

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION AND GENERAL LIABILITY APPLICATION

SECTION I – INTRODUCTION

1. Full Name of Applicant:
(Include all prior names, DBAs and subsidiaries seeking coverage under the policy for which you are applying)

2. Applicant’s Address (include mailing address if different than physical address):

3. Website Address(es):
4. Date Established (mm/dd/yy):
5. FEIN:
6. Have you experienced any mergers, acquisitions, or divestitures in the last 5 years? Yes No
 Do you plan on any within the next 12 months? Yes No
 If Yes to either of the above, provide complete details:

SECTION II – GETTING TO KNOW YOU

7. Provide a breakdown of revenues:

| | Estimated Next 12 Months | Previous 12 Months | 2 Years Ago | 3 Years Ago |
|--|--------------------------------|-----------------------|----------------|----------------|
| Design/Build (Responsible for both design and construction/installation) | \$ | \$ | \$ | \$ |
| Design Only (No responsibility for construction/installation) | \$ | \$ | \$ | \$ |
| Construction Only (No responsibility for Design) | \$ | \$ | \$ | \$ |
| Total Construction Values | \$ | \$ | \$ | \$ |
| Other Professional Fees: | | | | |
| | \$ | \$ | \$ | \$ |
| Total Gross Revenue for all Operations | \$ | \$ | \$ | \$ |

8. Provide the percentage (%) of Total Revenue attributed to foreign locations/operations: %
 If greater than 0%, provide details including list of countries, number of employees in each and percentage of revenue associated with each country:

9. Indicate the percentage of revenue for the following disciplines or services in which the applicant is engaged:

| | | | |
|--|---|---|-------------|
| Acoustical Engineering | % | Land Surveying | % |
| Aerospace Engineering | % | Landscape Architecture/Design | % |
| Archeology | % | LEED Certification Consulting | % |
| Architecture | % | Lighting Design | % |
| Automotive Engineering | % | Machine/Equipment Design | % |
| Building Inspection | % | Marine Surveying or Engineering | % |
| Chemical Engineering | % | Mechanical Engineering | % |
| Chemists/Scientists/Geologists | % | Mining Engineer | % |
| Civil Engineering | % | Naval Architecture | % |
| Communication Systems Design | % | Nuclear Engineering | % |
| Construction Management – Agency (Owners Rep) | % | Pavement Engineering | % |
| Construction Management – At Risk (Insured Acts as GC) | % | Petroleum Engineering | % |
| Construction Materials Testing | % | Plumbing System Design | % |
| Crane Inspection and/or Design | % | Process or Control Systems Engineering | % |
| Curtain Wall or Glazing Design/Consulting | % | Product Design for Third Parties | % |
| Drafting | % | Roof Inspection | % |
| Electrical Engineering | % | Safety Consulting on Construction Project Sites | % |
| Elevator Inspection/Design/Consulting | % | Shoring or Scaffolding Design/Consulting | % |
| Environmental Consulting | % | Solar/Photovoltaic Power Engineering | % |
| Environment Engineering | % | Structural Engineering | % |
| Environmental Testing Laboratory | % | Telecommunications Engineer/Consultant | % |
| Forensic Engineering/Expert Witness Services | % | Testing Lab Services | % |
| Fire Sprinkler/Alarm System Design | % | Traffic Planning | % |
| Fire Sprinkler/Alarm System Inspection | % | Transportation Engineering Underground | % |
| Geo Tech/Soil Engineering & Testing | % | Utility Locating | % |
| HVAC Engineering | % | Urban Planning | % |
| Hydrology | % | Water/Wastewater Engineering or Consulting | % |
| Inspection/Certification Services | % | Other: | % |
| Interior Design | % | Total Must Equal | 100% |

10. Indicate the percentage of revenue derived from each project type:

| | Last 12 Months | | Last 12 Months |
|--|----------------|---|----------------|
| Agriculture/Farming | % | Petro/Chemical/Refineries | % |
| Airports | % | Pipelines | % |
| Amusement Rides | % | Power Plants/Utilities | % |
| Apartments (not incl. Condo Conversions) | % | Pre-Engineered Structures | % |
| Arenas/Stadiums/Convention Centers | % | Residential Condominiums/Condominium Conversions | % |
| Bridges | % | Residential Custom Homes/Single Family Dwellings | % |
| Churches and Religious Facilities | % | Residential Townhomes | % |
| Dams/Reservoirs/Levees | % | Residential Tract Homes/Subdivisions | % |
| Foundations | % | Retail/Restaurant/Shopping Centers | % |
| Geothermal Systems | % | Roads/Highways | % |
| Government/Public Buildings | % | Schools/Colleges | % |
| Harbors/Piers/Ports | % | Sewage Systems | % |
| Hospitals/Healthcare/Assisted Living | % | Sewage Treatment Plants | % |
| Hotels/Motels | % | Solar/Wind – Alternative Energy | % |
| Industrial Waste Treatment | % | Renewable & Fossil – Alternative Energy | % |
| Jails/Justice | % | Superfund/Pollution | |
| Landfills | % | Underground Storage Tanks and Removal Transpiration and Disposal of Waste or Hazardous Material | % |
| Libraries | % | Telecommunication/Cell Sites/Towers | % |
| Manufacturing/Industrial | % | Theme Parks | % |
| Mass Transit/Light Rail/Subway | % | Tunnels | % |
| Mines/Quarries | % | Warehouses | % |
| Mixed Use (No Condos) | % | Water/Wastewater Treatment Systems | % |
| Mixed Use with Condos | % | Water Features and Fountains | % |
| Nuclear Facilities | % | Water Slides | % |
| Office Buildings | % | Water Systems | % |
| Offshore Structures | % | Other: | % |
| Parks/Playgrounds/Skate Parks | % | Other: | % |
| Parking Structures | % | Total Must Equal | 100% |

11. Indicate the approximate percentage of revenues derived from the following types of services:

- a. Feasibility studies, reports, surveys where applicant is not involved in design %
- b. Design without supervisory services %
- c. Design and observation %
- d. Construction observation without design %
- e. Construction administrative services %
- f. Construction stake-out %
- g. Boundary Surveys %
- h. Other: %

12. What is the percentage of your products 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, provide the percentage of Contractor Led Design Build %

13. Include a list of the applicant firm’s five largest projects during the past three (3) years:

| Project/Client Name | Nature of Services | Revenues for this Project | Dates of Project |
|---------------------|--------------------|---------------------------|------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

14. In the last ten (10) years, have you ever provided services on subdivisions, tract homes, custom homes, single family dwellings or residential condominium projects? Yes No

If Yes, provide details:

15. Types of Clients:

| | | | |
|---------------------------|---|-----------------------------|-------------|
| Contractors | % | Other Design Professionals | % |
| Commercial Property | % | Real Estate Developers | % |
| Owners Federal Government | % | Residential Property Owners | % |
| Industrial | % | State Government | % |
| Institutional | % | Other: | % |
| Local Government | % | Total Must Equal | 100% |

16. Does the applicant, subcontractors, any subsidiary, parent or otherwise related entity provide any of the following services?

- a. Construction, installation, erection or fabrication Yes No
- b. Real estate development or sales Yes No
- c. Manufacture, sale, lease or distribution of any product, or patented production process Yes No
- d. The development, sale or leasing of computer software or hardware to others Yes No
- e. Environmental impact projects Yes No
- f. LEED projects Yes No
- g. Removal, transportation, or disposal of waste or **hazardous material** Yes No

If Yes to any, provide details:

17. Is your company a:

- General Contractor? Yes No
- Specialty Contractor? Yes No

18. Do you use subcontractors/sub consultants? Yes No
- If Yes, what percentage of your revenue is attributed to subcontractor costs? %
- What percentage of your projects require use of subcontractors? %
- What type of work is being subcontracted?
- What percentage of subcontractors sign a contract with you? %

Attach a sample of subcontractor contract.

Do you obtain evidence of insurance for:

- Professional Liability Yes No
 Limits Required:
- General Liability Yes No
 Limits Required:

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

20. To what professional associations does the applicant belong?

21. Number of Staff:

| | Number Licensed | Number Unlicensed |
|--|-----------------|-------------------|
| Principals, Partners, Officers and Directors | | |
| Architects, Landscape Architects | | |
| Land Surveyors, Engineers | | |
| Information Technology | | |
| Draftsmen, Programmers and other Technical Personnel | | |
| Construction Personnel | | |
| Clerical, Accounting, Non-Technical | | |
| Total Staff | | |

22. 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 |
|--|--|----------------------|--|
| | | | |
| | | | |
| | | | |

23. 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? Yes No
- If Yes, provide full details:

24. Has the 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 either? Yes No
 If Yes, provide details:

SECTION III – RISK MANAGEMENT INFORMATION

25. What percentage of your firm’s projects use written contracts? %
26. What percentage of your contracts are your standard contract or professional association contract versus your client contracts? %
27. What percentage of client generated contracts or revised contract provisions are reviewed by your legal counsel? %
28. What percentage of your contracts with clients contain a customized scope of services? %
29. Do you have a documented peer review process? Yes No
30. What percentage of client deliverables undergo an internal peer review prior to deliver? %
31. Has your firm participated in a peer review or risk review? Yes No
- If Yes, identify the date:
32. Does your firm have practices in place to handle conflicts, changes in site conditions, errors, omissions, and/or change orders? Yes No
33. Do you have a full-time business manager separate from the design principals? Yes No
34. 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
35. Name of the person responsible for risk Management?
 Email: Phone Number:

SECTION IV – COVERAGE HISTORY

36. Provide details of your most recent coverage for Professional Liability, Cyber Liability and General Liability. Attach copies of expiring Declarations pages evidencing prior limits and retroactive dates.

| | Carrier | Limit | Deductible | Policy Term | Retroactive Date |
|------------------------|---------|-------|------------|-------------|------------------|
| Professional Liability | | | | | |
| Cyber Liability | | | | | |
| General Liability | | | | | |

*If General Liability is purchased, is it on: Claims Made CGL Form Occurrence CGL Form

37. Are you interested in a quote for General Liability? Yes No
 If Yes, complete the [Admiral General Liability Supplement](#) below or submit a signed GL Acord Application.

38. Is the applicant currently insured for Pollution Liability coverage (either combined with Architects and Engineers or standalone)? Yes No

SECTION V – CLAIMS HISTORY

39. Has any application for Architects & 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 and renewal refused? Yes No
If Yes, provide details:

40. Has any claim ever been made against the firm or any Principals, Partners, Officers or Directors? Yes No
If Yes, complete the [Supplemental Claim Information Form](#) for each claim.

41. Has any Pollution incident or claim ever been made against the firm or any Principals, Partners, Officers or Directors? Yes No
If Yes, provide details:

42. 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, provide details:

If Yes, have these matters been reported to your carrier? Yes No

43. Does the applicant have any pending disputes concerning the payment of fees to you for services or products rendered? Yes No
If Yes, provide details:

44. 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 part to the work or project where you provided any services or products? Yes No
If Yes, provide details:

Attach the following information:

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

GENERAL LIABILITY SUPPLEMENTAL APPLICATION

If you want GL coverage, complete the following or submit a signed GL Acord Application.

SECTION I – YOUR LOCATIONS

IF YOU HAVE MORE THAN FIVE (5) LOCATIONS, PROVIDE A SPREADSHEET WITH THE INFORMATION BELOW FOR EACH LOCATION.

1.

| Loc # | Facility Name | Address | Description / Use | Square Footage | How many other occupants do you share the building with? |
|-------|---------------|---------|-------------------|----------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

SECTION II – FIRE-LIFE SAFETY INFORMATION

2. Are all of your locations equipped with:

- | | | |
|---|-----|----|
| a. Complete sprinkler system? | Yes | No |
| b. At least two clearly marked exits on each floor? | Yes | No |
| c. Smoke detectors? | Yes | No |
| d. Emergency electrical system? | Yes | No |
| e. Heat sensors? | Yes | No |
| f. Fire escape(s)? | Yes | No |
| g. Posted emergency evacuation procedures? | Yes | No |
| h. Properly maintained fire extinguishers? | Yes | No |

SECTION III – CLAIMS

PROVIDE 5 YEARS OF CURRENTLY VALUED LOSS RUNS.

- | | | |
|--|----------------|--------|
| 3. Has any General Liability claim or suit been brought against you and/or any of your employees? If Yes, complete a Supplemental Claim Information Form for each and every claim or suit. | Yes | No |
| 4. Are any persons or entities proposed for this insurance aware of any fact, circumstance, or situation which may result in a GL claim, and has not been reported to your current GL insurance carrier? If Yes, provide details: | None to Report | Yes No |
| 5. Are you aware of any incident, condition, circumstance, defect or suspected defect in any product, which may result in a claim or claims against you that are not listed above? If Yes, provide details: | None to Report | Yes No |

NOTICE TO APPLICANT: By signing this application you agree the answers you give us in this application and any other information you give us as part of the application process are:

- 1. Accurate & Complete.**
- 2. Given to us to issue you an insurance policy.**
- 3. Material to our decision-making process in issuing you an insurance policy.**
- 4. A significant part of what we relied upon in making our decision in issuing you an insurance policy.**
You must agree to notify us, through your insurance brokerage, if during the policy term any material changes to your operations occur.

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT 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.

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 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:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.