HISCOX PRO™

BSR

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# Architects, Engineers, and Construction Managers Professional Liability Insurance Application

## NEW BUSINESS APPLICATION

## Applicant Information:

Name of Applicant (attach a separate sheet, if necessary):

Applicant Address: State: Zip Code:

Applicant Website Address: Date of Formation: / / NAICS Code:

**Please note: For purposes of this application, "you/your" includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor.**

1. Have you been involved in a merger, acquisition, or consolidation with another entity in the last 12 months? Yes ☐ No ☐

   If yes, please provide additional details including the name and address of the merged/acquired entity, and date of the merger/acquisition:

2. Are you owned by or do you have any controlling interest in another entity? Yes ☐ No ☐

   If yes, please provide additional details, including the name and address of the entity(ies), and percent of ownership interest (attach a separate sheet, if necessary):

3. Do you or any related entity have any ownership in any other company providing construction or design services? Yes ☐ No ☐

   If yes, please provide additional details, including the name and address of the entity(ies), and percent of ownership interest (attach a separate sheet, if necessary):

4. Do you provide any services on any project or for any entity in which you or any related entity has any ownership greater than 20%? Yes ☐ No ☐

   If yes, please provide additional details, including the project(s), services provided, and the percent of ownership (attach a separate sheet, if necessary):

## Professional Liability Coverage:

Please select which coverage(s) you request and provide us with the following information:

| | ☐ **A&E and Construction Managers Professional Liability Insurance** |
|---|---|
| Limit of Liability Requested: | $ |
| Deductible Desired: | $ |

## Subsidiary Information

Please complete this section if you require coverage under any section for a subsidiary. For purposes of this application, subsidiary means any entity of which the named insured has management control before or as of the inception of the policy period.

**Please note: We can extend this insurance to include any subsidiary (ies) for which you require cover provided that:**

a. a complete list of the companies is given below (or on a separate sheet if necessary);

b. the revenues and claims information declared on this proposal form incorporates that for the subsidiary (ies); and

c. all other information you give in this proposal form incorporates that for the subsidiaries

Please provide the following details for all subsidiaries to be insured:

| Name | Main/Registered Address | Date of Creation/Acquisition | Services |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Sub-Consultants Information:

1. In the last completed year, have you engaged or hired any sub-consultants for any of your projects? Yes ☐ No ☐

If yes, please list below what professional disciplines are subcontracted:

a.

b.

c.

2. In the last completed year, were any of your professional billings paid to sub-consultants? Yes ☐ No ☐

If yes, what percentage of your billings were paid to sub-consultants? %

3. Do you require professional liability insurance from sub-consultants? Yes ☐ No ☐

## Organizational Structure:

Please specify your total number of employees below (full and part-time employees, including registered, licensed design professionals):

1. Total number of your employees:

| | Estimate of Employees | Registered/Licensed |
|---|---|---|
| Principals | | |
| Licensed Design Professionals | | |
| Other Technical Consultants | | |
| Other, specify: | | |

2. Please provide the following information about the applicant's key employees:

| Name in full of ALL partners/ principals/key employees | Professional qualifications | Date qualified | How long in practice? | How long as partner/ principal? |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

## Locations:

1. Do you perform all of your services in the Unites States or within United States territories? Yes ☐ No ☐

2. Do you perform any of your services in the following states:

| State | Yes/No | | % of work performed in the State | State | Yes/No | | % of work performed in the State |
|---|---|---|---|---|---|---|---|
| Arizona | Yes ☐ | No ☐ | % | New York | Yes ☐ | No ☐ | % |
| California | Yes ☐ | No ☐ | % | Texas | Yes ☐ | No ☐ | % |
| Florida | Yes ☐ | No ☐ | % | Washington | Yes ☐ | No ☐ | % |
| Illinois | Yes ☐ | No ☐ | % | West Virginia | Yes ☐ | No ☐ | % |
| New Jersey | Yes ☐ | No ☐ | % | Other: | Yes ☐ | No ☐ | % |

3. Do you perform any services internationally, outside of the Unites States? Yes ☐ No ☐

If yes, please list and provide details of all international locations where you perform services below:

| | U.S. / Canada | U.K. | Other Countries | Total |
|---|---|---|---|---|
| Total number of employees | | | | |
| Total sales or revenue for the last completed year | $ | $ | $ | $ |
| Of total revenue, sales from online sales or services | $ | $ | $ | $ |

## Revenue Information:

Please complete the revenue information requested below:

| | | Last Completed Year | Prior Two Years | Upcoming Year Projection |
|---|---|---|---|---|
| **Gross Fees** | | | | |
| 1. | Professional Billings | $ | $ | $ |
| 2. | Direct Reimbursables | $ | $ | $ |
| 3. | Other Professional or Technical Fees (please specify): | $ | $ | $ |
| **Billings** | | | | |
| Please provide the approximate percentage of billings derived from the following services: | | | | |
| a. | Feasibility studies, reports and surveys not resulting in design | % | | |
| b. | Design without supervisory services | % | | |
| c. | Design and observation | % | | |
| d. | Construction/project management | % | | |
| e. | Construction observation without design | % | | |
| f. | Inspection of existing structures | % | | |
| g. | Inspections of homes/commercial properties for prospective buyers/lenders | % | | |
| h. | Manufacture, sale or distribution of any product or service | % | | |
| i. | Development, sale or leasing of any computer software or hardware | % | | |
| j. | Other ( please specify): | % | | |

## Professional Services Areas:

1. Please describe the percentages of the following professional services the applicant provides or intends to provide:

| Services | Last Completed Year | Services | Last Completed Year |
|---|---|---|---|
| Aerospace engineering | % | Land surveying | % |
| Architecture | % | Landscape architecture | % |
| Chemical engineering | % | Machine, equipment, and/or manufacturing | % |
| Civil engineering | % | Marine engineering | % |
| Construction management (agency) | % | Mechanical engineering | % |
| Construction management (at risk) | % | Nuclear engineering | % |
| Electrical engineering | % | Process engineering | % |
| Environmental engineering | % | Soil engineering | % |
| General contracting | % | Structural engineering | % |
| HVAC engineering | % | Other, please specify | % |

## Project Information:

1. Please provide us with a breakdown of your projects by type:

| Project Type | % | Project Type | % | Project Type | % |
|---|---|---|---|---|---|
| Airports | % | Manufacturing/industrial | % | Retail structures | % |
| Amusement rides | % | Mass transit | % | Schools/colleges | % |
| Apartments | % | Mines | % | Sewage systems | % |
| Arenas/stadiums | % | Municipal buildings | % | Sewage plants | % |
| Bridges | % | Nuclear/atomic | % | Superfund/pollution | % |
| Condos/townhouses | % | Office buildings | % | Telecommunications | % |
| Convention centers | % | Parking structures | % | Theatres | % |
| Dams | % | Petro/chemical | % | Tract homes/ Subdivisions | % |
| Harbors/piers | % | Pools | % | Tunnels | % |
| Hospitals/healthcare | % | Playgrounds | % | Underground storage tanks | % |
| Hotels/motels | % | Pre-engineered structures | % | Utilities | % |
| Industrial waste treatment | % | Private dwellings | % | Warehouses | % |
| Jails | % | Recreation | % | Wastewater treatment plants | % |
| Landfills | % | Roads/highways | % | Water systems | % |
| Libraries | % | Renovations (All including condo) | % | | |
| Other, please specify | | % | | | |

2. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please provide the following information:

| Project/client name | Nature of the services | Revenue obtained |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |

## Client Information:

1. Please indicate the percentage of work performed for the following:

| | | |
|---|---|---|
| a. | Federal Government | % |
| b. | State Local Government | % |
| c. | Other Contractors | % |
| d. | Developers, Companies, Organizations | % |
| e. | Private Individuals | % |
| f. | Other – Please specify: | % |

2. What percentage of your work is attributable to repeat clients? %

## Risk Management Information:

| | | | |
|---|---|---|---|
| 1. | Do you have a dedicated full-time Risk Manager? | Yes ☐ | No ☐ |
| 2. | Do you have in-house quality control procedures in place? | Yes ☐ | No ☐ |
| 3. | Do you have a peer review process? | Yes ☐ | No ☐ |
| 4. | Do you have nonstandard contracts reviewed by legal prior to signing? | Yes ☐ | No ☐ |
| | Do your agreements include: | | |
| | a. limitation of liability clauses under $250,000? | Yes ☐ | No ☐ |
| | b. alternative dispute resolution clauses, such as mediation? | Yes ☐ | No ☐ |
| | c. waiver of consequential damages provisions? | Yes ☐ | No ☐ |
| 5. | Please indicate the percentage of work by contract type: | | |
| | a. Standard Industry (AIA, AGC, BIA etc.) | | % |
| | b. Firms Own Contract | | % |
| | c. Client Contract | | % |
| | d. Purchase Order | | % |
| | e. Oral Contracts | | % |
| 6. | Do you utilize Employ Building Information Modeling (BIM) or similar software/system? | Yes ☐ | No ☐ |

## Insurance Information:

1. Do you currently purchase Professional Liability or Errors and Omissions Insurance? Yes ☐ No ☐

If yes, please provide the following information for the past three years:

| Insurance Carrier | Type of Coverage | Term | Retroactive Date | Limits | Deductible | Premium |
|---|---|---|---|---|---|---|
| | | MM/DD/YY to MM/DD/YY | MM/DD/YY | $ | $ | $ |
| | | MM/DD/YY to MM/DD/YY | MM/DD/YY | $ | $ | $ |
| | | MM/DD/YY to MM/DD/YY | MM/DD/YY | $ | $ | $ |
| | | MM/DD/YY to MM/DD/YY | MM/DD/YY | $ | $ | $ |

| | | | |
|---|---|---|---|
| 2. | Do you require third party design professionals to have current professional liability insurance? | Yes ☐ | No ☐ |
| 3. | What minimum limits do you require for professional liability? $ | | |

## Claims Details:

| | | | |
|---|---|---|---|
| 1. | Does any person or entity to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim or potential claim against him/her or the entity? | Yes ☐ | No ☐ |
| | If yes, please explain: | | |
| 2. | After inquiry, have any claims been made against any proposed Insured(s) during the past ten (10) years? | Yes ☐ | No ☐ |
| | If yes, please explain: | | |

**If yes to any of the above Claims Details questions, please specify details below and/or submit additional information.**

**Details of Claim** (please include the date of claim, parties to the claim, and current status of the claim, in addition to the details of the claim)**:**

**Please note: It is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way related to such error, misstatement, misleading statement, act, omission, neglect, or breach of duty of which there is knowledge or information will be excluded from coverage under insurance being applied for.**

## Additional Requested Information:

Please indicate whether you have submitted the following information along with this application:

| | | | | |
|---|---|---|---|---|
| 1. | Organization Chart | Yes ☐ | No ☐ | Not Applicable ☐ |
| 2. | Project List | Yes ☐ | No ☐ | Not Applicable ☐ |
| 3. | Financial Statements (up to 5 years prior) | Yes ☐ | No ☐ | Not Applicable ☐ |
| 4. | Joint Venture Agreements | Yes ☐ | No ☐ | Not Applicable ☐ |

**NOTICES:**

Completion of this application will in no way be considered a binder of coverage, and Hiscox does not guarantee that a policy will actually be issued upon receipt of a completed application. Whoever fills out this application must be a principal, partner, director, officer, senior manager (or equivalent positions) authorized to do so and should make all the proper inquiries to answer the questions. The application should be completed for the applicant inclusive of every subsidiary or other affiliated company seeking coverage under the policy.

If a policy is issued, it will provide coverage only for claims that are first made against you, or any first party events discovered by you, and properly reported to us during the policy period, or any extended reporting period, if applicable. This application is for insurance in which the policy limits available to pay judgments or settlements shall be reduced by defense costs. Further note that defense costs shall be applied against the retention amount.

You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

**APPLICATION DISCLOSURES**:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued.

Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**You may choose to sign this form electronically by inserting your typed name or a digital or imaged signature in the space below. If you elect to do so, you hereby consent and agree that such action constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Once completed, please forward the form to your agent or broker via email. If you choose to otherwise sign the form, please print the completed form and then sign and forward the document to your broker by email or mail.**

**Applicant Information**:

Applicant Name: _____

By (Authorized Signature): _____

| | |
|---|---|
| Name/Title: | |
| Date: | |

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HISCOX PRO™

# Architects, Engineers, and Construction Managers Professional Liability Insurance Application

## SUPPLEMENTAL APPLICATION

## Applicant Information

Name of Applicant (attach a separate sheet, if necessary):

**Please note: For purposes of this application, "you/your" includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information. Loss and Claim have the meanings as defined in the policy form. If you do not have a copy of the policy form, please obtain from one your insurance advisor.**

## Organizational Structure

Please specify your total number of employees below (full and part-time employees, including registered, licensed design professionals):

1. Total number of your employees:

| | Estimate of Employees | Registered/Licensed |
|---|---|---|
| Principals | | |
| Licensed Design Professionals | | |
| Other Technical Consultants | | |
| Other (please specify): | | |

2. Please provide the following information about the applicant's key employees:

| Name in full of ALL partners/ principals/key employees | Professional qualifications | Date qualified | How long in practice? | How long as partner/ principal? |
|---|---|---|---|---|
| a. | | | | |
| b. | | | | |
| c. | | | | |

## Revenue Information

Please complete the revenue information requested below:

| | | Last Completed Year | Prior Two Years | Upcoming Year Projection |
|---|---|---|---|---|
| **Gross Fees** | | | | |
| 1. | Professional Billings | $ | $ | $ |
| 2. | Direct Reimbursables | $ | $ | $ |
| 3. | Other Professional or Technical Fees (please specify): | $ | $ | $ |

## Professional Services Areas

1. Please describe the percentages of the following professional services the applicant provides or intends to provide:

| Services | Last Completed Year | Services | Last Completed Year |
|---|---|---|---|
| Aerospace engineering | % | Land surveying | % |
| Architecture | % | Landscape architecture | % |

| | | | |
|---|---|---|---|
| Chemical engineering | % | Machine, equipment, and/or manufacturing | % |
| Civil engineering | % | Marine engineering | % |
| Construction management (agency) | % | Mechanical engineering | % |
| Construction management (at risk) | % | Nuclear engineering | % |
| Electrical engineering | % | Process engineering | % |
| Environmental engineering | % | Soil engineering | % |
| General contracting | % | Structural engineering | % |
| HVAC engineering | % | Other (please specify): | % |

## Project Information

1. Please provide us with a breakdown of your projects by type:

| Project Type | % | Project Type | % | Project Type | % |
|---|---|---|---|---|---|
| Airports | % | Manufacturing/industrial | % | Retail structures | % |
| Amusement rides | % | Mass transit | % | Schools/colleges | % |
| Apartments | % | Mines | % | Sewage systems | % |
| Arenas/stadiums | % | Municipal buildings | % | Sewage plants | % |
| Bridges | % | Nuclear/atomic | % | Superfund/pollution | % |
| Condos/townhouses | % | Office buildings | % | Telecommunications | % |
| Convention centers | % | Parking structures | % | Theatres | % |
| Dams | % | Petro/chemical | % | Tract homes/ subdivisions | % |
| Harbors/piers | % | Pools | % | Tunnels | % |
| Hospitals/healthcare | % | Playgrounds | % | Underground storage tanks | % |
| Hotels/motels | % | Pre-engineered structures | % | Utilities | % |
| Industrial waste treatment | % | Private dwellings | % | Warehouses | % |
| Jails | % | Recreation | % | Wastewater treatment plants | % |
| Landfills | % | Roads/highways | % | Water systems | % |
| Libraries | % | Renovations (all including condo) | % | | |
| Other (please specify): | | % | | | |

## Claims Details

1. Does any person or entity to be insured have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim or potential claim against him/her or the entity? Yes ☐ No ☐

If yes, please explain:

2. After inquiry, have any claims been made against any proposed Insured(s) during the past ten (10) years? Yes ☐ No ☐

If yes, please explain:

**If yes to any of the above claims details questions, please specify details below and/or submit additional information.**

**Details of Claim:** Please include the date of claim, parties to the claim, and current status of the claim, in addition to the details of the claim.

**Please note: It is agreed that if such knowledge or information exists, any claim based on, arising from, or in any way related to such error, misstatement, misleading statement, act, omission, neglect, or breach of duty of which there is knowledge or information will be excluded from coverage under insurance being applied for.**

**NOTICES:**

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You must read, complete, sign, and date the entire application form. If you are unable to fully complete, sign, and date, please submit additional details so that you may still be considered for coverage.

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Your submission of this Application does not obligate us to issue, or require you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials provided to us in conjunction with this Application are incorporated into this Application and made a part of it.

The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this Application are true, accurate, and complete. The undersigned agrees that we will rely on this Application in issuing any insurance policy providing the requested coverage, and that this Application will form the basis of any such insurance policy.

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**Applicant Information**

| | |
|---|---|
| Applicant Name: | |
| By (Authorized Signature): | |
| Name/Title: | |
| Date: | |