



**Architects, Engineers and
Construction Managers**

Program Administered by:

**Professional Coverage
Managers**

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**NEW YORK
SUPPLEMENTAL BRIDGE
APPLICATION**

**NEW YORK
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY AND
ARCHITECTS, ENGINEERS AND CONTRACTORS POLLUTION LIABILITY**

NOTICE

THIS IS AN APPLICATION FOR CLAIMS-MADE INSURANCE. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. GENERAL STAR WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.

THE POLICY IS WRITTEN ON A CLAIMS MADE BASIS. EXCEPT AS MAY OTHERWISE BE PROVIDED THEREIN, THE COVERAGE OF THE POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS, WHICH HAPPENED ON OR AFTER THE RETROACTIVE DATE OR DURING THE POLICY PERIOD, THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE DURING THE POLICY PERIOD, ANY RENEWAL THEREOF, THE AUTOMATIC EXTENDED REPORTING PERIOD OR ANY OPTIONAL EXTENDED REPORTING PERIOD. AFTERWARDS, COVERAGE CEASES.

A POTENTIAL GAP IN COVERAGE MAY ARISE WHEN THE OPTIONAL EXTENDED REPORTING PERIOD IS NOT FOR AN UNLIMITED TIME PERIOD. THE POLICY MAY CONTAIN PROVISIONS (SUBJECT TO A 50% OFFSET), WHICH REDUCE THE LIMITS OF LIABILITY STATED IN THE POLICY BY CLAIM EXPENSES, INCLUDING DEFENSE ATTORNEYS' FEES AND COSTS. THE DEDUCTIBLE MAY BE APPLICABLE (SUBJECT TO A 50% OFFSET) TO CLAIM EXPENSES AND DAMAGES. DURING THE FIRST SEVERAL YEARS OF CLAIMS MADE COVERAGE THE PREMIUM IS LESS THAN COMPARABLE COVERAGE WRITTEN ON AN OCCURRENCE BASIS AND SUBSTANTIAL ANNUAL PREMIUM INCREASES ARE EXPECTED UNTIL THE CLAIMS MADE RELATIONSHIP REACHES MATURITY. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

If you apply for insurance with per claim limits of liability of \$500,000 each claim or greater, please be advised that your policy may contain provisions which reduce the limits of liability stated in the policy by claims expenses, including defense attorney's fees and costs.

SUPPLEMENTAL BRIDGE APPLICATION - Completion Instructions

- Please sign and date clearly. Please DO NOT use pencil
- This Supplement must be signed by principal of the firm
- **FORWARD A COPY OF ALL LETTERHEADS USED BY THE FIRM**

Applicant Firm: _____

By signing this NEW YORK SUPPLEMENTAL BRIDGE APPLICATION, the undersigned, on behalf of the Applicant firm and all persons proposed for coverage, represents and agrees to each of the following five (5) items:

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any professional of the Applicant firm is aware of any actual or alleged act, error, omission or **Personal Injury** that is or might reasonably be expected to result in a **Claim**, and have fully and completely divulged any and all such situations to the Company.
2. This NEW YORK SUPPLEMENTAL BRIDGE APPLICATION, along with the Applicant firm's most recent Architect & Engineers professional liability application and any required additional supplemental applications submitted to and accepted by the Company shall constitute the Application.
3. Each of the statements and answers given in the Application, are:
 - a. Accurate, true and complete to the best of the Applicant firm's knowledge;
 - b. Material to the underwriting of the risk;
 - c. No material facts have been suppressed or misstated;
 - d. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured; and
 - e. A material inducement to the Company to provide insurance and any policy by the Company is issued in specific reliance upon these representations.
4. The Application is hereby deemed to be attached to, and incorporated into, any policy contract that is issued, whether or not any of the applications or supplemental applications comprising the Application are physically attached to a particular copy of the policy contract, and regardless of whether any of them are signed or dated.
5. The Applicant firm agrees to promptly report to the Company, in writing, any material change in its operations, conditions, or answers provided in the Application that may occur or be discovered after the completion date of the Application, but before the inception date of the policy issued by the Company. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance, including any bound coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT FIRM'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

Fraud Warning -- New York Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a 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 \$5,000, and the stated value of the claim for each such violation.

NOTICE – State Insurance Guarantee Fund

General Star National Insurance Company is an “admitted” or “licensed” insurer in all states (except Connecticut, where General Star Indemnity Company is “admitted” or “licensed”), subject to the financial solvency Regulation and enforcement which applies to licensed companies. This insurance company participates in state insurance guarantee funds.

General Star Indemnity Company is approved as a nonadmitted or surplus lines insurer in all states (except Connecticut, where General Star National Insurance Company is a surplus lines insurer). This surplus lines company does NOT participate in state insurance guarantee funds.

IMPORTANT NOTICE: Failure of the Applicant firm to report any claim, or any act, error, omission or personal injury that might reasonably be expected to result in a claim against the Applicant firm or its professionals, to its current insurance company BEFORE expiration of its current policy term may create a lack of coverage.

SUBMITTING THIS FORM AND/OR TENDERING PREMIUM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

An authorized representative who is an active owner, officer, or partner of the Applicant firm must sign this Application within thirty (30) days prior to the policy inception date.

_____ Signature of Owner, Officer or Partner	_____ Date
_____ Print or Type Name and Title	
Producer:_____	
Code:_____	Address:_____
City:_____	State:_____ Zip
_____	Code:_____