



PROFESSIONAL LIABILITY RENEWAL PROPOSAL FORM

Name of Company: _____

Street Address: _____

City, State, Zip: _____

Internet Web Site Address: _____ E-mail Address: _____

Nature of Business: _____

Years in Operation: _____ Phone Number: _____ Fax Number: _____

Number of Business Locations: _____

1. Total number of:
(a) full time employees: _____ (b) part time employees: _____ (c) leased/contract employees: _____

2. Does the Company make use of independent contractors? Yes _____ No _____
If "Yes", what percent of revenues are derived from their use? _____

3. Total revenues for the most recent year-end: _____ Expected revenues for current year: _____

4. Are there any planned transactions or events that would significantly increase the number of employees stated above? [] Yes [] No
If "Yes", provide details in an attachment to this Proposal Form.

5. Please check the services provided by the Company and the approximate gross revenues derived from each last year.

Occupational Safety _____ Risk Management _____
Fire Protection Engineering _____ Industrial Hygiene _____
Design Failure Testing _____ Mechanical Design & Planning _____
Environmental/Pollution _____ Other (explain) _____
Phase I _____
Phase II _____
Phase III _____

6. In the past year, has the Company been involved in any Superfund or other government agency work? [] Yes [] No
If "Yes", provide details in an attachment to this Proposal Form.

7. Please provide information on all NEW owners, officers, practicing consultants and general staff.
Name Position/Title Licenses # of Years Licensed

8. Have there been during the last year, or are there now pending, any allegations of errors and omissions in the performance of professional services contained in any civil, criminal, administrative or arbitration proceedings brought against:
(a) the Company or its Subsidiaries? [] Yes [] No
(b) any person proposed for this insurance in their capacity as an employee of the Company? [] Yes [] No
If "Yes" to either of the above, in an attachment to this Proposal Form, provide details including the nature of the allegations, the date the proceeding was initiated, the current status and loss (including defense costs) incurred.

9. a. What percentage of services are performed pursuant to written contracts or agreements? _____
Please provide a copy of such contract or agreement as an attachment to this Proposal Form if this is different from the information contained in last year's application.
- b. Does the Company make use of disclaimers in documents provided to customers or clients? Yes No
10. a. Do you use a standard proposal letter? If yes, please attach a copy. Yes No
- b. Do you ever deviate from your standard proposal letter or contract? Yes No
If "Yes", please provide a detailed explanation or copies of the deviations.
11. a. Do you accept assignments that require you (or your designee) to be on site for the duration of a project? Yes No
- b. Do you accept project safety management assignments? Yes No
A "yes" response to either of these questions will necessitate the completion of a supplemental application.
12. Is the undersigned or any other person proposed for this insurance aware of any fact, circumstance or situation involving the Company or its Subsidiaries or any employees of the Company or its Subsidiaries which he or she has reason to believe might result in any future Claim under the Policy to which this Proposal Form will be attached? Yes No
If "Yes", please provide details in an attachment to this Proposal Form.

The undersigned Officer of the Company declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal Form. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Proposal Form and the effective date of the Policy, which would render this Proposal Form inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

It is agreed by the Company and the Insured Persons that the particulars and statements contained in this Proposal Form and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further understood and agreed by the Company and the Insured Persons that the statements in this Proposal Form or any information provided herewith are their representations, they are material, and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Proposal Form, any misstatement or omission in this Proposal Form or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or his or her cognizance of any matter which he or she has reason to believe might afford grounds for a future Claim against him or her shall not be imputed to any other Insured for purposes of determining the validity of this Policy as to such other Insured.

This Proposal Form must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer or Chief Financial Officer of the Company.

Signature Title Date

Please include a copy of the Company's most recent annual report for the Company. This material will be considered part of the Proposal Form.

NOTE: This Proposal Form including any material submitted herewith shall be treated in strictest confidence.

Please submit this Proposal Form including appropriate documentation to:

**Great American Insurance Company
Executive Liability Division
1515 Woodfield Road, Suite 500
Schaumburg, IL 60173**