



APPLICATION FOR ARCHITECTS & ENGINEERS AND DESIGN/BUILD PROFESSIONAL LIABILITY INSURANCE

This is an Application for a claims made and reported policy. Please read the entire Application carefully before signing. Whenever used in this Application, the term “Applicant” means the Named Insured(s) and the term “Firm” means the Named Insured(s) and any entity identified in Question 4 of this Application. Please answer all questions and attach all requested materials including the following:

- Descriptive or promotional brochures, firm resumes, marketing materials or literature
 - Resumes of all principals, partners, managing members, directors, officers, majority owners and key employees
 - Standard contract or engagement letter used with clients, independent contractors and subcontractors
 - Latest fiscal year end and current interim financial statements for all entities proposed for coverage
 - List of the 10 largest projects over the past 3 years or current Form 254
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COVERAGE REQUESTED:

Effective Date Requested: _____

Limits Desired: \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000 Other \$ _____

Self Insured Retention (each claim): \$5,000 \$10,000 \$25,000 \$50,000 Other \$ _____

PROPOSED APPLICANT:

1. Name of Applicant: _____
- Date Established (Mo./Yr.): _____
- Business Address: _____
- City, State, Zip: _____
- Business Phone: _____
- Business Website Address: _____
- Individual designated to accept all notices on Applicant’s behalf: _____
- Location(s) where Applicant is licensed or registered: _____
- Professional Society Memberships: _____

2. Applicant is: Corporation LLC General Partnership Limited Partnership Other: _____
- (a) Is the Applicant owned or controlled by, or affiliated with, any other entity? **Yes** **No**
- (b) Has the name of the Applicant ever been changed? **Yes** **No**
- (c) Is the Applicant a franchisee or franchisor? **Yes** **No**
- (d) Are there any branch offices or additional locations? **Yes** **No**

If the response to any part of Question 2 is “YES,” please attach complete details.

3. (a) Is the Applicant a successor-in-interest to any predecessor firm or has the Applicant ever been involved in any merger, acquisition, consolidation, divestiture, bankruptcy or dissolution? **Yes** **No**
- (b) In the next 12 months, does the Applicant have any plans for any merger, acquisition, consolidation, divestiture, bankruptcy, dissolution, or creation of a new business, subsidiary or division? **Yes** **No**

If the response to any part of Question 3 is “YES,” please attach complete details.

4. (a) Please provide the following information for all subsidiaries **for which coverage is desired.**

Name of Subsidiary	Location	Nature of Business	Applicant's % of Ownership
			%
			%

- (b) Please provide the following information for all additional entities **for which coverage is desired.**

Name of Entity	Location	Nature of Business	Relationship to Applicant

To enter more information for Question 4(a) and/or 4(b), please attach a separate page to the Application.

5. Does the Applicant or any of its principals or partners own, control or manage any other entity not shown in Question 4? Yes No **If "YES," please attach complete details.**

PROFESSIONAL ACTIVITIES:

6. Please indicate the percentage of total gross billings derived from the following professional services:

Acoustical Engineering	%	Land Surveying	%
Architecture	%	Landscape Architecture	%
Chemical Engineering	%	Marine Surveyors	%
Civil Engineering	%	Mechanical Engineering	%
Communication Engineering	%	Mining/Well Engineering	%
Construction Management (Agency)*	%	Naval/Marine Engineering	%
Construction Management (At Risk)*	%	Nuclear Engineering	%
Construction Material Testing	%	Process Engineering	%
Electrical Engineering	%	Product Design	%
Environmental Engineering	%	Safety Consulting	%
Forensic Engineering	%	Soils/Geotechnical Engineering	%
HVAC Engineering	%	Structural Engineering	%
Interior Design	%	Other (Specify):	%
Laboratory Testing	%	TOTAL	100%

* Agency Construction Management (agent of the owner: oversees design and has administrative responsibilities only and is not responsible for the means or methods of construction). At-Risk Construction Management (contracts directly with trade contractors: provides advice and construction leadership during the planning and design phases and provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase)

7. Please indicate the percentage of Agency and/or At-Risk Construction Management (CM) fees for each of the following phases of service performed during the past 12 months: **Not Applicable**

Phase of Service	Agency CM	At-Risk CM	Total
Pre-Design Phase	%	%	%
Design Phase	%	%	%
Procurement Phase	%	%	%
Construction Phase	%	%	%
Post-Construction Phase	%	%	%
Other:	%	%	%

8. Gross Billings and Construction Values for work other than Design/Build Work: **Not Applicable**

(a) Please indicate the construction values and professional fees for the past 12 months, whether or not collected, and for the next 12 months. **For activities in bold, please provide the name, location, gross billings and current status of each project on a separate page.**

Types of Activities	Past 12 Months From/To:		Next 12 Months From/To:	
	Construction Values	Professional Fees	Construction Values	Professional Fees
Joint Venture Projects (Applicant Portion)	\$	\$	\$	\$
Separately Insured Projects	\$	\$	\$	\$
Projects Permanently Abandoned	\$	\$	\$	\$
Foreign Projects	\$	\$	\$	\$
Feasibility Studies, Master Plans, Reports	\$	\$	\$	\$
Direct Reimbursables	\$	\$	\$	\$
All Other Billings	\$	\$	\$	\$
TOTAL GROSS BILLINGS	\$	\$	\$	\$

(b) Please provide the gross billings and construction values for each of the past three fiscal years.

<u>Fiscal Year End (Month/Year)</u>	<u>Gross Billings</u>	<u>Construction Values</u>
____ / 20 ____	\$ _____	\$ _____
____ / 20 ____	\$ _____	\$ _____
____ / 20 ____	\$ _____	\$ _____

9. Design/Build Construct Values (Complete Only If Firm Is Doing Design/Build Work). Please indicate the construct values for the next 12 months and for each of the past 3 fiscal years. **Not Applicable**

	All Operations	Design/Construct	Design Only	Construction Only
Next 12 Months	\$	\$	\$	\$
Fiscal Year End ____ / 20 ____	\$	\$	\$	\$
Fiscal Year End ____ / 20 ____	\$	\$	\$	\$
Fiscal Year End ____ / 20 ____	\$	\$	\$	\$

10. Please indicate the percentage of gross billings derived from the projects listed below (Must Total 100%):

Airport	%	Industrial Waste Treatment	%	Power Plants	%
Amusement Rides	%	Hotels/Motels	%	Roads/Highways	%
Apartments	%	Landfills	%	Schools/Colleges	%
Arenas/Stadiums	%	Libraries	%	Sewage/Water Systems	%
Bridges	%	Manufacturing/Industrial	%	Sewage/Water Treatment	%
Churches/Religious	%	Mass Transit	%	Shopping Centers/Retail	%
Condos/Townhomes	%	Multi-Family/HUD	%	Superfund/Pollution	%
Convention Centers	%	Municipal Buildings	%	Tract Homes	%
Courts/Jails/Justice	%	Nuclear/Atomic	%	Tunnels	%
Custom Residential	%	Office Buildings	%	Utilities	%
Dams	%	Parking Structures	%	Warehouses	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Other (specify)	%
Hospital/Healthcare	%	Pipeline/Petro/Chemical	%	TOTAL	100%

11. Please indicate the percentage of gross billing derived from each of the following activities:

Asbestos Related Services	%	Ground Testing (Soil/Subsurface Surveys)	%
Cost Estimating	%	Home/Commercial Inspection Services	%
Environmental Remediation	%	Lead Related Services	%
Foundation/Sheeting/Shoring Design	%	Mold Related Services	%

12. What percentage of revenue is subcontracted out to others? ____%.

(a) Subcontractors perform the following services: _____

(b) Subcontractors are required to maintain at least the same E&O and General Liability limits and coverage as the Firm: Yes No **If “NO,”** minimum limits required: \$_____

(c) Subcontractor contracts have hold harmless/indemnity agreements benefiting the Firm: Yes No

13. Please indicate the percentage of gross billings derived from the following clients (Must Total 100%):

Attorneys	%	Government (State)	%	Other Design Professionals	%
Commercial	%	Government (Local)	%	Owners Acting As Own Builder	%
Contractors	%	Institutional	%	Real Estate Developers	%
Government (Federal)	%	Industrial	%	Other (specify):	%

14. (a) During the past 5 years or within the next 12 months, has the Firm been engaged in, or plan to engage in, any services or business activity other than those indicated in Question 6? Yes No

(b) Does the Firm provide any Professional Services over the Internet? Yes No

(c) Does the Firm provide any Professional Services outside the United States? Yes No

If the response to any part of Question 14 is “YES,” please attach complete details and estimated revenues.

15. During the past 12 months or within the next 12 months, has the Firm or any principal, partner, managing member, director or officer been engaged in, or plan to engage in:

(a) Actual construction, fabrication or erection? Yes No

(b) Development, sale or lease of computer software to others? Yes No

(c) Real estate development? Yes No

(d) Manufacture, sale, leasing or distribution of any product or process? Yes No

If the response to any part of Question 15 is “YES,” please attach complete details and estimated revenues.

16. During the past 5 years, has the Firm, its predecessor or any other proposed insured provided any professional services on residential condominium or townhouse projects? Yes No **If “YES,” please indicate:** Total number of projects: _____ and Total Construction Value: \$_____

17. (a) What percentage of business is from repeat clients? ____%

(b) During the past 12 months, has the Firm or any principal, partner, managing member, director or officer derived more than 50% of annual work from one contract or client? Yes No **If “YES,” please attach complete details and estimated revenues.**

18. All projects undertaken over the past 3 years have been completed on time and within budget and all current projects are on schedule to be completed on time and within budget: Yes No **If “NO,” please attach complete details including the reason for the delays and cost overruns and variances from scheduled completion dates and budgets.**

19. During the past 5 years or within the next 12 months, has any principal, partner, managing member, director, officer, professional employee, leased employee or independent contractor of the Firm been engaged to provide, or plan to provide, professional services for or in connection with any entity in which he, she, the Applicant, or any other proposed insured had/has an ownership or financial interest?
 Yes No **If “YES,” please attach complete details.**

TRAINING AND RISK MANAGEMENT:

20. (a) Please indicate the number of personnel in each of the following categories:

Personnel	Architects	Engineers	Land Surveyors	Landscape Architects	Technical	All Other
Licensed						
Unlicensed						
Leased Employees						
Independent Contractors						

(b) Are independent contractors required to maintain their own E&O insurance? Yes No Not Applicable If “YES,” minimum limits required: \$_____

21. Written contracts are used with clients: Always Sometimes: _____% Never

(a) Are all written contracts developed by a recognized professional association or always reviewed and approved by legal counsel before they are entered into? Yes No

(b) If written contracts are developed by a professional association, what is the name of that association?

(c) If written contracts are not always used, how are responsibilities defined with the Client? _____

(d) What percentage of contracts contains a limitation of liability clause? _____%

(e) What percentage of contracts contains a provision for alternative dispute resolution? _____%

22. Does the Firm have:

(a) Written Quality Assurance/Quality Control procedures including procedures to escalate complaints to senior management? Yes No

(b) Written risk management procedures in place including written procedures to ensure compliance with all federal, state and local statutes and regulations? Yes No

(c) A formal training program for personnel? Yes No

(d) Network security management procedures to prevent breaches of security including identity theft and the spread of computer viruses? Yes No

(e) Written procedures in place to protect, or provide training for the protection of, the personal and confidential information of clients and prospective clients? Yes No

(f) Legal/Clearance procedures for media and marketing material and content? Yes No

(g) An in-house program of continuing education for professional employees? Yes No

(h) An Ownership of Documents clause in each contract of hire? Yes No

(i) A pre-screening methodology for potential clients? Yes No

(j) Internal control procedures to prevent theft of client funds or other client assets? Yes No

23. Does the Firm use a:

(a) Automated master specification system such as MASTERSPEC® or SPECTEXT™? Yes No

(b) CAD program? Yes No If “YES,” what percentage of design uses the CAD program? _____%

24. Does the Firm ever warrant or guarantee its Professional Services? Yes No If “YES,” please attach complete details.

25. Please provide the following information for the General Liability Insurance policy of the Applicant:

Name of Insurer	Policy Period	Limits	Retention	Pollution Coverage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR INSURANCE:

26. List all professional liability insurance carried for each of the past three years. If none, the reason for the present insurance inquiry is: _____

Insurance Company	Limits	Retention	Premium	Policy Period
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Retroactive Date on current policy: _____

Prior and Pending Litigation Date on current policy or, if none, Date of first E&O policy: _____

27. Has the Applicant had any Professional Liability Insurance declined, cancelled or non-renewed within the past three years? Yes No **If “YES,” please attach complete details.**

CLAIMS EXPERIENCE:

28. Have any claims, suits or proceedings (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) been made during the past five years against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage? Yes No

29. Is the Applicant (after diligent inquiry of each principal, partner, managing member, director or officer) aware of any fact, circumstance, incident, situation, or accident (including without limitation: any shareholder action or derivative suit; or any civil, criminal, or regulatory action, or any complaint, investigation or proceeding related thereto) that may result in a claim being made against: (a) the Applicant; (b) its predecessors in business; (c) any subsidiary or affiliate of the Applicant; (d) any other entity proposed for coverage; or (e) any past or present principal, partner, managing member, director, officer, employee, leased employee or independent contractor of the Applicant, its predecessors in business, any subsidiary or affiliate of the Applicant or any other entity proposed for coverage? Yes No

30. Has the Applicant or any individual or entity proposed for coverage ever been the subject of a reprimand, or a disciplinary or criminal action by any federal, state or local authority, professional association or state licensing board? Yes No

31. Has the Applicant or any individual or entity proposed for coverage been involved during the past five years in any disputes with respect to fees or other compensation which may be due for professional services rendered by the Applicant, any subsidiary or affiliate of the Applicant, or any other entity proposed for coverage? Yes No

32. Is the Applicant or any individual or entity proposed for coverage aware of any actual or alleged deficiencies, errors or omissions (including without limitation any construction defects) in work performed during the past 5 years by the Applicant, any subsidiary or affiliate of the Applicant, any other entity proposed for coverage, or by others for whom the Applicant is legally responsible? Yes No

If the response to Question 28, 29, 30, 31 and/or 32 is “YES,” please attach complete details.

NOTE: It is agreed that any claim or lawsuit against the Applicant, or any principal, partner, managing member, director, officer or employee of the Applicant, or any other proposed insured, arising from any fact, circumstance, act, error or omission disclosed or required to be disclosed in response to Questions 28, 29, 30, 31 and/or 32, is hereby expressly excluded from coverage under the proposed insurance policy.

33. Has the Applicant reported the matters listed in Questions 28-32 to its current or former insurance carrier?
 Yes No Not Applicable

NOTICE – PLEASE READ CAREFULLY

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after diligent inquiry of each principal, partner, managing member, director, officer and employee of the Firm, the statements in this Application are true and complete and will be relied upon by the Insurer in issuing any policy. The undersigned agrees that if the information provided in this Application changes between the time this Application is executed and the time the proposed insurance policy is bound or coverage is commenced, the Applicant will immediately notify the Insurer in writing of such changes, and that the Insurer may withdraw or modify any outstanding quotations or agreements to bind the insurance. The undersigned hereby authorizes the Insurer to make any inquiry in connection with the information, statements and disclosures provided in this Application and further authorizes the release of claim information from any prior insurer to the Insurer.

The undersigned declares that all individuals and entities proposed for this insurance understand and accept that the policy applied for provides coverage for only those claims that are first made against the Insured and reported in writing to the Insurer during the policy period or any extended reporting period (if applicable) and that the limits of liability contained in the policy will include both Damages and Claim Expenses.

The signing of this Application does not bind the Insurer to offer nor the undersigned to purchase the insurance, but it is agreed this Application shall be the basis of the insurance and shall be considered physically attached to and become part of the Policy should a Policy be bound and issued. All attachments and information submitted to or obtained by the Insurer in connection with this Application are hereby incorporated by reference into this Application and made a part hereof.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name

Title