

Travelers 1st Choice DESIGN PROFESSIONALS LIABILITY COVERAGE CONDOMINIUM SUPPLEMENT

Travelers Casualty and Surety Company of America

Hartford, Connecticut

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Please complete a separate Condominium Supplement for each of your three largest condominium projects, based on the billings or projected billings for such project, that were either initiated or completed within the past 5 years, or that are expected to begin within the next 12 months. Please provided estimated information only when actual information is not available.

Throughout this supplement "you" and "your" means the entity or individual applying for this insurance. 1. New Business ☐ Current Travelers Policy Number: APPLICANT INFORMATION 2. Your Full Legal Name **PROJECT INFORMATION** Project Name: 5. When did, or will, you begin the design? (mm/yyyy) 6. What is the actual or estimated date of substantial completion? (mm/yyyy) 7. Is the project located within 10 miles of a coastline? ☐ Yes ☐ No ☐ Commercial ☐ Mixed Use 8. What is the type of project? Residential 9. Please describe your services for the project: 10. What are your actual or estimated total billings, including consultants fees, for this project?.........\$ 11. What are the actual or estimated construction values for this project?......\$ 12. Please provide the number of stories for this structure: 13. Which of the following best describes this project? □ New construction ☐ Renovation of an existing condominium ☐ Conversion of an existing structure into a condominium 14. Please describe your construction administrative services for the project: 15. What is the name of the owner/developer? 16. What is the name of your client for this project? 17. What is the name of the prime contract holder for professional services for this project? 18. Which type of contract, between you and your client, applies to this project? ☐ Professional association contract ☐ Client drafted contract ☐ Purchase order ☐ Your standard contract Letter agreement □ Verbal agreement Other (please describe):

If you are not the prime contract holder, stop here. You do not need to answer questions 19-25.

OWN	ER / DEVELOPER INFORMATION			
19.	Please provide the number of condominium projects t	the owner/develo	per has completed within the past five ye	ears:
	0 1	□ 2-4	☐ 5 or more	
20.	Please provide the number of condominium projects y	you have engage	d in with this owner/developer:	
RISK	MANAGEMENT			
21.	Did you, or will you:			
	a. participate in the development of the maintenance	manual for this p	property?	☐ Yes ☐ No
	b. provide or oversee training for the property owners	s on the provision	s of the maintenance manual?	☐ Yes ☐ No
	c. conduct a one-year warranty inspection?			☐ Yes ☐ No
22.	Is professional liability insurance required for all const			
	If no, please indentify the services provided by any ur	ninsured consulta	nnt:	
23.	Which specialized consultants are participating on this	s project?		
	☐ Acoustical Consultant ☐ Building envelope of	consultant 🔲 Co	ode consultant 🗌 Structural peer rev	view
	Other (please describe):			
24.	Which contractual provisions apply to this project?			
	☐ Super majority provision	☐ Required	mediation	
	☐ Waiver of a jury trial	☐ Limitation	of liability	
	☐ Right to fix	☐ Certificate	e of merit required prior to litigation	
	Required annual inspection	☐ Maintena	nce responsibilities of the HOA	
25.	Please indicate any other tools used to control your lia	ability on condom	ninium projects:	
СОМ	PENSATION NOTICE			
	Important Notice Reg	garding Comp	ensation Disclosure	
For i	nformation about how Travelers compensates in	ndenendent ad	ents brokers or other insurance of	roducers please

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Office	er, Shareholder)				Date		
Name (print)					Title		
*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.							
☐ Electronic Signature and A	cceptance						
Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.							
INSURANCE AGENT OR BE	ROKER MUS	T COMPLETE THE	FOLLOWII	VG:			
Submitting Insurance Name:				_	☐ Direct	☐ Sub-produced	
Address (City, State, Zip Code):							
Phone:	Fax:	Email:					
Licensed producer name:				License number:			