

HALL & COMPANY

Professional Liability Insurance Brokers

MARINE SURVEYORS, ENGINEERS, CONSULTANTS and/or NAVAL ARCHITECTS PROFESSIONAL LIABILITY INSURANCE

GENERAL INFORMATION

1. Firm Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Principal Contact: _____ Title: _____
Email: _____ Phone: _____
Fax: _____ Website: _____
Firm Is: Corporation Partnership LLC / LLP Sole Proprietorship Joint Venture
Predecessor Firm Name(s): _____
Date original firm commenced operations: _____ Federal Tax ID #- _____

2. How did you hear about our program?
Referral Direct Mail Web Search Conference Email Marketing Renewal Quoted previously

3. Number of Staff:

Principals	Licensed Professionals	Technical	Admin.	Total

4. Has the applicant or any subsidiary in the past three years been involved with, or contemplates in the next 12 months any merger, acquisition or divestment? Yes No

5. Vessels owned, leased or chartered? Yes No

INSURED SERVICES

6. Please select the service(s) performed (including any subsidiary companies) and provide an estimated percentage of the forecasted gross annual income that relates to each service:

Service	Percentage	Appendix Applicable to Service
Marine Consulting		Please ensure you complete Appendix 1
Marine Engineering		Please ensure you complete Appendix 1
Marine Surveying		Please ensure you complete Appendix 1
Naval Architect		Please ensure you complete Appendix 1
Small Craft Surveying		Please ensure you complete Appendix 1
New Building Supervision or Vessel Conversion		Please ensure you complete Appendix 1
Other (Please describe below)		Please ensure you complete Appendix 1

EMPLOYMENT PRACTICES

7. Does the Applicant have a human resources department? Yes No

8. Does Applicant have a human resources manual or equivalent written guidelines? Yes No

9. Does a labor lawyer review the guidelines or procedures? Yes No

10. Is an attorney consulted prior to discharging an employee for cause? Yes No

11. If the applicant does have a human resources manual or equivalent written guidelines, does it contain a policy or procedure for the following:
- | | | | | | |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| a. Hiring/interviewing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Fitness for work | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Terminations, redundancy, and early retirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> | i. Polygraph testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Performance appraisal | Yes <input type="checkbox"/> | No <input type="checkbox"/> | j. Sexual harassment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Discipline | Yes <input type="checkbox"/> | No <input type="checkbox"/> | k. Age discrimination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Grievance procedure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | l. Sexual Discrimination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Drug testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | m. Racial Discrimination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Confidential treatment of medical examinations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | n. Americans with Disabilities Act | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

12. For the past year, indicate number of those who have:

a. Been terminated by the applicant		b. Resigned voluntarily	
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FINANCIAL DETAILS

13. Please complete the tables below:

Note: Gross income = fees and commissions charged to Customers by the Insured, for professional services only. Exclude disbursements paid on behalf of the Customer and any sales of products and installation services.

What is your actual annual gross income for the <u>last twelve months</u> ? (Please state the currency)	What is your forecast gross annual gross income for the <u>next twelve months</u> ?

INSURANCE

14. Does the firm currently carry professional liability insurance? If so, by whom (see chart below) Yes No

Type of Insurance	Company	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Expiration Date	Retroactive Date
Professional Liability							
Workers Compensation/USL&H							
General Liability							
Umbrella							

15. The firm would like a quotation for Professional Liability based on the following limit(s) and deductible(s)

Per Claim Limit	Aggregate Limit	Deductible

16. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes No

17. a) Is your firm a named Insured under a project policy? Yes No

b) If yes, please provide the following information for all projects (If more than one, please attach additional information at the end of the application.):

Carrier	Policy Term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Name
	to	to			

18. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for Professional Liability Insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri) If yes, please provide details below. Yes No

APPENDIX 1: MARINE SURVEYORS, CONSULTANTS and/or NAVAL ARCHITECTS

Please attach details and/or Curricula Vitae outlining the experience and professional qualifications of your principals and key professional staff.

1. Please provide a full and clear description of the activities of your Company for which coverage is required.

2. What is the largest annual income/fee earned from a single client in the last 12 months? _____

3. What percentage of your annual income relates to work in the offshore oil and gas industry? _____ %

4. What percentage of your gross annual income is derived from performing surveys on yachts and/or pleasure craft? _____ %

5. Do you have your on standard trading conditions? If YES, then please provide a copy. Yes No

6. Do you ensure that your standard trading conditions are always provided to a customer before accepting service? Yes No

7. Do you include a disclaimer and liability clause in all your reports or written advice to customers? If YES, then please attach a copy. Yes No

8. Do you issue or carry out any of the following, if so, please attach sample certificates:

Gas free certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Quality or Quantity certificates*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overseeing bunker supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surveying cargo holds for holds for the loading of petroleum.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If yes to either 1 or 2 above, please attach a sample certificate.

CLAIMS DETAILS

In the last five years have any:

- | | | |
|--|------------------------------|-----------------------------|
| a.) Professional indemnity (errors and omissions) claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b.) General third party liability claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c.) Fines or penalties claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d.) Circumstance arisen that could have resulted in any of the above liability claims been made against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to either question, please complete the Claim Reporting Form at www.hallandcompany.com/applications. You will be directed to the applications page when you submit this application.

HALL & COMPANY

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Full name of the entity and / or individual (s) involved in the claim:

Additional defendant(s):

Full name of the claimant(s):

Date of alleged act, error or omission: _____

Name of the insurance company to whom this claim has been reported:

Date Claim was made: _____ Present status of the claim: _____

If claim is closed, please state:

Total Damages paid/outstanding: _____ Defense Expense paid/outstanding: _____

If claim is open, please state:

The maximum amount demanded: _____ Your opinion as to the likely settlement value: _____

Insurance Company loss reserves: _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: _____ Defendant's offer to settle: _____

Defense cost to date: _____

Description of claim:

Name and address of Attorney who provided defense:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

YOUR SIGNATURE AND AUTHORIZATION

Name: _____ Date: _____

Title: _____

Applicant's Signature: _____

To submit the application follow the instructions in the order listed below:

1. Save a copy of the completed form to your computer for your records.
2. Print, sign and mail or fax completed form to Hall & Company.
3. Submit completed electronic form to Hall & Company. When you press the Submit button an e-mail window will open with the application attached. You may attach any additional information at this time.

If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to submittals@hallandcompany.com.

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