HISCOX

BSR

(T) 800-768-7475 - www.bsrins.com

# Architects, Engineers and Construction Managers Errors and Omissions Insurance

Application

**If coverage is issued, it will be on a claims-made basis.**

**Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.**

1. Name of applicant:

   Address:

   Website:

2. Date established: mm/dd/yyyy

3. In the past five years has the applicant ever changed names or been party to any acquisition, consolidation, merger, or dissolution? Yes ☐ No ☐

   If Yes, please describe:

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

| | Last fiscal year | Current year | Number of licensed staff |
|---|---|---|---|
| Aerospace engineering | % | % | |
| Architecture | % | % | |
| Chemical engineering | % | % | |
| Civil engineering | % | % | |
| Construction management (agency) | % | % | |
| Construction management (at risk) | % | % | |
| Electrical engineering | % | % | |
| Environmental engineering | % | % | |
| General contracting | % | % | |
| HVAC engineering | % | % | |
| Interior designer | % | % | |
| Land surveying | % | % | |
| Landscape architecture | % | % | |
| Machine, equipment, and/or manufacturing | % | % | |
| Marine engineering | % | % | |
| Mechanical engineering | % | % | |
| Nuclear engineering | % | % | |
| Process engineering | % | % | |
| Soil engineering | % | % | |
| Structural engineering | % | % | |
| Other (please specify below) | % | % | |

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5a. Does the applicant employ a licensed architect or engineer? Yes ☐ No ☐

5b. What is the total number of employees, including registered, licensed design professionals, full-time and/or part-time?

5c. Please list the state(s) in which the applicant will be performing these services and the percentage of work in that state:

| State | Percentage | State | Percentage |
|---|---|---|---|
| | % | | % |
| | % | | % |
| | % | | % |

6. Please provide the gross billings for services listed below that were performed by the applicant:

| | Last 12 months | | Projected 12 months | |
|---|---|---|---|---|
| | Gross revenues | Construction values | Gross revenues | Construction values |
| Design | $ | $ | $ | $ |
| Design/build | $ | $ | $ | $ |
| Actual construction/ fabrication/erection | $ | $ | $ | $ |
| Construction management | $ | $ | $ | $ |
| Total | $ | $ | $ | $ |

7. Please provide the approximate percentages 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: %

8. Based upon billings, please provide the approximate percentages of the projects below that the applicant is engaged in.

| | | | | | |
|---|---|---|---|---|---|
| Airports | % | Landfills | % | Schools/colleges | % |
| Amusement rides | % | Libraries | % | Sewage systems | % |
| Apartments | % | Manufacturing/industrial | % | Sewage plants | % |

HISCOX

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| | | | | | |
|---|---|---|---|---|---|
| Arenas/stadiums | % | Mass transit | % | Retail structures | % |
| Bridges | % | Mines | % | Superfund/pollution | % |
| Condos/townhouses: | | Municipal buildings | % | Telecommunications | % |
| Residential | % | Nuclear/atomic | % | Theatres | % |
| Commercial | % | Office buildings | % | Tract homes | % |
| Convention centers | % | Parking structures | % | Tunnels | % |
| Dams | % | Petro/chemical | % | Underground storage tanks | % |
| Harbors/piers | % | Pools/playgrounds | % | Utilities | % |
| Hospitals/healthcare | % | Pre-engineered structures | % | Warehouses | % |
| Hotels/motels | % | Private dwellings | % | Wastewater treatment plants | % |
| Industrial waste treatment | % | Recreation | % | Water systems | % |
| Jails | % | Roads/highways | % | | |
| Other-please specify: | | | | | % |

9. Does the applicant design projects using model-based technology, or Building Information Modeling (BIM)? If yes, what % _____ Yes ☐ No ☐

10. Does the applicant provide professional services on projects which are LEED certified? If yes, what %? _____ Yes ☐ No ☐

11. Is the applicant firm involved in any business other than those described? Yes ☐ No ☐

If Yes, please describe/attach an explanation:

12. Does the applicant or any related entity have any ownership in any other company? Yes ☐ No ☐

If Yes, please describe/attach an explanation (including % ownership):

13. Does the applicant provide any services on any project or for any entity in which the applicant or any related entity has any ownership? Yes ☐ No ☐

If Yes, please describe/attach an explanation (including % ownership):

14. 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? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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15. To what professional association(s) does the applicant belong?

16. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

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

17. Does the applicant follow in-house quality control procedures? Yes ☐ No ☐

Does the applicant obtain continuing education for professional employees? Yes ☐ No ☐

How many professional employees of the applicant have attended at least six hours of continuing education over the past 12 months?

Does the applicant use written contracts on every project? Yes ☐ No ☐

If No, please provide the percentage of projects where oral agreements were used: %

Please specify the approximate percentage of professional services rendered under AIA or EJCDC standard contracts: %

If non-standard contract, modified AIA/EJCDC contracts or letter agreements are used, are they reviewed by the applicant's legal counsel or liability implications prior to signing? Yes ☐ No ☐

Does the applicant seek a limitation of liability clause in contracts with clients? Yes ☐ No ☐

If so, what percentage of contracts contains this clause? %

Does the applicant negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes ☐ No ☐

If so, what percentage of contracts contains this clause? %

Does the applicant have any formalized procedures for paused or abandoned projects? Yes ☐ No ☐

18. Does the applicant subcontract any professional services? Yes ☐ No ☐

If Yes, please explain:

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19. Has any similar insurance ever been non-renewed or cancelled? Yes ☐ No ☐

If Yes, please explain:

20. Is similar insurance currently in place? Yes ☐ No ☐

Please provide professional insurance information for the last five years:

| Company | Term | Limits | Deductible | Premium |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Retroactive date on policy? mm/dd/yy

21. Please provide the applicant's current general liability coverage:

| Insurance company | Type of coverage | Limits | | Effective | |
|---|---|---|---|---|---|
| | | BI | PD | From | To |
| | | | | | |

22. Have any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes ☐ No ☐

If Yes, please explain:

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

If Yes, please explain:

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

If Yes, please provide full loss runs and/or a Supplemental Claims Information Form for each claim.

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25. Limit of liability desired:

$500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ Other $

26. Deductible desired:

$5,000 ☐ $10,000 ☐ $25,000 ☐ Other $

It is understood and agreed that with respect to questions 22, 23 and 24, that is such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

**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 containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.**

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

**A copy of this application should be retained for your records.**