BusinessRisk PARTNERS
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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:

	Officers, Partners, Owners	Employees
Licensed architects	_____	_____
Licensed engineers	_____	_____
Technical staff	_____	_____
Administrative staff	_____	_____

4. Does the Applicant derive more than 20% of its gross annual revenue from any single customer?
❒ Yes ❒ No
If Yes, from whom? _____

5. Does the Applicant do business through independent contractors?
❒ All of the time ❒ Most of the time ❒ Some of the time ❒ Never
Does the Applicant contractually require independent contractors to maintain E&O insurance?
❒ All of the time ❒ Most of the time ❒ Some of the time ❒ Never
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) ____%

_____

TOTAL OF PROJECTS **100 %**

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): _____

BSR
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