



**RIGHT OF WAY PROFESSIONALS
ERRORS & OMISSIONS INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR A POLICY THAT PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS: EXCEPT TO SUCH EXTENT AS MAY BE PROVIDED OTHERWISE IN THE POLICY, THE COVERAGE OF THE POLICY FOR WHICH APPLICATION IS BEING MADE IS LIMITED TO ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURANCE COMPANY WHILE THE POLICY IS IN FORCE. THE LIMITS OF INSURANCE INCLUDE BOTH DAMAGES AND CLAIMS EXPENSES. IF THERE ARE ANY QUESTIONS, PLEASE CONSULT WITH YOUR AGENT, BROKER OR ATTORNEY.

1. Contact Information:

Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Cell: _____ Email: _____
Website Address: _____

2. Provide the Address(es) of all Branch Office(s) and/or subsidiaries. Describe their operations and indicate if coverage is desired. For multiple branches and/or subsidiaries, please attach additional sheets.

Branch Office/Subsidiary: _____
Description of Operations: _____
Street Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

3. The Applicant is: Individual Partnership Corporation Other: _____

4. Date Established: _____

5. Is the Applicant owned, controlled or affiliated with another entity? YES NO
If "Yes", provide full details below.

6. During the past five (5) years, has the name of the Applicant been changed, or has any other business been purchased, merged or consolidated with the applicant? Yes No (If yes, attach details)

7. Total Gross Billings/Receipts: \$ _____ (past fiscal year) \$ _____ (current fiscal year) \$ _____ (estimate next fiscal year)

8. Were more than 50% of Applicant's gross annual billings from any one year derived from a single client or contract?
Yes No (If yes, provide client's name, services rendered and length of contract or expected length of business relationship below)

9. Describe the Applicant's three (3) largest jobs/projects during the past three (3) years and their gross receipts:

Client	Services Rendered	Receipts

10. Does the Applicant secure a written contract or agreement for every project? Yes No
 (If no, attach explanation including how responsibilities are defined between Applicant and Client)

11. Provide a breakdown of the Applicant's staff (including Principals, Partners, Officers):
 Full-Time: ____ Part-Time: ____ Total: ____

12. Of the Applicant's total staff, how many are:
 Principals/Partners/Officers: ____ Professional Staff: ____ Other Employees: ____

13. Provide the following information on all principals and key employees (any additional can be listed on an attachment):

Full Name	Title	Professional Licenses or Designations/Qualifications	Years of Experience	Years with Applicant

*** If business is less than three years old, attach resumes of the principals and key employees ***

14. How many employees (including Principals, Partners, Officers) of the Applicant who are members of IRWA have achieved the status of:

- | | |
|--|---|
| _____ IRWA Member in Good Standing | _____ Senior Right of Way Agent (SR/WA) |
| _____ Appraiser Certified (R/W AC) | _____ Asset (Property) Management Certified (R/W AMC) |
| _____ Environmental Certified (R/W EC) | _____ Negotiation/Acquisition Certified (R/W NAC) |
| _____ Relocation Certified (R/W RC) | |

_____ Other Professional Association Memberships (indentify): _____

_____ Other Professional Credentials/Designations (indentify): _____

15. Indicate as a percentage of last year's gross revenue the Applicant's Right of Way (ROW) and Non-ROW related services. The answers must total 100%. (List any additional services that could not fit in the box below on an attached sheet)

Service	% ROW	% Non ROW	Service	% ROW	% Non ROW
Abstractor			Title/Escrow/Closing		
Project Manager			Real Estate Appraiser		
Property Manager			Real Land Surveyor		
Design Professional			Environmental Consultant (Phase 1)		
Acquisition/Relocation/Nominal Appraisals			Real Estate Development		
Realtor/Broker			Other (identify):		

16. Please check any of the following Project Activities in which the Applicant is involved:

- Roadway Special Authority Railway Utilities Communications Airport

17. Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part time?
 Yes No
 (If yes, provide details below):

18. Are subcontractors used to perform professional services? Yes No (If yes, complete the box below)

Questions	Answers
a. Number of subcontractors hired in the last year:	a.
b. Percentage of receipts derived from subcontractors work:	b.
c. Type of work done by subcontractors:	c.
d. Qualifications required of a subcontractor:	d.
e. Minimum experience of a subcontractor required:	e.
f. Are any subcontractors used outside the U.S.? If yes, what countries?	f.
g. How is the work of subcontractors supervised by the Applicant?	g.
h. Are the subcontractors required to carry their own E&O Insurance?	h.
i. Does Applicant obtain proof of E&O Insurance from every subcontractor?	i.

19. Does the Applicant provide services for any client in which a principal, partner, officer or employee of the Applicant is also a principal, partner, officer, employee or shareholder of said client? Yes No
 (If yes, provide client name, relationship to client and approximate gross annual billings generated from this client below)

20. Has the Applicant had Errors and Omissions (E&O) Insurance previously, either under its existing name, or that of any predecessor in business? Yes No (If yes, provide details of E&O coverage for the past three years in the box below)

Insurer	Policy No.	Limits of Insurance	Deductible	Premium	Policy Period

a) If yes, is that policy a CLAIMS-MADE policy? Yes No
 b) If yes, attach a copy of the expiring Declarations Page and provide the Retroactive (Prior Acts) Date:

21. E&O Limit of Liability desired: \$ _____ / \$ _____ Deductible: \$ _____
 Desired effective date: _____

22. Has any application for this type of insurance by the applicant or their predecessors in business ever been declined, or has any similar insurance ever been cancelled, non-renewed, refused renewal or had special terms imposed? Yes No
 (If yes, provide details on an attachment)

23. Has any claim, suit or demand been made against the Applicant, its predecessor(s) or any past or present owners, officers, principals, partners, directors or employees within the past five (5) years?
 Yes No (If yes, complete a Claim Supplement for **EACH** incident)

24. Having inquired of all principals, partners and officers, is the Applicant aware of any circumstances, allegations or contentions, as to any incident which may result in a claim being made against the Applicant or any past or present principals, partners, officers, employees or predecessors in business? Yes No (If yes, complete a Claim Supplement for **EACH** incident)
25. Please submit the following with this completed application and any supplemental application(s):
- a) Copies of Applicant's company brochures, advertisements and marketing literature
 - b) Copy of Applicant's Standard Contract/Agreement and engagement/proposal letter used with Clients
 - c) Resumes of all Principals, Partners and Key Professional Employees if in business less than 3 years
 - d) Copy of the expiring Errors and Omissions (E&O) Declarations Page
 - e) Any additional information to questions on this application should be printed or typed on the Applicant's company letterhead. Please identify the question number to which you are referring when providing additional information.
26. Does the Applicant currently carry General Liability Insurance? Yes No
27. Does the Applicant desire a quote with General Liability included? Yes No (If yes, complete a General Liability Supplement)

The undersigned authorized representative of the Applicant declares that after reasonable review and inquiry, the statements set forth in this application and any attached addendums/supplements are true and complete to the best of his/her knowledge. Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submit an application or file a claim containing a false or deceptive statement, may be guilty of insurance fraud and subject to fines or imprisonment. The authorized representative also understands that the signing of this application does not bind the company to offer, or the applicant to purchase, any insurance policy. In the event that a policy is issued based upon this application, this application will become a part of the policy.

ARKANSAS FRAUD STATEMENT - 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.

COLORADO FRAUD STATEMENT - 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.

DISTRICT OF COLUMBIA FRAUD STATEMENT - 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.

FLORIDA FRAUD STATEMENT - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY FRAUD STATEMENT - 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.

LOUISIANA FRAUD STATEMENT - 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.

MAINE FRAUD STATEMENT - 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.

MARYLAND FRAUD STATEMENT - 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.

NEW JERSEY FRAUD STATEMENT – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT - 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.

NEW YORK FRAUD STATEMENT – 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.

OHIO FRAUD STATEMENT - 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.

OKLAHOMA FRAUD STATEMENT – 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.

PENNSYLVANIA FRAUD STATEMENT - 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.

RHODE ISLAND FRAUD STATEMENT – Any person who knowingly presents a false or fraudulent claim for a payment of 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.

TENNESSEE, VIRGINIA, WASHINGTON FRAUD STATEMENT - 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.

VERMONT FRAUD STATEMENT – 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.

FRAUD STATEMENT (All other states) - 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.

I understand and agree that this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representations made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the Company providing insurance coverage and its affiliates and its affiliated partners and their employees any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations will not be confined to information submitted in this Application, but will include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that Applicant has not withheld any information which is calculated to influence the judgment of the Company in considering this Application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Signature: _____
Name (Print): _____
Signature: _____
Title: _____
Date: _____

ADDITIONAL INFORMATION

Please use this page to provide the additional information requested to any question on this application. Specify each question to which you refer.

Signature

Date