Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)

1) Full Name of Applicant:

(If Partnership or corporation, show firm)

2) Mailing Address:

3) Addresses of all Branch Offices

4) Federal Identification No:

5) Internet Address

6) When was Firm established

7) Is Firm:

- ◯ Sole Proprietorship
- ◯ Professional Corporation
- ◯ Partnership
- ◯ LLC
- ◯ Corporation
- ◯ Other - Please Describe

8) Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place or are any 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) Staff

1. Principals, Partners, Officers and Directors
2. Architects, Landscape Architects
3. Land Surveyors, Engineers
4. Information Technology
5. Draftsmen, Programmers and other Technical Personnel
6. Clerical, Accounting, Non-Technical
7. Total Staff

By attachment please include the resume of Principals/Officers/Partners.

11) States in which a Professional License is held:

12) Foreign Work? If Yes, please provide details below. ◯YES ◯NO

13) Please describe in detail the operations of your company:

14) Please describe in detail the Professional services for which coverage is desired:

15) Have any Principals, Partners or Officers 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

16) To what Professional Associations does the Applicant belong?

17) Does the Applicant or any subsidiary, parent or otherwise related entity , or do you hire subcontractors that engage in:

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

If Yes, please provide details.

18) Does the Applicant provide professional services on projects in which any principal, 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 completed description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

19) Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:

Total must equal 100%.

Acoustical Engineering	%	Land Surveying	%
Architecture	%	Laboratory Testing	%
Asbestos Inspection, Testing or Abatement Design *	%	LEED Consulting	%
Chemical Engineering	%	Machine/Equipment Design	%
Civil Engineering	%	Mechanical Engineering	%
Communication Engineering	%	Mining Engineering	%
Construction Management - Agency (Owners Rep)	%	Naval/Marine Engineering	%
Construction Management - At Risk	%	Process or Control Systems Engineering	%
Electrical Engineering	%	Project Management	%
Environmental Consulting or Engineering	%	Remediation *	%
Forensic Engineering	%	Soil/Geotech Engineering	%
HVAC Engineering	%	Structural Engineering	%
Inspection or Certification: *	%	Other	%
Interior Design	%	Other	%
Landscape Architecture	%	Other	%

* Please provide details on types of structures being tested, inspected, abated and remediated:

20) Please indicate the approximate percentage of billings 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 %

21) Please indicate the approximate percentage of billings derived from each project type: (Total Must Equal 100%).

COMMERCIAL

Apartments	%
Convention Centers	%
Hospitals/Healthcare	%
Hotels/Motels	%
Libraries	%
Office Buildings	%
Parking Structures	%
Schools/Colleges	%
Shopping Centers/Retail	%
Warehouses	%
Hospital/Healthcare	%

RESIDENTIAL

Condominiums	%
Custom Homes	%
Single Family Dwellings	%
Tract Homes/Subdivisions	%

ENERGY

Fuel - Biodiesels/Biofuel/ Ethanol Plants	%
Geothermal Systems	%
Nuclear Facilities	%
Power Plants/Utilities	%
Solar/Wind - Alternative Energy	%

MISCELLANEOUS

Amusement Rides	%
Churches	%
Dams	%
Jails/Justices	%

INDUSTRIAL

Industrial Waste Treatment	%
Landfills	%
Manufacturing/Industrial	%
Petrochemical/Refineries	%
Sewage Systems	%
Sewage Treatment Plants	%
Superfund/Pollution	%
Water Systems	%
Water Treatment Plants	%

TRANSPORTATION

Airport Runways/Taxiways	%
Bridges	%
Harbors/Piers/Ports	%
Mass Transit/Light Rail/Subway	%
Roads/Highways	%
Traffic Planning	%
Tunnels	%
Other	%
Other	%

22) Does the applicant foresee any substantial changes in the types of projects indicated in this application during the next 12 months? If yes, please provide details? ◯ YES ◯ NO

23) Have the types of projects indicated in this application changed during the previous 12 months? ◯ YES ◯ NO

If Yes, please provide details:

24) Types of Clients

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

		Estimated for Next 12 Months	Previous 12 Months
25)	a. Total Gross Revenue for all Operations	$	$
	b. Design / Build	$	$
	c. Design Only (No responsibility for construction)	$	$
	d. Construction Only (No responsibility for Design)	$	$
	e. Other Professional Fees:	$	$
	f. Total Construction Values	$	$

26) Does applicant use AIA B801 contract for their Construction Management services? ◯ YES ◯ NO

If No, please advise what contract forms you do use:

What % of the time do you use AIA B801 contract when providing Construction Management services? %

27) If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

28.) If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

29. What percentage of the Applicants practice involves subcontracting of work to others? %

a. What type of work is being subcontracted?

b. Is evidence of insurance from consultants required? ◯ YES ◯ NO

c. What limit of liability is required?

d. Do subcontractors hold the applicants harmless by contract? ◯ YES ◯ NO

If Yes, please attach a copy.

e. If you indicated that you subcontract out design work, do you subcontract out 100% of design work and professional services? ◯ YES ◯ NO

30) Does any one contract or client represent more than 50% of annual work? ◯ YES ◯ NO

If Yes, please provide details:

31) Does applicant use written contracts or letters of agreement? ◯YES ◯NO

Are these contracts or letters of agreement reviewed by your legal counsel prior to signing? ◯YES ◯NO

32) 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.

33) Does the Applicant work with other firms in Joint Ventures? ◯YES ◯NO

If coverage is desired, request Joint Venture Supplemental Application.

34) 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

35) Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? ◯YES ◯NO

If Yes, please give details:

Insurance Company	Type of Coverage	Premium	Limits	Effective From/To	

36) 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:

37) Has any claim ever been made against the firm or any principals, partners or officers? ◯YES ◯NO

If Yes, please complete the Supplemental Claim Information Form with your submission of this application. Form Link

38) 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

39) In the past 10 years, has the applicant reported a claim for Bodily Injury or Property Damage under your CGL policy where payments or reserves, including your deductible, have exceeded $100,000? ◯ YES ◯ NO

If Yes, please provide details on a separate attachment - include claimant name/details of bodily injury or property damage/ date the claim was reported to CGL carrier, total incurred amount (paid and reserved).

40) Does the applicant have any pending dispute concerning the payment of fees or for services rendered? ◯ YES ◯ NO

If Yes please provide details .

41) 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

42) 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

43) Has the applicant made any adjustments or goodwill payments in any dispute involving any services or products?

If Yes please provide details . ◯ YES ◯ NO

44) Coverage requested: Limit: Deductible:

45) Does the Applicant have Risk Management and Risk Control Program in place? ◯ YES ◯ NO

a. Who is responsible for that Program?

Title: Contact E-mail:

Phone Number

Please include the following information with this application:

a. A list of 10 largest jobs in the last five years.
   Detail : (1) Project Name; (2) Type of Structure; (3) Services Performed; (4) Construction Values; (5) Revenues.
b. A copy of the firm's brochure (s).
c. A sample contract for LEED projects.
d. Currently valued carrier loss runs for all years you have carried professional liability insurance.
e. Resumes on principals of firm.
f. 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 and that this Application will be made part of the policy. 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 08/06/2010

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