GeneralStar™

Architects, Engineers and Construction Managers

Program Administered by:

Professional Coverage Managers

132 Nassau St., Suite 600
New York, NY. 10038-2863
212-344-8200

SUPPLEMENTAL BRIDGE APPLICATION

(Any state, *EXCEPT* New York)

THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE.

THE POLICY IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED BY "CLAIM EXPENSES". "CLAIM EXPENSES" ALSO MAY BE APPLIED AGAINST THE DEDUCTIBLE. 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 OPTIONAL 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. PLEASE DISCUSS THE COVERAGE AND ANY QUESTION WITH YOUR INSURANCE AGENT.

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 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 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 that 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

Notice to Applicants of all states except Colorado, Louisiana, Ohio and Pennsylvania:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants:
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 Louisiana Applicants:
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 Ohio Applicants – Fraud Prevention:
Any person who, with the 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.

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NOTICE – STATE INSURANCE GUARANTEE FUNDS

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.

Notice to California Applicants:

NOTICE:

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: *WWW.INSURANCE.CA.GOV*.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-HELP (4357).
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Notice to Rhode Island Applicants:

NOTICE

THIS INSURANCE CONTRACT THAT YOU ARE APPLYING TO PURCHASE, OR, IF APPLICABLE, HAVE PURCHASED, HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

Notice to South Carolina Applicants:

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

Notice to Virginia Applicants:

STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
RULES GOVERNING SURPLUS LINES INSURANCE
VIRGINIA FORM SLB-9
DATE _____

Applicant/Insured _____
Name of Non-Admitted Insurer (If available) _____
Policy No. _____

NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (ss 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

_____
(Name of Surplus Lines Broker)

_____
(License Number)

_____
(Broker's Mailing Address)

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:_____

