

Application for Architects and Engineers Professional Liability Policy (Claims-Made Coverage)

FIRM INFORMATION

1) Full Legal Name of Applicant(s) and/or Firms:

2) Primary Location Street Address:

Mailing Address: Same as primary location street address. If not, please provide mailing address below:

3) List Branch Locations (if any): Location(s):

4) Federal Identification No:

5) Website Address:

6) When was Firm established

7) Firm is a:

<input type="radio"/> Sole Proprietorship	<input type="radio"/> Professional Corporation
<input type="radio"/> Partnership	<input type="radio"/> LLC
<input type="radio"/> Corporation	<input type="radio"/> Other - Please Describe <input type="text"/>

8) Has the name of the firm been changed, has any other business been purchased, any merger or consolidation taken place or are any such changes planned within the next 12 months? If yes, please provide details below: YES NO

9) Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? If Yes, please provide details below: YES NO

10) To what professional associations does the Applicant belong?

	#Licensed	#Unlicensed		#Licensed	#Unlicensed
Principals, Partners, Officers and Directors	<input type="text"/>	<input type="text"/>	Draftsmen, Programmers and other Technical Personnel	<input type="text"/>	<input type="text"/>
Architects, Landscape Architects	<input type="text"/>	<input type="text"/>	Construction Personnel	<input type="text"/>	<input type="text"/>
Land Surveyors, Engineers	<input type="text"/>	<input type="text"/>	Clerical, Accounting, Non-Technical	<input type="text"/>	<input type="text"/>
Information Technology	<input type="text"/>	<input type="text"/>	Total Staff	<input type="text"/>	<input type="text"/>

12) Please provide the following information of the Applicant's key employees:

Principals, Partners, Officers and Directors	Professional Qualifications/ Date Qualified	How Long in Practice	How Long as Partners/ Principals/Officers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13) Have any Principals, Partners, Officers or Directors of your Company ever been subject to disciplinary action by authorities as a result of their professional activities? If Yes, please give full details: YES NO

14) Has Applicant, related entity, subsidiary or predecessor in interest ever filed for bankruptcy under Chapter 7 or Chapter 11 or do they have plans to file bankruptcy under Chapter 7 or Chapter 11? If Yes, please provide details: YES NO

SERVICES INFORMATION

15) a. Please describe in detail the operations of your company:

b. Please describe in detail the Professional services for which coverage is desired:

16) Please indicate the percentage of the following disciplines or services in which the Applicant is engaged: (Total must equal 100%)

Acoustical Engineering	<input type="text"/>	%	Construction Management - At Risk (Insured Acts as GC)	<input type="text"/>	%
Archeology	<input type="text"/>	%	Construction Materials Testing	<input type="text"/>	%
Architecture	<input type="text"/>	%	Crane Inspection and/or Design	<input type="text"/>	%
Aerospace Engineering	<input type="text"/>	%	Curtain Wall or Glazing Design/Consulting	<input type="text"/>	%
Automotive Engineering	<input type="text"/>	%	Drafting	<input type="text"/>	%
Building Inspection	<input type="text"/>	%	Electrical Engineering	<input type="text"/>	%
Chemical Engineering	<input type="text"/>	%	Elevator Inspection/Design/ Consulting	<input type="text"/>	%
Civil Engineering	<input type="text"/>	%	Environmental Consulting	<input type="text"/>	%
Communication Systems Design	<input type="text"/>	%	Environmental Engineering	<input type="text"/>	%
Construction Management - Agency (Owners Rep)	<input type="text"/>	%	Environmental Testing Laboratory	<input type="text"/>	%

Question 16 - Continued:

Forensic Engineering/Expert Witness Services	<input type="text"/>	%	Petroleum Engineering	<input type="text"/>	%
Fire Sprinkler/Alarm System Design	<input type="text"/>	%	Plumbing System Design	<input type="text"/>	%
Fire Sprinkler/Alarm Inspection Services	<input type="text"/>	%	Process or Control Systems Engineering	<input type="text"/>	%
GeoTech/Soil Engineering & Testing	<input type="text"/>	%	Product Design for 3rd Parties	<input type="text"/>	%
HVAC Engineering	<input type="text"/>	%	Roof Inspection	<input type="text"/>	%
Hydrology	<input type="text"/>	%	Safety Consulting on Construction Project Sites	<input type="text"/>	%
Interior Design	<input type="text"/>	%	Shoring or Scaffolding Design/Consulting	<input type="text"/>	%
Land Surveying	<input type="text"/>	%	Solar/Photovoltaic Power Engineering	<input type="text"/>	%
Landscape Architecture/Design	<input type="text"/>	%	Structural Engineering	<input type="text"/>	%
LEED Certification Consulting	<input type="text"/>	%	Telecommunications Engineer/Consultant	<input type="text"/>	%
Lighting Design	<input type="text"/>	%	Testing Lab Services	<input type="text"/>	%
Machine/Equipment Design	<input type="text"/>	%	Traffic Planning	<input type="text"/>	%
Marine Surveying or Engineering	<input type="text"/>	%	Transportation Engineering	<input type="text"/>	%
Mechanical Engineering	<input type="text"/>	%	Underground Utility Locating	<input type="text"/>	%
Mining Engineering	<input type="text"/>	%	Urban Planning	<input type="text"/>	%
Naval Architecture	<input type="text"/>	%	Water/Wastewater/ Engineering or Consulting	<input type="text"/>	%
Nuclear Engineering	<input type="text"/>	%	Other	<input type="text"/>	%
Pavement Engineering/Design	<input type="text"/>	%			

17) Please provide a breakdown of the applicant's services by geographic area:

	Percentage	
Local	<input type="text"/>	%
Regional	<input type="text"/>	%
National	<input type="text"/>	%
International	<input type="text"/>	%

Which States?

Which Countries?

18) Does the Applicant, any subsidiary, parent or otherwise related entity provide any of the following services , or do they hire subcontractors to perform the following services on their behalf?

- | | | |
|---|---------------------------|--------------------------|
| a. Construction, installation, erection or fabrication | <input type="radio"/> YES | <input type="radio"/> NO |
| b. Real Estate Development or Sales | <input type="radio"/> YES | <input type="radio"/> NO |
| c. Manufacture, sale, lease or distribution of any product , or patented production process | <input type="radio"/> YES | <input type="radio"/> NO |
| d. The development, sale or leasing of computer software or hardware to others | <input type="radio"/> YES | <input type="radio"/> NO |
| e. Foundation or Shoring Projects | <input type="radio"/> YES | <input type="radio"/> NO |
| f. Environmental Impact Projects | <input type="radio"/> YES | <input type="radio"/> NO |

Question 18 - Continued

- g. LEED Projects YES NO
- h. Alternative Energy/Fuel Projects YES NO
- i. Offshore Projects YES NO
- j. Underground Storage Tanks YES NO

If Yes, please provide details:

19) Please indicate the approximate percentage of revenues derived from the following types of services: (Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design %
- b. Design without supervisory services %
- c. Design & Observation %
- d. Construction observation without design %
- e. Construction Administrative Services %
- f. Construction Stake-out %
- g. Boundary Surveys %
- h. Other %

20) Is your company a:
 General Contractor? YES NO
 Specialty Contractor? YES NO

21) Do you use subcontractors/subconsultants? YES NO

If Yes, what percentage of your revenue is attributed to subcontractor costs?

What percentage of your projects require your use of subcontractors?

What type of work is being subcontracted?

What percentage of subcontractors sign a contract with you? (Please attach sample of subcontractor contract)

Do you obtain evidence of Insurance for:

Professional Liability YES NO Limits Required

General Liability YES NO Limits Required

22) Does the Applicant provide professional services on projects in which any Principal, Partner, Officer, Director or shareholder or an immediate family member of such person retains any ownership interest? YES NO

If Yes, please provide details including a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds:

PROJECT AND CLIENTS INFORMATION

23) Please indicate the approximate percentage of revenues derived from each project type: (Total Must Equal 100%)

	<u>Last 12 Months</u>	<u>Est Next 12 Months</u>		<u>Last 12 Months</u>	<u>Est Next 12 Months</u>
Airport Terminals/Passenger Terminals	<input type="text"/>	<input type="text"/>	%	Parks/Playgrounds/Skate Parks	<input type="text"/>
Airport Runways/Taxiways	<input type="text"/>	<input type="text"/>	%	Parking Structures	<input type="text"/>
Amusement Rides	<input type="text"/>	<input type="text"/>	%	Petrochemical/Refineries	<input type="text"/>
Apartments (not including Condo Conversions)	<input type="text"/>	<input type="text"/>	%	Pre-Engineered Structures	<input type="text"/>
Arenas/Stadiums/Convention Centers	<input type="text"/>	<input type="text"/>	%	Power Plants/Utilities	<input type="text"/>
Automotive/Vehicles	<input type="text"/>	<input type="text"/>	%	Roads/Highways	<input type="text"/>
Biofuel Plants	<input type="text"/>	<input type="text"/>	%	Schools/Colleges	<input type="text"/>
Bridges	<input type="text"/>	<input type="text"/>	%	Sewage Systems	<input type="text"/>
Churches	<input type="text"/>	<input type="text"/>	%	Sewage Treatment Plants	<input type="text"/>
Commercial Condominiums	<input type="text"/>	<input type="text"/>	%	Ships/Vessels	<input type="text"/>
Condominiums or Condo Conversions	<input type="text"/>	<input type="text"/>	%	Shopping Centers/Retail/Restaurants	<input type="text"/>
Custom Homes	<input type="text"/>	<input type="text"/>	%	Single Family Dwellings (Other than Custom Homes)	<input type="text"/>
Dams/Reservoirs/Levees	<input type="text"/>	<input type="text"/>	%	Solar/Wind - Alternative Energy	<input type="text"/>
Geothermal Systems	<input type="text"/>	<input type="text"/>	%	Superfund/Pollution	<input type="text"/>
Harbors/Piers/Ports	<input type="text"/>	<input type="text"/>	%	Telecommunication/Cell Sites/Cell Towers	<input type="text"/>
Hospitals/Healthcare	<input type="text"/>	<input type="text"/>	%	Theme Parks	<input type="text"/>
Hotels/Motels	<input type="text"/>	<input type="text"/>	%	Townhomes	<input type="text"/>
Industrial Waste Treatment	<input type="text"/>	<input type="text"/>	%	Tract homes/Subdivisions	<input type="text"/>
Jails/Justice	<input type="text"/>	<input type="text"/>	%	Tunnels	<input type="text"/>
Landfills/ Solid Waste Facilities	<input type="text"/>	<input type="text"/>	%	Warehouses	<input type="text"/>
Libraries	<input type="text"/>	<input type="text"/>	%	Water or Waste Water Treatment Systems	<input type="text"/>
Manufacturing/Industrial	<input type="text"/>	<input type="text"/>	%	Water Features and Fountains	<input type="text"/>
Mass Transit/Light Rail/Subway	<input type="text"/>	<input type="text"/>	%	Water Slides	<input type="text"/>
Mines/Quarries	<input type="text"/>	<input type="text"/>	%	Water Systems	<input type="text"/>
Nuclear Facilities	<input type="text"/>	<input type="text"/>	%	Other <input type="text"/>	<input type="text"/>
Office Buildings/Banks	<input type="text"/>	<input type="text"/>	%	Other <input type="text"/>	<input type="text"/>
On Base Military Housing	<input type="text"/>	<input type="text"/>	%		

24) What is the percentage of your projects delivered through the following methods?

Design, Bid, Build %
 Designer Led Design Build % If this method is used, are you ever the lead designer? YES NO If Yes %
 Contractor Led Design Build %

25) Please include a list of the applicants firm's five largest jobs or projects during the past three years:

Project/Client Name	Nature of Services	Revenues for this Project	Dates of Project

26) In the last 10 years, have you ever provided services on subdivisions, tract homes, custom homes, single family dwellings or residential condominium projects? YES NO

If Yes, please provide details:

27) Types of Clients:

Contractors	<input type="text"/>	%	Institutional	<input type="text"/>	%	Residential Property Owners	<input type="text"/>	%
Commercial Property Owners	<input type="text"/>	%	Local Government	<input type="text"/>	%	State Government	<input type="text"/>	%
Federal Government	<input type="text"/>	%	Other Design Professional	<input type="text"/>	%	Other	<input type="text"/>	%
Industrial	<input type="text"/>	%	Real Estate Developers	<input type="text"/>	%			

REVENUE INFORMATION

	<u>3 Years Ago</u>	<u>2 Years Ago</u>	<u>Previous 12 Months</u>	<u>Estimated for Next 12 Months</u>
28) a. Total Gross Revenue for all Operations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Design/Build (Responsible for both the design and the construction/installation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Design Only (No responsibility for construction/installation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Construction Only (No responsibility for Design)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other Professional Fees: (Describe)	<div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div>			
f. Total Construction Values	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RISK MANAGEMENT INFORMATION

- 29) What percentage of your firm's projects use written contracts? %
- 30) What percentage of your contracts are your standard contract or professional association contract versus your client contracts? %
- 31) What percentage of client generated contracts or revised contract provisions are reviewed by your legal counsel? %
- 32) What percentage of your contracts with clients contain a customized scope of services? %
- 33) Do you have a documented peer review process? YES NO
- 34) What percentage of client deliverables undergo an internal peer review prior to delivery? %
- 35) Has your firm participated in a peer review or risk review? YES NO
 If Yes, please identify the date:
- 36) Does your firm have practices in place to handle conflicts, changes in site conditions, errors, omissions, and/or change orders? YES NO
- 37) Do you have a full-time business manager separate from the design principals? YES NO
- 38) Does the applicant have:
- a. An in-house continuing education program for professional employees? YES NO
 - b. Procedures to evaluate and screen potential new clients? YES NO
 - c. Procedures for monitoring and collecting outstanding fees? YES NO
- 39) Name of the person responsible for risk management? E-mail Address
 Phone Number

COVERAGE INFORMATION

40) Please detail prior Architects and Engineers Professional Liability Coverage for the last FIVE YEARS starting with the most current year.

<u>Insurance Company</u>	<u>Premium</u>	<u>Limits</u>	<u>Deductible</u>	<u>Policy Period</u>	<u>Retro Date</u>

41) Is the Applicant currently insured under a Comprehensive General Liability Policy?

YES NO

If Yes, please give details:

Insurance Company	Type of Coverage	Premium	Limits	Effective From/To

42) Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused?

YES NO

If Yes, please provide details:

43) Has any claim ever been made against the firm or any Principals, Partners, Officers or Directors?

YES NO

If Yes, please complete the Supplemental Claim Information Form with your submission of this application.

[Form Link](#)

44) After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them?

YES NO

If Yes, please provide details:

If Yes, have these issues been reported to your carrier?

YES NO

45) Does the Applicant have any pending disputes concerning the payment of fees to you for services or products rendered?

If Yes please provide details:

YES NO

46) Has the Applicant testified, provided expert testimony or given a deposition or statement in any dispute or proceedings where a claim has been made or suit filed against any party to the work or project where you provided any services or products?

If Yes please provide details:

YES NO

CONTRACTOR'S POLLUTION LIABILITY INFORMATION

Not Applicable

47) Does your company have written policies and procedures for complying with OSHA, health, safety, training and medical monitoring requirements? YES NO

48) Does your company have written health and safety manuals? YES NO

If Yes, when were they last updated?

49) Does your company carry Contractor's Pollution Liability coverage? YES NO

If Yes, please provide the following information:

Name of Insurer	Limits of Liability	Deductible	RetroActive Date	Annual Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

50) Is your company responsible for removing or transporting waste from job sites? YES NO

If Yes please provide details:

51) Does your company subcontract the disposal and/or transportation of waste? YES NO

If Yes please provide details:

52) Is your company ever responsible for excavating, testing or sampling? YES NO

If Yes, please provide complete details:

53) Does your company subcontract excavation, testing or sampling? YES NO

If Yes, please provide complete details:

54) Have you ever had a pollution incident? YES NO

If Yes, please provide complete details:

Please include the following information with this application:

- * Currently valued carrier loss runs for all years you have carried professional liability insurance.
- * Resumes on principals of firm.
- * Copy of standard contract used with clients.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Date Signed:

Title

If you prefer not to return application with an electronic signature, please print and sign Below:

Signature of Applicant or Authorized Representative

Date Signed:

Title