



1 Waterside Crossing, Suite 302, Windsor, CT 06095 phone 860.903.0000 fax 860.903.0001 www.businessriskpartners.com

GENERAL INFORMATION

- 1. Company Name (Applicant): Street: City: State: Zip: Telephone: Fax: E-mail Address: Web Address:

Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.

- 2. How many years has the Applicant been in business?

3. Please indicate the Applicant's total number of employees: Table with columns for Officers, Partners, Owners and Employees, and rows for Licensed architects, Licensed engineers, Technical staff, and Administrative staff.

- 4. Does the Applicant derive more than 20% of its gross annual revenue from any single customer? If Yes, from whom?

- 5. Does the Applicant do business through independent contractors? Does the Applicant contractually require independent contractors to maintain E&O insurance? In the past year, what percentage of Gross Receipts was paid to independent contractors? For what services?

- 6. Please provide a brief description of the type of A&E services for which coverage is desired:

- 7. Please indicate the total revenue for the following fiscal years: Current Year: First Prior Year: Second Prior Year: Projected Next Year:

AREAS OF CONCENTRATION

- 8. Provide the percentage of your firm's Gross Receipts attributable to the following areas of concentration during the last complete year: ARCHITECTURE

Architecture	_____	%
Architectural planning (incl. Master planning)	_____	%
Interior design and graphics	_____	%
Landscape architecture	_____	%
Land Use Planning	_____	%

**ENGINEERING**

Structural engineering	_____	%
Civil engineering	_____	%
Civil wastewater (municipal, non-industrial)	_____	%
Land surveying	_____	%
Traffic engineering	_____	%
Mechanical engineering	_____	%
Acoustical engineering	_____	%
Process engineering	_____	%
Electrical engineering	_____	%
Illumination engineering	_____	%
HVAC engineering	_____	%
Forensic engineering	_____	%
Geotechnical engineering (soil mechanics)	_____	%
Geotechnical field services and Construction Materials Testing (including drilling)	_____	%
Environmental engineering	_____	%
Industrial engineering	_____	%

**OTHER**

(Please describe) \_\_\_\_\_ %

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL OF AREAS OF CONCENTRATION** \_\_\_\_\_ **100** %

**SERVICES**

9. Provide the percentage of your firm's Gross Receipts attributable to the following services during the last complete year:

**DESIGN SERVICES (non-environmental)**

Commercial	_____	%
Residential	_____	%
With construction observation	_____	%
Without construction observation	_____	%
Total of all design services	_____	%

**NON-DESIGN SERVICES (non-environmental)**

Feasibility, programming, planning, economic or seismic studies	_____	%
Architectural master planning	_____	%
Forensic inspections, expert witness services, failure analysis	_____	%
Construction management without design	_____	%
Inspection as stand-alone service	_____	%

**TOTAL OF SERVICES** \_\_\_\_\_ **100** %

**PROJECTS**

10. Provide the percentage of your firm's Gross Receipts attributable to the following projects during the last complete year:

**HIGH RISE**

All buildings over 15 stories (Do NOT classify these buildings below) \_\_\_\_\_ %  
 Do any of these buildings include residential condominiums?  Yes  No

RESIDENTIAL

Residential condominiums	_____	%
Planned Unit Developments	_____	%
Single-family residential subdivisions	_____	%
Custom homes	_____	%
Multi-family and/or affordable housing	_____	%
Apartments	_____	%

INSTITUTIONAL

Hospitals, retirement homes, convalescent hospitals	_____	%
Public or private schools, colleges, universities	_____	%
Correctional institutions	_____	%
Churches or Government (please describe)	_____	%

INDUSTRIAL

Processing, manufacturing and production systems	_____	%
Mines, quarries, tunnels	_____	%
Oil refineries	_____	%
Chemical plants and pipelines	_____	%
Facilities related to nuclear activities	_____	%

GENERAL AND COMMERCIAL BUILDING

Parking garages	_____	%
Hotels or motels	_____	%
Retail, malls, shopping centers, restaurants	_____	%
Office, warehouse, processing, manufacturing and production buildings	_____	%

RECREATION FACILITIES

Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks	_____	%
Describe services for each: _____	_____	%
Ski lifts, amusement rides	_____	%
Describe services for each: _____	_____	%

INFRASTRUCTURE

Utilities or Landfills	_____	%
Roads and highways	_____	%
Airport runways or transportation passenger terminals (please describe)	_____	%

Structures for offshore or marine use, harbors, jetties, docks, piers, wharves	_____	%
Bridges, trestles	_____	%
Dams, reservoirs, levees	_____	%
Wastewater, sewage and water treatment systems or waste treatment, storage or disposal facilities	_____	%

OTHER (Please describe)	_____	%
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<b>TOTAL OF PROJECTS</b>	<b>_____</b>	<b>100 %</b>
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**CLAIM DATA**

11. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?  Yes  No  
 If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?  Yes  No  
If Yes, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that if the answer to the previous three queries is Yes, any such claim or potential claim is specifically excluded from this proposed coverage.

14. Please indicate the number of suits filed by you for the collection of fees during the last two years: \_\_\_\_\_

**RISK MANAGEMENT AND LOSS PREVENTION**

15. Do you belong to any professional societies?  Yes  No  
Please specify: \_\_\_\_\_

16. What percentage of professional employees completed continuing education in the last two years? \_\_\_\_\_%

17. Do you use a standard written contract on every project?  Yes  No  
What percentage of the time are contracts used? \_\_\_\_\_%  
What organization's form do you use? \_\_\_\_\_  
What percentage of the time do you deviate from this contract? \_\_\_\_\_%  
Please indicate the percentage of projects during the last 12 months that used a verbal contract: \_\_\_\_\_%  
Why? \_\_\_\_\_

18. Does your standard contract contain limitation of liability clauses?  Yes  No

19. Does your standard contract contain indemnification/hold-harmless clauses running in your favor?  
 All of the time  Most of the time  Some of the time  Never

**CLIENTS / PROJECTS**

20. Do you have cumulative ownership greater than 10% in any entity or project?  Yes  No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

21. Are you involved in Design-Build projects?  Yes  No

22. Do you or your subcontractors perform actual construction activities or remediation or assume the duties or responsibilities for construction means or methods, or enforce job site safety?  Yes  No

**LIST OF CURRENT PROJECTS**

23. Name of project/Client's name: \_\_\_\_\_  
Location/Description of project: \_\_\_\_\_  
Services provided by your firm/Year completed: \_\_\_\_\_  
Your anticipated total gross receipts/Construction value of the project: \_\_\_\_\_  
  
Name of project/Client's name: \_\_\_\_\_

Location/Description of project: \_\_\_\_\_  
Services provided by your firm/Year completed: \_\_\_\_\_  
Your anticipated total gross receipts/Construction value of the project: \_\_\_\_\_

Name of project/Client's name: \_\_\_\_\_  
Location/Description of project: \_\_\_\_\_  
Services provided by your firm/Year completed: \_\_\_\_\_  
Your anticipated total gross receipts/Construction value of the project: \_\_\_\_\_

**INSURANCE COVERAGE**

24. Please indicate desired coverage terms:  
Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Retroactive Date (coverage will begin on policy effective date if not provided): \_\_\_\_\_

25. In order to best meet your coverage needs, please provide the following information about the Applicant's current policy:  
Carrier: \_\_\_\_\_  
Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Premium: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

26. Is the firm covered by any professional liability specific project policy?  Yes  No  
If Yes, provide the name and address of project, name of insurance company and term of policy:  
\_\_\_\_\_  
\_\_\_\_\_

27. Does the firm carry general liability insurance?  Yes  No  
If Yes, how much? \_\_\_\_\_

Please attach any additional information we may find helpful in evaluating your risk. In addition, please attach any special coverage requests.

**NOTICE TO APPLICANT: PLEASE READ CAREFULLY**

**Warranty:** The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.**

Applicant Signature: \_\_\_\_\_ Date (Mo-Day-Yr): \_\_\_\_\_

Name and Title (Please Print): \_\_\_\_\_

