

• APPLICATION •
ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Architects and Engineers Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

1. Name of Firm: _____ Date Established: _____
2. Address: _____ County: _____
3. Branch Office Address(es): _____
4. Phone: (____) _____ Fax: (____) _____
 E-Mail: _____ Website: _____
5. Firm is: Corporation Partnership Sole Proprietorship Joint Venture Other

PERSONNEL

6. Specify personnel per categories below:

| | Number | Number Registered/Licensed | Full-Time | Part-Time |
|---|--------|----------------------------|-----------|-----------|
| A. Principals, Partners, Officers & Directors | | | | |
| B. Architects: | | | | |
| C. Engineers: | | | | |
| D. Land Surveyors: | | | | |
| E. Technical Personnel: | | | | |
| F. Others: (administrative/clerical) | | | | |
| G. Total Personnel: | | | | |

GROSS RECEIPTS

7. Gross receipts to include reimbursable expenses and fees paid to subconsultants. Current fiscal year ends _____

| Gross receipts attributable to: | Current Fiscal Year Ending ____/20__ | Last Fiscal Year Ending ____/20__ | Two Years Ago Ending ____/20__ | Three Years Ago Ending ____/20__ |
|---|---|--------------------------------------|-----------------------------------|-------------------------------------|
| a. Separately insured projects | \$ | \$ | \$ | \$ |
| b. Permanently abandoned projects | \$ | \$ | \$ | \$ |
| c. All other fees/billings | \$ | \$ | \$ | \$ |
| d. Total Gross Receipts (7a+7b+7c) | \$ | \$ | \$ | \$ |
| e. Estimated Total Gross Receipts for next fiscal year \$ | | | | |

PROFESSIONAL DISCIPLINES

8. Specify as a percentage of the firm's gross receipts. **Total should equal 100%.**

| | | | | | |
|------------------------|---|---------------------------------|---|--------------------------------|---|
| Architecture | % | Landscape Architecture | % | HVAC Engineering | % |
| Civil Engineering | % | Land Surveying | % | Fire Protection Engineering | % |
| Mechanical Engineering | % | Construction/Project Management | % | Construction Materials Testing | % |
| Electrical Engineering | % | Process Engineering | % | Mining Engineering | % |
| Structural Engineering | % | Chemical Engineering | % | Interior Design | % |
| Soils Engineering | % | Environmental | % | Land Use Planning | % |
| Laboratory Testing | % | Hydrogeology/Geology | % | Other | % |

SERVICES

Percent Gross Receipts (must total 100%)

9. a. **Design/Studies:**
- 1. Design with construction observation/review _____
 - 2. Design without construction observation/review _____
 - 3. Studies, planning, permitting _____
- b. **Construction Related Services:**
- 1. Construction Management Services (Agency) _____
 - 2. Construction Management Services (At risk) _____
 - 3. Project Management _____
 - 4. Construction observation/review without design _____
- c. **Surveying:**
- 1. Construction Staking _____
 - 2. Topographic/Boundary Surveys _____
 - 3. Other _____
- d. **Inspections as Stand-Alone Service:**
- 1. Construction Inspection _____
 - 2. Real Estate Pre-Acquisition _____
 - 3. Mold Inspection/Investigation _____
 - 4. Water Intrusion Inspection _____
- e. **Miscellaneous Services:**
- 1. Forensic/Expert Witness _____
 - 2. Plan Checking _____
 - 3. Quantity/cost estimating _____
 - 4. Drafting (stand alone service without design) _____
 - 5. Other : _____

CLIENTS

Percent of Clients (must total 100%)

10. a. Government or Public Entities _____
- b. Owners acting as their own builders _____
- c. Design/Build or turnkey contractors _____
- d. Other contractors _____
- e. Developers _____
- f. Financial and lending institutions _____
- g. Other design professionals _____
- h. Insurance Companies/Attorneys _____
- i. Other _____
11. What percentage of Total Gross Receipts in 7d. are derived from repeat clients? _____

PROJECTS

As a Percent of Gross Receipts (must total 100%)

12. a. Schools, colleges _____
- b. Hospitals, retirement or convalescent homes _____
- c. Hotels, motels or resort properties _____
- d. Condominiums/Townhouses _____
- e. Residential subdivisions/Tract Homes _____
- f. Custom single family residential _____
- g. Remodel only - single home _____
- h. Apartments _____
- i. Office/Commercial/Retail _____
- j. Government/Public Buildings _____
- k. Industrial/Process _____
- l. Machine design _____
- m. Sports Stadiums/Amusement Parks _____
- n. Public Utilities/Power Generation _____
- o. Jails/Justice _____
- p. Airports _____
- q. Roads/Highways/Traffic _____
- r. Sewage or waste disposal systems _____
- s. Water systems _____
- t. Wastewater Treatment Plants _____
- u. Pipelines _____
- v. Dams/reservoirs/mines/quarries _____
- w. Harbors, jetties, docks or piers _____
- x. Bridges, trestles or tunnels _____
- y. Parking garages/Theaters/Convention Ctr. _____
- z. Falsework/Shoring/Temporary Structures _____
- Other _____
13. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? Yes No
- If yes, please provide details and complete the following:
- Total number of Condominium/Townhouse projects? _____
- Approximate total construction value? \$_____
- 14a. What percentage of the firm's projects are done on a Fast Track basis? _____%
- 14b. What percentage of the firm's projects are outside the U.S. and Canada? _____%
- Which countries? (list) _____

CONTRACTS

15. Please specify types of contracts used by the firm. **Must total 100%.**

- | | | | |
|---|--------|--------------------|--------|
| a. Standard industry contract (AIA, EJCDC, ASFE, etc.) | _____% | e. Client contract | _____% |
| b. Firm's own standard contract | _____% | f. Oral agreement | _____% |
| c. Letter agreement | _____% | g. Other _____ | _____% |
| d. Purchase order | _____% | _____ | _____% |

16. What percentage of the firm's contracts contain a Limitation of Liability clause? _____%

FINANCIAL AND OTHER INTERESTS

17. Does the firm have any predecessor firms or related entities? Yes No

If yes, list all pre-existing entities, including mergers and their dates of existence (*below and in the grid provided on question 36*).

For all "yes" responses to question 18, please provide details by attachment.

18. During the past 12 months has the firm or any principal:

- | | | |
|---|------------------------------|-----------------------------|
| a. Engaged in actual construction or hired a construction contractor to perform construction work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Become involved with or have ownership interest in a construction or real estate development company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Been employed by or an officer of any other firm, organization or political body? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Derived more than 50% of last fiscal year's gross receipts from any one client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Designed a building, component or system which might be used on more than one project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Become involved in the manufacture or fabrication of any component, device or system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Provided electronic data processing services for others or sold software components? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Been the subject of disciplinary action by authorities as a result of professional or business activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. a. Has the firm entered into any Joint Ventures? Yes No

b. Does the firm's Joint Venture agreement provide for allocation of liabilities? Yes No

c. Does the firm require evidence of professional liability insurance from all Joint Venture members? Yes No

20. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered? Yes No

b. Other than for third party claims, does your firm seek coverage for these projects?
If yes, an Equity Interest Supplemental Application must be submitted. Yes No

21. Does the firm have any Abandoned Projects to be excluded from coverage?
If yes, an Abandoned Projects Questionnaire must be submitted. Yes No

SUBCONTRACTORS / SUBCONSULTANTS

22. a. Please provide, as a percentage of the Total Gross Receipts reported in Question 7d., the fees paid to the firm's subconsultants in the following disciplines (*Should not total 100%*)

| | | | |
|--------------|--------|-------------|--------|
| Architecture | _____% | Soils | _____% |
| Civil | _____% | Structural | _____% |
| Mechanical | _____% | HVAC | _____% |
| Electrical | _____% | Other _____ | _____% |

b. Describe the firm's subcontractor and subconsultant selection process: _____

c. Do you hire subcontractors to perform construction? Yes No

If yes, please explain: _____

d. Are all subcontractors and subconsultants hired under a written contract? Yes No

e. Does the firm obtain certificates of insurance from all subcontractors and subconsultants? Yes No

QA / QC ISSUES

23. Does the firm have an Ownership of Documents clause in each contract of hire? Yes No

If no, what does the firm do to protect itself against reuse of its plans and specifications without knowledge or authorization? _____

24. Does the firm have a written Quality Assurance/Quality Control Program? Yes No

25. Does a principal check all plans before they are sent to the field? Yes No

26. Does the firm have an in-house program of continuing education for professional employees? Yes No

27. Has the firm participated in an Organizational Peer Review in the past five years? Yes No

28. Please list all professional societies or associations to which the firm or members of the firm belong:

LIABILITY ISSUES

29. a. Has the firm made adjustments or goodwill payments in any disputes involving its services? Yes No
If yes, please explain in detail.

- b. Have any Professional Liability claims been made against the firm or any of its members? Yes No
If yes, please use the Claim/Incident Information Supplement provided with this Application.

- c. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance? Yes No
If yes, please explain in detail.

- d. Does the firm or any of its members have knowledge of any deficiencies, property damage or bodily injury, whether actual or alleged, in connection with projects for which the firm has performed professional services? Yes No
If yes, please explain in detail.

- e. Does the firm have any pending dispute concerning the payment of fees to the firm for services rendered? Yes No
If yes, please explain in detail.

- f. Does the firm or any of its members have any knowledge of any circumstance, incident, situation, accident condition or unresolved job controversy or other matter which might give rise to a claim under this insurance? Yes No
If yes, please explain in detail.

- g. Has the firm or any of its members testified, provided expert testimony or given a deposition or statement in any disputes or proceedings where claim has been made or suit filed against any party to the work or project where the firm provided professional services? Yes No
If yes, please explain in detail.

- h. Has the firm or any of its members given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim? Yes No
If yes, please use the Claim/Incident Information Supplement provided with this Application.

INSURANCE HISTORY

30. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?
If yes, please explain in detail. Yes No

31. Are you currently insured under a Professional Liability Policy? Yes No
If yes, please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

| | | | | |
|---------|------|-------|------------|---------|
| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|

Retroactive date on current policy: _____

32. Please provide current General Liability policy information:

| | | | | |
|---------|------|-------|------------|---------|
| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|

33. Is your firm currently insured under a separate, Project Specific professional liability policy? Yes No

If yes, provide a copy of the Declarations and answer the following:

| Project Name | Fees | Insurer | Limit/Deductible | Policy Term | Ext. Reporting Period (months) |
|--------------|------|---------|------------------|-------------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REQUIRED ADDITIONAL INFORMATION (must be submitted)

34. Please submit the following information along with this application:

- a. Current Claims history/Insurance Company loss summary for the past five years.
- b. Résumés of key licensed design professionals on staff.
- c. List of ten largest projects over the past three years or current Form 254.
- d. Firm's Brochure

35. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit

Deductible

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.

ADDITIONAL FIRM INFORMATION

36. List all predecessor Firms:

| Name of Former Firm | Dates of Existence | Reason for Change |
|---------------------|--------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

37. Please provide any additional information regarding the firm and its services that you wish us to consider:

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 29, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

Print or Type Your Name

Title

Signature of Applicant

Date