESCRIPTION OF CLAIM	CLAIMED DAMAGES
			\$
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

5. General Questions:

- a. Have you ever been refused a performance bond or had liability insurance cancelled? YES NO
- b. Have you ever been adjudged bankrupt or insolvent? YES NO
- c. Has any local, state or federal government agency or licensing board cited you for violation of any law or regulation or investigated you in the past five years? YES NO
- d. Does a principal check all plans before they are sent to the field? YES NO
- e. Has the firm participated in an Organizational Peer Review in the past five years? YES NO
- f. List all professional societies or associations to which the firm or members of the firm belong:

ATTENTION:

THE ARCHITECT OR ENGINEER WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIAL TO THIS "SUPPLEMENTAL APPLICATION," ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.

SIGNATURE OF APPLICANT:

DATE:

TITLE (OFFICER, PARTNER OR OWNER):