



ARCHITECTS AND ENGINEERS PROJECT SPECIFIC PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

SECTION I – GENERAL INFORMATION

1) Name (Full Legal Name) of Design Firm seeking coverage:

*If coverage is desired for the Entire Design Team, please complete question 23 of this application fully.

2) Address:

3) Website:

4) Provide details on the applicant's Professional Liability practice policy currently in force:

COMPANY	TERM	LIMIT	DEDUCTIBLE

5) Provide details on the applicant's Project Specific policies currently in force: Check here if none

COMPANY	TERM	E.R.P.	LIMIT	PROJECT

SECTION II – PROJECT INFORMATION

6) Name of Project:

7) Location of Project:

8) Description of project including number of buildings, type of construction, number of stories, units, usage, etc.:

9) Name and address of project owner(s) and percentage of ownership:

10) How is this project being financed?

11) With whom is the Prime Design Firm contracted (their client)?

12) Will the Prime Design firm have ownership in this project? Yes No

If yes, provide details:

13) Has the applicant worked with the client in the past? Yes No

If yes, provide details:

14) Has the owner of the project or the applicant's (architect's) client made any claims against design professional in the last five years? Yes No

If yes, explain:

15) What prior experience does the applicant have with similar projects? (Please don't refer to a website)

16) Name of the Contractor / General Contractor:

a. Will the contractor have ownership in this project? Yes No

If yes, what amount?

b. What prior experience does the Contractor have with similar projects?

c. Has the applicant worked with the Contractor on any prior projects? Yes No

If yes, explain:

17) Please identify the Construction Management Firm, if any:

a. Who hired the Construction Management Firm?

b. Will the Construction Management Firm hire the design team or the Construction Contractors? Yes No

If yes, explain the contractual relationship between the parties:

*Please note our policy does not offer coverage for the Construction Management Firm.

- 18) Total estimated construction values for this project: \$
- 19) Total estimated sales for this project: \$
- 20) What percentage of the construction budget is allocated for contingencies? %
- 21) Total estimated professional fees to be paid to the Design / Professional Team? \$
- 22) Give estimated beginning and completion dates for all design and construction phases including gross receipts:

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase:			\$
Design Development Phase:			\$
Construction Document Phase:			\$
Bidding / Negotiation Phase:			\$
Construction Administration Phase:			\$

Has the construction begun on the project? Yes No

If yes, provide details:

*Coverage may not be available if construction has already begun.

SECTION III – DESIGN TEAM / PROFESSIONAL FIRM INFORMATION

- 23) Indicate design firms involved in this project and the specific architectural / engineering discipline to be rendered (i.e. Civil, Structural, HVAC, etc.). *NOTE: Sum of Percent of Total Professional Fees should equal 100% of fees shown in question 19 above.*

Name of Firm	Discipline	Percent of Fees	Who Hired
		%	
		%	
		%	
		%	
		%	

*Please list additional consultants by attachment.

For all yes answers to any of the following, please provide complete details by attachment.

- 24) Does the applicant or any member of the design team (including partners, officers, employees, parent, or subsidiary firms):
- a. Have any equity interest in the project? Yes No
 - b. Plan to act as General Contractor on the project? Yes No
 - c. Plan to engage in any actual construction on the project? Yes No
 - d. Plan to manufacture, fabricate or supply any materials to be used on the project? Yes No
 - e. Plan to arrange or procure financing for the project? Yes No
 - f. Plan to provide equipment or products from manufacturers who are related to or have related ownership to any of the applicant firms? Yes No

25) Will applicant's client (owner) act as a contractor on the project? Yes No

26) Will the project consist of or include any of the following? If yes, please explain in the spaces below:

Fast Track Construction	Yes	No	
Design / Build	Yes	No	
Environmental Remediation	Yes	No	
Product Design	Yes	No	
Equipment Procurement	Yes	No	

SECTION IV – CLAIMS HISTORY AND AWARENESS

***FOR ALL "YES" RESPONSES ATTACH DETAILS ON THE LAST PAGE OR ON A SEPARATE SHEET IF MORE ROOM IS NEEDED.**

- 27)
- a. Does the applicant have any knowledge of circumstances, acts, errors or omissions which could reasonably be anticipated to result in a claim against any member of the Design Team or any other professional firms on this project? Yes No
 - b. Have there been any significant issues or concerns raised by any of the key parties on the project regarding errors or omissions in the plans? Yes No
 - c. Has the owner or contractor raised any concerns to date regarding the adequacy or timeliness of the professional services provided by the applicant or any member of the design team on this project? Yes No
 - d. Is the project on schedule and budget? Yes No
- 28) Has the prime architecture firm had any claims, or incidents in the last ten years? Yes No
If yes, please complete a [Supplemental Claim Information Form](#) for each claim.
- 29) Please provide any additional information in the space below that you feel will help the underwriter evaluate the risk or positive attributes associated with this project:

- 30) Please attach a copy of the following:
- a. Prime Professional Contract Attached
 - b. Scope of services provided by the Design Team / Professional Firm Attached
 - c. Site plan or diagram of the proposed Project Attached
 - d. Currently valued carrier loss runs for Prime Design Firm Attached
 - e. Geotechnical report summary (Boring logs not required) Attached
 - f. Proof of GL Wrap insurance Attached
 - g. Currently audited financials on Prime Design Firm and Owner Attached

31) The applicant would like a quotation based upon the following Professional Liability limit, deductible and ERP:

32) The Named Insured (prime professional and/or owner) is responsible for the deductible on the project policy. Will there be any contract in place to divide the deductible obligations in the event of a claim?

Yes No

If yes, provide details:

ADDITIONAL SPACE FOR PROVIDING DETAILS TO "YES" RESPONSES PROVIDED THROUGHOUT THIS APPLICATION. PLEASE INCLUDE THE QUESTION NUMBER BEFORE THE EXPLANATION. USE A SEPARATE SHEET IF MORE ROOM IS NEEDED.

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.