

Architects & Engineers Professional Liability Insurance Application

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY WHICH, SUBJECT TO ITS TERMS AND CONDITIONS, ONLY APPLIES TO CLAIMS BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND IN ACCORDANCE WITH THIS POLICY'S REPORTING PROVISIONS. CLAIM EXPENSES ARE INCLUDED WITHIN THE LIMIT OF LIABILITY.

THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY THE COMPANY. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.

New Applicant, check here: _____

OR

Renewal Applicant, check here: _____

I. FIRM INFORMATION:

A. Firm name: _____

B. Physical address

Street: _____

City, State, Zip Code: _____

C. Mailing address (if different from physical address)

Street: _____

City, State, Zip Code: _____

D. Date firm was established (mm/dd/yyyy): ____/____/____

E. Firm's primary contact

Name: _____ Title: _____

Email: _____ Direct dial telephone: _____

F. Personnel

Principals (do not include in next 3 categories below; only include in TOTAL): _____

Professionals (architects, engineers, construction/project managers, surveyors): _____

Technical (CAD operators, fieldwork, laboratory): _____

Administrative and other: _____

TOTAL: _____

G. Other entity(ies) for which coverage is desired under firm's professional liability (PL) policy:

(If NO other entity(ies), check here: _____)

Name1: _____ Relationship to firm: _____

Nature of operations: _____

Covered under the firm's currently in force PL policy? YES _____ NO _____

If YES, retroactive date that applies to Name1 (mm/dd/yyyy): ____/____/____

Name2: _____ Relationship to Firm: _____

Nature of Operations: _____

Covered under the firm's currently in force PL policy? YES _____ NO _____

If YES, retroactive date that applies to Name2 (mm/dd/yyyy): ____/____/____

Name3: _____ Relationship to Firm: _____

Nature of Operations: _____

Covered under the firm's currently in force PL policy? YES _____ NO _____

If YES, retroactive date that applies to Name3 (mm/dd/yyyy): ____/____/____

***If there are additional names, please attach separately to this application.**

H. Does the firm currently participate in a joint venture(s)? YES _____ NO _____

If YES, please provide the following:

Project name, project type and project location: _____

Professional Services provided by the firm: _____

Are the firm's **Professional Services** covered under a separate policy? YES _____ NO _____

***If there are additional names, please attach separately to this application.**

II. FINANCIAL INFORMATION:

Total Gross Revenue

Projected Fiscal Year (FYE date (mm/dd/yyyy)): \$ _____; ____/____/____

Current Fiscal Year (FYE date(mm/dd/yyyy)): \$ _____; ____/____/____

1st Completed Fiscal Year (FYE date(mm/dd/yyyy)): \$ _____; ____/____/____

2nd Completed Fiscal Year (FYE date(mm/dd/yyyy)): \$ _____; ____/____/____

3rd Completed Fiscal Years (FYE date (mm/dd/yyyy)): \$ _____; ____/____/____

III. DISCIPLINES (provide the percentage of current fiscal year revenue derived from each corresponding discipline; must equal 100%):

Acoustical engineering:	_____%	Forensic engineering:	_____%
Architecture:	_____%	Geotechnical engineering:	_____%
Architectural planner:	_____%	HVAC engineering:	_____%
Civil engineering:	_____%	Illumination engineering:	_____%
Civil engineering WWTP:	_____%	Interior design (<i>not architecture</i>):	_____%
Construction Management-Advisor:	_____%	Landscape architecture:	_____%
Construction Management-At Risk:	_____%	Marine/Naval engineering:	_____%
Construction materials testing:	_____%	Mechanical engineering:	_____%
Communication engineering:	_____%	Petroleum/Chemical engineering:	_____%
Electrical engineering:	_____%	Process engineering:	_____%
Environmental consulting:	_____%	Structural engineering:	_____%
Environmental engineering:	_____%	Surveying:	_____%
Fire suppression engineering:	_____%	Traffic engineering:	_____%
Other (<i>please describe below</i>):	_____%	Urban/Master planning:	_____%

IV. CLIENT TYPES (percentage of gross revenue derived from client types during the 1st completed fiscal year; must equal 100%):

Private owners:	_____%	Commercial owners:	_____%	Contractors:	_____%
Design professionals:	_____%	Real Estate Developers:	_____%	Industrial:	_____%
Local/State government:	_____%	Federal government:	_____%	Other:	_____%

V. Delivery Method (percentage of gross revenue derived from delivery methods during the 1st completed fiscal year; must equal 100%):

Feasibility studies/Master planning/Studies:	_____%	Engineer-Procure-Construct:	_____%
Design-Bid-Build:	_____%	Fast Track:	_____%
Design Only:	_____%	Integrated Project Delivery:	_____%
Design Build – Contractor led:	_____%	Public-Private Partnerships:	_____%
Design Build – Designer led:	_____%	Other (<i>please describe</i>):	_____%

Does the firm or any of its hired sub-consultants or sub-contractors perform any construction activities?
 YES _____ NO _____

During the 1st completed fiscal year, was the firm, or any of their hired sub-consultants or sub-contractors, responsible for construction means, methods, techniques, procedures, or job site safety?

YES _____ NO _____

VI. PROJECTS (provide the percentage of current fiscal year revenue derived from each corresponding projects; must equal 100%):

Airports:	_____%	Multi-family/HUD:	_____%
Airport terminals/hangers:	_____%	Nuclear:	_____%
Amusement rides:	_____%	Offices:	_____%
Apartments:	_____%	Parking structures:	_____%
Arenas/Convention Centers/Stadiums:	_____%	Pools:	_____%
Banks:	_____%	Recreation/Sports:	_____%
Bridges (less than 100 feet):	_____%	Religious/Cemeteries/Churches:	_____%
Bridges (greater than 100 feet):	_____%	Residential (custom homes):	_____%
Condos/Co-ops/Townhomes:	_____%	Residential (single family homes):	_____%
Convalescent homes:	_____%	Residential (sub-divisions):	_____%
Corrections facilities/Jails:	_____%	Restaurants:	_____%
Courts:	_____%	Retail/Shopping Centers:	_____%
Dams/Levees/Reservoirs:	_____%	Roads/Highways:	_____%
Dormitories:	_____%	Schools (pre-K through high school):	_____%
Harbors/Ports/Piers:	_____%	Schools (colleges/universities):	_____%
High rises (greater than 7 stories):	_____%	Sewer systems:	_____%
Hospitals/Healthcare:	_____%	Tunnels:	_____%
Hotels/Motels:	_____%	Utilities:	_____%
Landfills/Solid waste:	_____%	Warehouses:	_____%
Libraries:	_____%	Water systems:	_____%
Manufacturing/Industrial:	_____%	Wastewater treatment plants:	_____%
Mass transit:	_____%	Other (please describe below):	_____%
Military facilities:	_____%	_____	
Mixed use:	_____%	_____	

Foreign Projects (If NO foreign projects, check here: _____)

What percentage of gross revenue was derived from projects outside the United States, its territories or possessions during the 1st completed fiscal year? _____%

Foreign project(s) location(s): _____

**If there are additional names, please attach separately to this application.*

VII. RISK MANAGEMENT

Contractual Practices (the firm's contract usage as a percentage of their current fiscal year revenue; must equal 100%):

Professional association contracts: _____%	Client drafted agreements: _____%
Firm's standard contract: _____%	Purchase orders: _____%
Firm's letter agreement: _____%	Verbal agreements: _____%
Other: _____%	

Does the firm's standard contract or letter agreement include a limitation of liability clause?

YES _____ NO _____

If YES, what percentage of the firm's current standard contracts or letter agreements include limitation of liability clauses less than or equal to \$250,000? _____%

Does the firm have non-standard language reviewed by legal counsel or your insurance professional prior to signing?

YES _____ NO _____

Quality Assurances and Quality Controls:

Are sub-contractors and sub-consultants hired under written contracts? YES _____ NO _____

If YES, what percentage? _____%

What percentage do you obtain professional liability certificates of insurance? _____%

Does the firm have a client selection process? YES _____ NO _____

Does the firm utilize a written quality control procedural manual? YES _____ NO _____

If YES, has this manual been updated in the last 5 years? YES _____ NO _____

What percentage of the firm's professional staff have attended a risk management or loss prevention seminar in the last 2 years? _____%

Has the firm participated in an external peer review in the last 5 years? YES _____ NO _____

Does the firm maintain submittal, change order, or change order request logs on all projects?

YES _____ NO _____

What percentage of the firm's projects utilize a model-based technology linked to a database of project information such as Building Information Modeling (BIM)? _____%

Is the firm a member of any professional association? YES _____ NO _____

If YES, please specify which professional associations. _____

Does the firm have procedures for monitoring or collecting outstanding fees? YES _____ NO _____

Has the firm sued to collect any fees in the last 5 years? YES _____ NO _____

VII. PROFESSIONAL LIABILITY INSURANCE HISTORY

Carrier	Limits of Liability	Retention	Policy Term	Premium

Current policy retroactive date (mm/dd/yyyy): _____/_____/_____

Which type of retention applies to the firm's current policy:

Straight (defense and indemnity): _____

First Dollar Defense (indemnity only): _____

Shared Cost of Defense (% of defense and indemnity): _____

VIII. CLAIMS

A. Does any principal, partner, officer, director, insurance manager or shareholder of the firm have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy? YES _____ NO _____

If yes, please provide a claim supplement:

B. Have any professional liability claims been made, incidents reported or legal action brought in the last 5 years or made earlier and still pending against the firm, its predecessors or any past or present principal, partner, officer, director, shareholder, or employee? YES _____ NO _____

If yes, please provide claim a supplement:

C. In the last five years, the firm and/or the principals have not been involved in any disciplinary proceedings, bankruptcy or the revocation of a license. YES _____ NO _____

If yes, please provide details.

IX. WARRANTY

The undersigned authorized partner, principal, director, or officer represents and warrants on behalf of the Named Insured and all individuals or entities who qualify as Insureds under this proposed policy that to the best of his/her knowledge and belief after diligent inquiry and investigation, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The undersigned authorized partner, principal, director or officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, that he/she will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this Application does not bind the applicant or the Insurer to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

Owner/Partner/Principal Signature: _____

Title: _____

Date: _____