

CONTRACTORS PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

SECTION I – APPLICANT INFORMATION

1) Full Legal Name of Applicant:

2) Physical Address:

Mailing Address:

3) Phone:

Contact Email:

4) Website(s):

5) Branch Office Locations (if any):

6) Date Established:

Federal Identification Number:

7) Firm is a:

Sole Proprietorship

Partnership

Professional Corporation

Corporation

LLC

Other (Specify):

8) Has the name of the firm been changed, has any other business been purchased, any merger or consolidation taken place or any such changes planned within the next 12 months?

Yes

No

If Yes, provide details:

9) Is the applicant controlled, owned by or does the applicant own or control any other firm, corporation or company?

Yes

No

If Yes, provide details:

10) Number and Type of Staff:

Type of Staff	Number Licensed	Number Unlicensed
Principals, Partners, Officers and Directors		
Architects, Landscape Architects, Land Surveyors, Engineers		
Draftsmen, Programmers and other Technical Personnel		
Construction Personnel		
Clerical, Accounting, Non-Technical		
Other:		
Total Staff		

11) Please provide the following information of the applicant's key principals:

Principals, Partners, Officers and Directors	Professional Qualifications/ Date Qualified	How Long in Practice	How Long as Principal/ Partner/Officer/Director

12) Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities?

Yes No

If Yes, provide details:

13) To what professional or industry associations does the applicant belong?

14) Has the applicant ever declared bankruptcy?

Yes No

If Yes, provide type of bankruptcy and dates:

15) Has the applicant discontinued operations, closed its doors or re-formed the business under a new or different name?

Yes No

If Yes, provide details:

SECTION II – INSURANCE COVERAGE

16) PROFESSIONAL LIABILITY COVERAGE (last 5 YEARS): Check here if no current Professional Liability

Company	Limit	Deductible	Premium	Policy Term	Retro Date

*PLEASE PROVIDE FIVE (5) YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS

17) GENERAL LIABILITY COVERAGE (last 5 YEARS): Check here if no current General Liability

Company	Limit	Deductible	Premium	Policy Term	Retro Date

*PLEASE PROVIDE FIVE (5) YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS

18) Do you have any project specific insurance coverage in place? Yes No

If Yes, advise what type of insurance, name of insurance company, policy limit, policy period and detail which project(s) it covers:

19) Has any insurer declined, cancelled or refused to renew any similar insurance for your company or any predecessor firm? (N/A in Missouri) Yes No

If Yes, provide details:

SECTION III – REVENUE

20) Please complete this table with your TOTAL GROSS REVENUES associated with these types of services and contracts: *

Type of contracts and services	Estimated Next 12 Months	Previous 12 Months	2 Years Prior	3 Years Prior
General Construction Only (No Design or CM Responsibilities)	\$	\$	\$	\$
Construction Management At-Risk	\$	\$	\$	\$
Agency Construction Management (No Construction or Design, Just Owner's Rep)	\$	\$	\$	\$
Design/Build with In-House Design	\$	\$	\$	\$
Design/Build Subbed Design	\$	\$	\$	\$
In-House Design Only (No Construction Responsibilities)	\$	\$	\$	\$
Other Revenues – Specify:	\$	\$	\$	\$
TOTAL GROSS REVENUES	\$	\$	\$	\$

*Please provide the last two years' financial statements

SECTION IV – YOUR SERVICES

21) Describe in detail the operations of your company and related entities:

22) Is your company a:

General Contractor? Yes No

Specialty/Artisan Contractor? Yes No

If your company is a Specialty Contractor, are there separate projects where your company would perform services as a General Contractor? Yes No

If Yes, provide details:

23) Please provide a geographical breakdown per state (by percentage) of your operations during the most recent twelve (12) months. Total must equal 100%:

24) Do you perform services in foreign countries? Yes No

If Yes, please list all countries and provide details on the types of services and the percentage of annual billings from work in that country:

25) Please provide the breakdown of your Services:

Professional Services-services you perform as an architect, engineer or licensed professional and/or performed on your behalf by a subconsultant. Total must equal 100% of your Professional Services: N/A

Professional Services	In-House	Subbed	Professional Services	In-House	Subbed
Architecture	%	%	Interior Design	%	%
Chemical Engineering	%	%	Laboratory Testing	%	%
Civil Engineering	%	%	Land Surveying	%	%
Construction Management – Agency (Owners Rep)	%	%	Land Use/Urban Planning	%	%
Construction Materials Testing	%	%	Landscape Architecture	%	%
Electrical Engineering	%	%	Mechanical Engineering	%	%
Environmental	%	%	Mining Engineering	%	%
Forensic Engineering/Expert Witness Services	%	%	Process Engineering	%	%
Fire Protection Engineering	%	%	Structural Engineering	%	%
Geotechnical/Soil Engineering	%	%	Traffic Planning	%	%
HVAC Engineering	%	%	Transportation Engineering	%	%
Hydrology/Hydrogeology/Geology	%	%	Other:	%	%
			Total must equal:	100%	

Contracting Services-services you perform as a licensed contractor and/or performed on your behalf by a subcontractor. Total must equal 100% of your Contracting Services:

Contracting Services	In-House	Subbed	Contracting Services	In-House	Subbed
Acoustical	%	%	Piping (Process/Industrial)	%	%
Audio/Visual	%	%	Plumbing	%	%
Carpentry	%	%	Pool & Spa	%	%
Concrete	%	%	Renewable Energy	%	%
Curtain Wall/Glazing	%	%	Roofing	%	%
Demolition	%	%	Signs	%	%
Drilling	%	%	Soils/Geotechnical/Land Improvement	%	%
Drywall	%	%	Solar	%	%
Electrical	%	%	Structural Steel Erection	%	%
Elevator	%	%	Stucco	%	%
Excavation / Grading	%	%	Synthetic Stucco EIFS	%	%
Fire Sprinkler/Fire Suppression/ Fire Alarm	%	%	Telecommunications/Cabling	%	%
Floor Covering (Tile, Carpet, Hardwood)	%	%	Utility	%	%
Landscape	%	%	Wastewater/Sewer	%	%
Masonry	%	%	Waterproofing	%	%
Mechanical/HVAC	%	%	Water Well Drilling	%	%
Mold Remediation	%	%	Window Installation	%	%
Painting	%	%	Other:	%	%
Paving	%	%	Total must equal:	100%	

SECTION V – CLIENTS AND PROJECTS

26) Please indicate the approximate percentage of revenues 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	%
Bridges	%	Residential Custom Homes/Single Family Dwellings	%
Churches and Religious Facilities	%	Residential Townhomes	%
Dams/Reservoirs/Levees	%	Residential Tract Homes/Subdivisions	%
Geothermal Systems	%	Retail/Restaurant/Shopping Centers	%
Government/Public Buildings	%	Roads/Highways	%
Harbors/Piers/Ports	%	Schools/Colleges	%
Hospitals/Healthcare/Assisted Living	%	Sewage Systems	%
Hotels/Motels	%	Sewage Treatment Plants	%
Industrial Waste Treatment	%	Solar/Wind – Alternative Energy	%
Jails/Justice	%	Superfund/Pollution	%
Landfills	%	Telecommunication/Cell Sites/Towers	%
Libraries	%	Theme Parks	%
Manufacturing/Industrial	%	Tunnels	%
Mass Transit/Light Rail/Subway	%	Warehouses	%
Mines/Quarries	%	Water/Waste Water Treatment Systems	%
Mixed Use (No Condos)	%	Water Features and Fountains	%
Mixed Use with Condos	%	Water Slides	%
Nuclear Facilities	%	Water Systems	%
Office Buildings	%	Other:	%
Parks/Playgrounds/Skate Parks	%	Other:	%
Parking Structures	%	Total Must Equal	100%

27) Has your firm, any related entity, any predecessor firm or any principal in the last ten (10) years provided services on subdivisions, tract homes, custom homes, single family dwellings or residential condominium projects?

Yes No

If Yes, provide details:

28) Please note below if your firm, any related entity, any predecessor firm or any principal in the last ten (10) years has been involved on any of the following types of projects and provide details:

Superfund Sites Storage, Containment or Treatment of Hazardous Waste Material

Environmental Remediation Transportation or Disposal of Hazardous Waste Material

Fracking Details:

29) Do any projects employ a Building Information Modeling (BIM) or similar system?

Yes No

30) Do you perform any work on a Fast Track basis?

Yes No

If Yes, what percentage?

%

31) What percentage of your projects are LEED certified?

%

32) List your most recent year's number of projects by size (total construction value):

Total Construction Values	# of Projects
Up to \$10,000,000	
\$10,000,000 to \$25,000,000	
\$25,000,000 to \$100,000,000	
More than \$100,000,000	

33) Please provide details on three of your most current largest projects:

Name of Project 1:	
Client Name	
Location	
Description of Project	
Services You Provided	
Total Gross Revenue	
Total Project Construction Values	
Year Completed	

Name of Project 2:	
Client Name	
Location	
Description of Project	
Services You Provided	
Total Gross Revenue	
Total Project Construction Values	
Year Completed	

Name of Project 3:	
Client Name	
Location	
Description of Project	
Services You Provided	
Total Gross Revenue	
Total Construction Values	
Year Completed	

34) Types of Clients:

Commercial Property Owners	%	Local Government	%
Design Firms	%	Other Contractors	%
Developers	%	Residential Property Owners	%
Federal Government	%	State Government	%
Other (Specify):			%

35) What percentage of your annual revenue is from repeat clients? %

36) What percentage of your projects are: Negotiated Bid % Hard Bid %

37) Please respond to each of the following questions as respects your firm, any related entity, predecessor firm or any principal, within the last five (5) years:

- | | | |
|---|-----|----|
| a) Has the applicant provided 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 |
| b) Has the applicant derived more than 50% of last fiscal year's gross receipts from any one client? | Yes | No |
| c) Has the applicant designed a building, component or system which might be used on more than one project? | Yes | No |
| d) Has the applicant sold or supplied goods or products that have been designed, fabricated or manufactured by or on behalf of your firm? | Yes | No |
| e) Does the applicant hold a patent for any product or process? | Yes | No |
| f) Has the applicant ever provided inspections of residential or commercial properties for prospective buyers or lenders? | Yes | No |

Please provide details here on any responses above marked Yes:

SECTION VI – CONTRACTS AND SUBCONTRACTORS / SUBCONSULTANTS

38) What percentage of your firm's projects use written contracts with your clients? %

39) What percentage of the contracts used are:

Your Standard Contract	%	Professional Association Contract	%	Client Contracts	%
(Attach a sample of your standard contract)					

40) What percentage of your non-standard, client generated or revised contracts are reviewed by your legal counsel? %

41) What percentage of the contracts used with your clients contain:

Customized Scope of Services	%	Limitation of Liability Clause	%
------------------------------	---	--------------------------------	---

42) If you indicated that you use subs for Professional Services, please answer the following: N/A

- a) What percentage of professional subs are required to carry Professional Liability Insurance? %
- b) If you indicated anything other than 100%, please explain the circumstances in which a professional sub would not be required to carry Professional Liability Insurance:

c) What is the minimum limit you require for professional subs on their Professional Liability Insurance?

\$	Each Claim / \$	Aggregate
----	-----------------	-----------

d) Do you obtain and review evidence of their Professional Liability Insurance? If Yes, how frequently?	Yes	No
e) What percentage of them carry Professional Liability with an A- or better rated carrier?		%
f) What percentage of your professional subs sign a written contract? (Attach a sample)		%
43) If you indicated that you use subs for Contracting Services, please answer the following:		N/A
a) What percentage of your overall projects require use of subcontractors?		%
b) What percentage of your subcontractors are required to carry General Liability Insurance?		%
c) If you indicated anything less than 100%, please explain the circumstances in which a subcontractor would not be required to carry General Liability Insurance:		
d) What is the minimum limit you require for subcontractors on their General Liability Insurance?		
e) Do you obtain and review evidence of their General Liability Insurance? If Yes, how frequently?	Yes	No
f) What percentage of the time do you require your subcontractors to name you as an Additional Insured on their General Liability policy?		%
g) What percentage of your subcontractors sign a written contract? (Attach a sample)		%
h) What percentage of your subcontractor contracts contain an indemnification clause in your favor?		%
44) Please describe what kind of credentialing process is used to select subcontractors on each project:		

SECTION VII – CONTRACTOR POLLUTION LIABILITY

(Complete this section only if you're applying for Contractor Pollution Liability)		N/A
45) Do you have a formal protocol for working in areas with known contamination?	Yes	No
46) Are you, any related entity or predecessor firm responsible for the removal, disposal and/or transportation of hazardous waste materials? If Yes, provide details:	Yes	No
47) Do you, any related entity or predecessor firm subcontract the removal, disposal and/or transportation of hazardous waste materials? If Yes,	Yes	No
a) Do you require your subcontractor to carry Pollution Liability? Limits Required:	Yes	No
b) Do you require your subcontractor to name you as an Additional insured on their Pollution Liability policy?	Yes	No
48) Do you, any related entity or predecessor firm perform excavation, testing or sampling?	Yes	No
49) Have you ever been named as a Potentially Responsible Party (PRP) by the United States Environmental Protection Agency or by any state environmental agency? If Yes, provide details:	Yes	No

50) Do you, any related entity or predecessor firm own or lease any Waste Treatment, Storage or Disposal Facility (TSDF)? Yes No

If Yes, provide details:

51) Do you, any related entity, predecessor firm or subcontractor have responsibility for selecting and contracting with a TSDF? Yes No

If Yes, provide details:

52) Do you, any related entity, predecessor firm or subcontractor get involved in asbestos, lead or mold abatement? Yes No

If Yes, provide details:

53) Detail prior Pollution Liability coverage for the last FIVE YEARS starting with the most current year*.
Check here if No Current Pollution Liability

Company	Limit	Deductible	Premium	Policy Term	Occurrence or Claims Made*

* PLEASE PROVIDE FIVE (5) YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS

*Provide Retroactive Date if Claims Made:

SECTION VIII – DATA PRIVACY

Please provide details at the end of this section for any responses marked Yes.

54) In the course of running your business, and as respects anyone other than your own employees, are you ever provided access to, or store private, public or personal data including, but not limited to individuals Social Security Numbers, names and addresses, birthdates or credit card information? Yes No

55) Have you ever been the victim of a data breach or cyber-attack? Yes No

56) Have you ever filed a claim or reported a circumstance to an insurance company due to a data breach or cyber-attack? Yes No

If Yes to any of the above questions, please provide details here:

- | | | |
|--|-----|----|
| 57) Do you have someone, either an employee or third party, whose responsibility it is to keep your systems and data secure? | Yes | No |
| If Yes, what is their name and title: | | |
| 58) How frequently do you perform internal cyber risk vulnerability or other tests to monitor your cyber security? | | |

SECTION IX– QUALITY ASSURANCE AND RISK MANAGEMENT

- | | | | |
|---|---------------|-----|----|
| 59) If you provide in-house design services, do you have a documented peer review process? | N/A | Yes | No |
| 60) Does your firm have practices in place to handle conflicts, changes in site conditions, and/or change orders? | | Yes | No |
| 61) Does the applicant have: | | | |
| a) An in-house continuing education program for all licensed professionals? | N/A | Yes | No |
| b) Procedures to evaluate and screen potential new clients? | | Yes | No |
| c) Procedures for monitoring and collecting outstanding fees? | | Yes | No |
| 62) Do you have a designated Risk Manager? | | Yes | No |
| Name and title of the person responsible for Risk Management: | | | |
| Email: | Phone Number: | | |
| 63) Do you have a written in-house quality management and/or quality assurance program? | | Yes | No |

SECTION X– CLAIMS AND INCIDENTS

- | | | |
|---|-----|----|
| 64) Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against the applicant, any related entity or its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? | Yes | No |
| If Yes, complete the Supplemental Claim Information Form for each claim. | | |
| 65) After inquiry, is the applicant, any predecessor, or any other person for whom coverage is requested, aware of any facts, circumstances, incidents, injuries or accidents that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not, which might directly or indirectly involve the applicant(s)? | Yes | No |
| If Yes, provide complete details for each incident and note whether or not these incidents have been reported to your insurance company: | | |
| 66) After inquiry, is the applicant, any predecessor, or any other person for whom coverage is requested, aware of any facts, circumstances, incidents, injuries or accidents arising specifically from a pollution incident that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not, which might directly or indirectly be attributable to the applicant(s)? | Yes | No |
| If Yes, provide complete details for each pollution incident and note whether or not these pollution incidents have been reported to your insurance company: | | |

- | | |
|---|-------------|
| 67) Does the applicant have any pending disputes concerning the payment of fees to you for your work or services rendered, or for your products?
If Yes, provide details: | Yes No |
| | |
| 68) 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, provide details: | Yes No |
| | |
| 69) Is the applicant aware of any projects you were involved in that were abandoned prior to completion?
If Yes, please list all abandoned projects and provide the reason why: | Yes No |

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.