

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION

(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:

Location(s):

3) List Branch Locations (if any):

4) Federal Identification No:

5) Website Address:

7) Firm is a:

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

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?

11) Number of Staff:

#Licensed #Unlicensed

#Licensed #Unlicensed

Principals, Partners, Officers and Directors

Draftsmen, Programmers and other Technical Personnel

Architects, Landscape Architects

Construction Personnel

Land Surveyors, Engineers

Clerical, Accounting, Non-Technical

Information Technology

Total Staff

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
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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? YES NO
 If Yes, please provide details:

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

Question 16 - Continued:

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

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

	Percentage		
Local	%		
Regional	%		
National	%	Which States?	
International	%	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 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. Foundation or Shoring Projects YES NO
- f. Environmental Impact Projects YES 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: YES NO
- 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</u> <u>Months</u>	<u>Est Next 12</u> <u>Months</u>		<u>Last 12</u> <u>Months</u>	<u>Est Next 12</u> <u>Months</u>
Airport Terminals/Passenger Terminals Airport	%	%	Parks/Playgrounds/Skate Parks	%	%
Runways/Taxiways	%	%	Parking Structures	%	%
Amusement Rides	%	%	Petrochemical/Refineries	%	%
Apartments (not including Condo	%	%	Pre-Engineered Structures	%	%
Conversions Arenas/Stadiums/Convention	%	%	Power Plants/Utilities	%	%
Centers Automotive/Vehicles	%	%	Roads/Highways	%	%
Biofuel Plants	%	%	Schools/Colleges	%	%
Bridges	%	%	Sewage Systems	%	%
Churches	%	%	Sewage Treatment Plants	%	%
Commercial Condominiums	%	%	Ships/Vessels	%	%
Condominiums or Condo Conversions	%	%	Shopping Centers/Retail/Restaurants	%	%
Custom Homes	%	%	Single Family Dwellings (Other than Custom Homes)	%	%
Dams/Reservoirs/Levees	%	%	Solar/Wind - Alternative Energy	%	%
Geothermal Systems	%	%	Superfund/Pollution	%	%
Harbors/Piers/Ports	%	%	Telecommunication/Cell Sites/Cell Towers	%	%
Hospitals/Healthcare	%	%	Theme Parks	%	%
Hotels/Motels	%	%	Townhomes	%	%
Industrial Waste Treatment	%	%	Tract homes/Subdivisions	%	%
Jails/Justice	%	%	Tunnels	%	%
Landfills/ Solid Waste Facilities	%	%	Warehouses	%	%
Libraries	%	%	Water or Waste Water Treatment Systems	%	%
Manufacturing/Industrial	%	%	Water Features and Fountains	%	%
Mass Transit/Light Rail/Subway	%	%	Water Slides	%	%
Mines/Quarries	%	%	Water Systems	%	%
Nuclear Facilities	%	%	Other	%	%
Office Buildings/Banks	%	%	Other	%	%
On Base Military Housing	%	%			

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?	<input type="radio"/> YES <input type="radio"/> 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
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26) In the last 10 years, have you ever provided services on subdivisions, tract homes, custom homes, single family dwellings or residential condominium projects? If Yes, please provide details: YES NO

27) Types of Clients:

Contractors	%	Institutional	%	Residential Property Owners	%
Commercial Property	%	Local Government	%	State Government	%
Owners Federal Government	%	Other Design Professional	%	Other	%
Industrial	%	Real Estate Developers	%		

REVENUE INFORMATION

3 Years Ago

2 Years Ago

Previous
12 Months

Estimated for
Next 12 Months

28) a. Total Gross Revenue for all Operations

b. Design/Build (Responsible for both the design and the construction/installation)

c. Design Only (No responsibility for construction/installation)

d. Construction Only (No responsibility for Design)

e. Other Professional Fees: (Describe)

f. Total Construction Values

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?
If Yes, please identify the date: YES NO
- 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.

Insurance Company

Premium

Limits

Deductible

Policy Period

Retro Date

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? If Yes, please provide details:

YES NO

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:

<u>Name of Insurer</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>RetroActive Date</u>	<u>Annual Premium</u>
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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. 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:

Current Date:

Title

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

Signature of Applicant or
Authorized Representative

Current Date:

Title
