

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

**SECTION I – FIRM INFORMATION**

1) Full Legal Name of Applicant:

2) Physical Address:

Mailing Address:

3) List Branch Locations (if any):

4) Federal Identification Number:

5) Website:

6) Firm is a:

Sole Proprietorship  
 Corporation

Partnership  
 LLC

Professional Corporation  
 Other (Specify):

7) 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 twelve (12) months?

Yes No

If Yes, provide details below:

8) Is the applicant controlled, owned or associated with or does the applicant own or control any other firm, corporation or company?

Yes No

If Yes, provide details below:

9) To what professional associations does the applicant belong?

10) 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		
<b>Total Staff</b>		

11) 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

12) 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:

13) 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 II – SERVICES INFORMATION

14) a. Describe in detail the operations of your company:

b. Describe in detail the professional services for which coverage is desired:

15) Indicate the percentage of the following disciplines or services in which the applicant is engaged:

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	%	Environment Engineering	%
Construction Management – Agency (Owners Rep)	%	Environmental Testing Laboratory	%
Forensic Engineering/Expert Witness Services	%	Petroleum Engineering	%
Fire Sprinkler/Alarm System Design	%	Plumbing System Design	%
Fire Sprinkler/Alarm System Inspection	%	Process or Control Systems Engineering	%
Geo Tech/Soil Engineering & Testing	%	Product Design for Third Parties	%
HVAC Engineering	%	Roof Inspection	%
Hydrology	%	Shoring or Scaffolding Design/Consulting	%
Interior Design	%	Solar/Photovoltaic Power Engineering	%
Land Surveying	%	Structural Engineering	%
Landscape Architecture/Design	%	Telecommunications Engineer/Consultant	%
LEED Certification Consulting	%	Testing Lab Services	%
Lighting Design	%	Traffic Planning	%
Machine/Equipment Design	%	Transportation Engineering Underground	%
Marine Surveying or Engineering	%	Utility Locating	%
Mechanical Engineering	%	Urban Planning	%
Naval Architecture	%	Water/Wastewater Engineering or Consulting	%
Nuclear Engineering	%	Other:	%
Pavement Engineering	%	<b>Total Must Equal</b>	<b>100%</b>

16) Provide a breakdown of the applicant's services by geographic area:

	Percentage		Percentage
Local	%	National	%
Regional	%	International	%

Which States?

Which Countries?

17) 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 |
| 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 to any, provide details:

18) 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:  | % |

**Total Must Equal = 100%**

19) Is your company a:

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

20) 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? %

**Please attach a sample of subcontractor contract.**

Do you obtain evidence of insurance for:

Professional Liability	Yes	No
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Limits Required:

General Liability	Yes	No
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Limits Required:

21) 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:

### SECTION III – PROJECT AND CLIENT INFORMATION

22) 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/Condominium Conversions	%
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	%	<b>Total Must Equal</b>	<b>100%</b>

23) 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:

Contractor Led Design Build %

24) 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
		\$	
		\$	
		\$	
		\$	
		\$	

25) 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:

26) Types of Clients:

Contractors	%	Institutional	%	Residential Property Owners	%
Commercial Property	%	Local Government	%	State Government	%
Owners Federal Government	%	Other Design Professionals	%	Other:	%
Industrial	%	Real Estate Developers	%	<b>Total Must Equal</b>	<b>100%</b>

## SECTION IV – REVENUE INFORMATION

27) Please 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	\$	\$	\$	\$

## SECTION V – RISK MANAGEMENT INFORMATION

- 28) What percentage of your firm’s projects use written contracts? %
- 29) What percentage of your contracts are your standard contract or professional association contract versus your client contracts? %
- 30) What percentage of client generated contracts or revised contract provisions are reviewed by your legal counsel? %
- 31) What percentage of your contracts with clients contain a customized scope of services? %
- 32) Do you have a documented peer review process? Yes No
- 33) What percentage of client deliverables undergo an internal peer review prior to deliver? %
- 34) Has your firm participated in a peer review or risk review? Yes No
- If Yes, identify the date:
- 35) Does your firm have practices in place to handle conflicts, changes in site conditions, errors, omissions, and/or change orders? Yes No
- 36) Do you have a full-time business manager separate from the design principals? Yes No
- 37) 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
- 38) Name of the person responsible for risk Management?
- Email: Phone Number:

## SECTION VI – COVERAGE INFORMATION

- 39) Detail prior Architects & Engineers Professional Liability Coverage for the last FIVE YEARS starting with the most current year:

Company	Limit	Deductible	Premium	Policy Term	Retro Date

- 40) Is the applicant currently insured under a Comprehensive General Liability Policy? Yes No
- If Yes, give details:

Company	Type of Coverage	Premium	Limits	Policy Term

- 41) 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:
- 42) 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.
- 43) 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
- 44) 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:
- 45) 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:

## SECTION VII – CONTRACTOR’S POLLUTION LIABILITY INFORMATION

Not Applicable

- 46) Does your company have written policies and procedures for complying with OSHA health and safety training and medical monitoring requirements? Yes No
- 47) Does your company have written health and safety manuals? Yes No  
 If Yes, when were they last updated?
- 48) Does your company carry Contractor’s Pollution Liability coverage? Yes No  
 If Yes, provide the following information:

Company	Limits of Liability	Deductible	Retroactive Date	Annual Premium

- 49) Is your company responsible for removing or transporting waste from job sites? Yes No  
 If Yes, provide details:

- 50) Does your company subcontract the disposal and/or transportation of waste? Yes    No  
If Yes, provide details:
- 51) Is your company ever responsible for excavating, testing or sampling? Yes    No  
If Yes, provide complete details:
- 52) Does your company subcontract excavation, testing or sampling? Yes    No  
If Yes, provide complete details:
- 53) Have you ever had a pollution incident? Yes    No  
If Yes, provide complete details:

Please 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

## 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.***