



**Professional Liability Insurance for Real Estate Services
 Construction Management & Property Development Supplemental Application**

Coverage provided by Great Divide Insurance Company, a North Dakota Stock Corporation

Note: This Supplemental Application becomes a part of your Application for coverage with the insurance company and therefore forms a part of the POLICY if coverage is bound.

This Supplemental Application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested.

Name of Applicant Firm

General Information

1. Please provide the following staffing information for all employees and independent contractors of the Applicant Firm engaged in construction management and property development services.

Type of Services	# of Principals, Partners and Officers	# of Professional Employees except Principals, Partners and Officers	# of All Other Support Staff
Construction Management			
Property Development			

2. Complete the following for all principals, partners, officers, managing members and professional employees engaged in construction management or property development services.

Name	Title	Years of Experience	Professional Qualifications*

*Memberships in professional organizations, associations or societies, advanced degrees and certifications

3. Does the Applicant Firm employ or subcontract with any:
- a. Licensed design professional (i.e. architect, engineer, etc.)? Yes No
 - b. Construction contractors? Yes No



4. Please provide a breakdown of the Applicant Firm’s gross income for the past 12 months that was derived from performing construction management and property development services for the following types of properties:

TYPE OF PROPERTY	Gross Construction Management (CM) and Property Development (PD) Income	
Residential (Other than Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties)	\$	(CM)
	\$	(PD)
Commercial, including investment properties	\$	(CM)
	\$	(PD)
Foreclosed /REO / HUD and other Affordable Housing or Government Assistance Properties	\$	(CM)
	\$	(PD)
Other (Describe: _____)	\$	(CM)
	\$	(PD)
TOTAL GROSS INCOME	\$	

5. Please provide details of any “at risk” projects (i.e. projects where the Applicant Firm’s employees or subcontractors provide design or construction services) undertaken over the past 5 years:

6. Does the Applicant Firm or any owners, principals, partners, officers, managing members or employees of the Applicant Firm have an ownership interest in any properties for which the Applicant Firm provides construction management and property development services? Yes No **If “Yes”, please complete the Owned Property Supplement**

7. Please provide details of the Applicant Firm’s construction management services:

8. Please provide details of the Applicant Firm’s property development services:



9. Please indicate the construction values and revenues of TYPICAL projects undertaken over the past 5 years:
 Construction values: \$ _____ Revenues: \$ _____
10. Please indicate the construction values and revenues of the LARGEST project undertaken over the past 5 years:
 Construction values: \$ _____ Revenues: \$ _____
11. Have all projects undertaken over the past 5 years been completed on time and within budget or on schedule to be completed on time and within budget? Yes No **If “No”, please attach complete details including description of projects, extent of cost overruns and variances from original estimated completion dates, confirmation of whether or not the project is completed, date the project was completed and confirmation of whether or not the Applicant Firm had clients sign off on the cost overruns and variances.**
12. Have any projects undertaken over the past 5 years been abandoned? Yes No **If “Yes”, please attach complete details including description of project, costs incurred as of the date the project was abandoned, why the project was abandoned, outstanding unpaid debt and date project was abandoned.**

Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

_____ Dated

_____ Signature (must be a Partner, Officer or Principal)

_____ Title of Partner, Officer or Principal

_____ Printed Name of Partner, Officer or Principal

RETURN APPLICATION VIA EMAIL: mp submissions@berkleysp.com

Berkley Service Professionals

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FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

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 may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ALASKA CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA CLAIMANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS: 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 CALIFORNIA CLAIMANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: 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 DELAWARE CLAIMANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: 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 APPLICANTS OF FLORIDA AND CLAIMANTS: 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 IDAHO CLAIMANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA CLAIMANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS AND CLAIMANTS: 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 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 commits a fraudulent insurance act.

NOTICE TO APPLICANTS OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

NOTICE TO MAINE APPLICANTS AND CLAIMANTS: 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 AND CLAIMANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS: 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 MINNESOTA CLAIMANTS: 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 HAMPSHIRE CLAIMANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO APPLICANTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: 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 AND CLAIMANTS: 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 AND CLAIMANTS: 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 APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA: 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 AND CLAIMANTS: 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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: 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 TEXAS CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.