



ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION

Required documents, in addition to this application:

- Current Declarations page or copy of Insurance Policy(ies), as applicable
- Currently valued loss runs (five years)

APPLICANT INFORMATION

Legal name of Applicant:	
Mailing Address: (Street, City, State, Zip Code):	
Primary Location Address: (If different from above)	

List all other business/DBA names for which you ARE seeking coverage under this policy:	
List any names of other entities you own, manage, or do business under for which you ARE NOT seeking coverage:	

Date Established:		Website:	
Please list any associations of which you are a member:			

COVERAGE REQUESTED

Policy Period:	From:		To:	
Retroactive Date: (declarations page required)				
Limits of Insurance:	\$100,000/100,000	\$250,000/250,000		
\$500,000/500,000	\$1,000,000/1,000,000	\$2,000,000/2,000,000		
\$3,000,000/3,000,000	\$5,000,000/5,000,000	Other:	\$	
Deductible:	\$5,000	\$10,000	\$15,000	
\$25,000	\$50,000	\$100,000	Other:	\$

GENERAL INFORMATION

1. Please provide the number of staff in each category

Category	Architects	Engineers	Land Surveyors	Landscape Architects	All Other	Total
Principals, Partners, Officers & Directors						
Licensed Staff						
Unlicensed Staff						

2. Please provide your revenues and construction values for the following categories:

Category	Projection for <u>next 12</u> months	<u>Most recent past 12</u> months	<u>Previous 12</u> months
Projects insured separately	\$	\$	\$
Joint Venture Projects	\$	\$	\$
Projects Permanently Abandoned	\$	\$	\$
Fees passed through to consultants	\$	\$	\$
Direct Reimbursables	\$	\$	\$
All other Professional Services	\$	\$	\$
Annual construction values	\$	\$	\$
Annual Total Revenues	\$	\$	\$

3. Please provide the percentage (totaling 100%) of the following disciplines or services in which the applicant is engaged:

Acoustical Engineering	%	Construction Materials Testing	%
Archeology	%	Crane Inspection and/or Design	%
Architecture	%	Curtain Wall or Glazing Design/Consulting	%
Aerospace Engineering	%	Drafting	%
Automotive Engineering	%	Electrical Engineering	%
Building Inspection	%	Elevator Inspection/Design/Consulting	%
Chemical Engineering	%	Environmental Consulting	%
Civil Engineering	%	Environment Engineering	%
Communication Systems Design	%	Environmental Testing Laboratory	%
Construction Management – Agency (Owners Rep)	%	Forensic Engineering/Expert Witness Services	%
Construction Management – At Risk (Insured Acts as GC)	%	Petroleum Engineering	%
Fire Sprinkler/Alarm System Design	%	Plumbing System Design	%
Fire Sprinkler/Alarm System Inspection	%	Process or Control Systems Engineering	%
Geo Tech/Soil Engineering & Testing	%	Product Design for Third Parties	%
HVAC Engineering	%	Roof Inspection	%
Hydrology	%	Shoring or Scaffolding Design/Consulting	%
Interior Design	%	Solar/Photovoltaic Power Engineering	%
Land Surveying	%	Structural Engineering	%
Landscape Architecture/Design	%	Telecommunications Engineer/Consultant	%

LEED Certification Consulting	%	Testing Lab Services	%
Lighting Design	%	Traffic Planning	%
Machine/Equipment Design	%	Transportation Engineering Underground	%
Marine Surveying or Engineering	%	Utility Locating	%
Mechanical Engineering	%	Urban Planning	%
Naval Architecture	%	Water/Wastewater Engineering/Consulting	%
Nuclear Engineering	%	Other	%
Pavement Engineering	%	TOTAL	100%
Please provide details on the "Other" answer above in the space provided below			

4. Please provide the approximate percentage (totaling 100%) of revenues derived from the following project types:			
Airport/Passenger Terminals	%	Parks/Playgrounds/SkateParks	%
Runways/Taxiways	%	Parking Structures	%
Amusement Rides	%	Petrochemical/Refineries	%
Apartments (not incl. Condo)	%	Pre-Engineered Structures	%
Conversions Arenas/Stadiums/Convention	%	Power Plants/Utilities	%
Centers Automotive/Vehicles	%	Roads/Highways	%
Biofuel Plants	%	Schools/Colleges	%
Bridges	%	Sewage Systems	%
Churches	%	Sewage Treatment Plants	%
Commercial Condominiums	%	Ships/Vessels	%
Custom Homes	%	Single Family Dwellings	%
Dams/Reservoirs/Levees	%	Solar/Wind – AlternativeEnergy	%
Geothermal Systems	%	Superfund/Pollution	%
Harbors/Piers/Ports	%	Telecomm/Cell Sites/Towers	%
Hospitals/Healthcare	%	Theme Parks	%
Hotels/Motels	%	Townhomes	%
Industrial Waste Treatment	%	Tract Homes/Subdivisions	%
Jails/Justice	%	Tunnels	%
Landfills/Solid Waste Facilities	%	Warehouses	%
Libraries	%	Water/Wastewater Treatment	%
Manufacturing/Industrial	%	Water Features and Fountains	%



Mass Transit/Light Rail/Subway	%	Water Slides	%
Mines/Quarries	%	Water Systems	%
Nuclear Facilities	%	Other	%
Office Buildings	%	Other	%
On Base Military Housing	%	TOTAL	100%
Please provide details on the "Other" answer(s) above in the space provided below			

5. Please categorize the services (totaling 100%) offered by the applicant:			
Feasibility studies	%	Construction management without design	%
Design only, no construction phase services	%	Complete responsibility for construction, including design	%
Design with observation of construction	%	Other:	%
Design with construction management services	%	TOTAL	100%

6. Has the firm participated in the last 10 years in any of the following projects or services:			
Projects constructed outside the USA	Yes	Mines	Yes
Amusement Rides or Water Slides	Yes	Nuclear or Atomic	Yes
Asbestos Testing or Abatement	Yes	Refinery or Chemical	Yes
Hazardous or Toxic Waste	Yes	Phase I, II or III Site Assessments	Yes
Laboratory Testing or Analysis	Yes	Runways or Taxiways	Yes
Landfills	Yes	Stadiums or Arenas	Yes
Machinery or Equipment Design	Yes	Soils Engineering	Yes
Product Design	Yes	Superfund	Yes
Please provide details for "yes" answer(s) above on a separate attachment, including project name, location, client, billings, construction values and completion date.			

7. Does any single client provide over 25% of total revenues?	Yes	No
If "Yes," please provide the name of the client, the specific dollar value of the work, and a description of the work performed:		

8. Please categorize your client types based on actual or projected gross revenues:						
Commercial	Government	Institutional	Design Pros	Industrial	Private Owners	Other
%	%	%	%	%	%	%

Please provide details on the "Other" answer above in the space provided below

9. Provide details of the five (5) largest projects undertaken during the last 12 months:

Name of Project	Type of Structure/services performed	Construction Value	Length of Project

10. Does the applicant or any entity related to the applicant firm or its principals engage in any of the following activities:

a. Construction, erection, fabrication, installation or general contracting	Yes	No
b. Manufacture, sale, leasing or distribution of any product or process	Yes	No
c. Manufacture, sale, leasing or distribution of computer software to others	Yes	No
d. Real Estate development	Yes	No

Please provide details for "yes" answer(s) above on a separate attachment, including description of work and actual or projected gross revenue.

11. What percentage of your annual gross revenue is comprised of operations outside the United States?

%

For any operations outside the United States, on a separate attachment, please list each country, describe the project and provide the applicable percentage of revenue

RISK MANAGEMENT

12. Please provide the percentage (totaling 100%) of engagements that are subject to the following contract types:

Standard industry contract	%	Oral Agreement	%
Applicant's own standard contract	%	Purchase order	%
Client's contract	%	Other:	%
Letter Agreement	%	TOTAL	100%

Please provide details on the "Other" answer above in the space provided below

13. Contracts:

a. Do you have contracts for each new project reviewed by legal counsel?	Yes	No
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b. Do contracts contain limitation of liability clauses?	Yes	No
c. Do contracts contain an arbitration provision to govern client disputes?	Yes	No
d. Do contracts state that any dispute will be governed by the law of a certain state? If yes, please list the state in the space below.	Yes	No
e. Do contracts indemnify any other party for any reason?	Yes	No
f. Do you avoid guaranteeing the success of any project?	Yes	No
Additional information requested above:		

14. Business operations:		
g. Do you have a written risk management procedure in place?	Yes	No
h. Do you have an in-house quality control procedure?	Yes	No
i. Do you have written change order procedures?	Yes	No
j. Do you have any unresolved fee disputes? If yes, please provide the date(s), circumstances and amount(s) below.	Yes	No
k. Do you bring suits, including placement of liens, against clients to collect fees? If yes, please provide the date(s) circumstances and amount(s) below.	Yes	No
Additional information requested above:		

15. Do you use subcontractors? If yes, please answer the questions below.	Yes	No
a. What percentage of revenue is attributed to subcontractor costs?		%
b. What percentage of your projects require subcontractors?		%
c. What type of work is subcontracted?		
d. What percentage of subcontractors sign a contract with you?		%
e. Do you obtain evidence the subcontractor carries professional liability?	Yes	No
If yes, what are the limits of insurance required?	\$	
f. Do you obtain evidence the subcontractor carries general liability?	Yes	No
If yes, what are the limits of insurance required?	\$	

16. Has the firm ever provided or does the firm expect to provide professional services on any project in which the firm or any employee of the firm has, had or will have any ownership interest?	Yes	No
If yes, please provide details on a separate attachment, including details on projects, equity interest and revenues.		

17. Have you ever provided, or in the next 12 months will you provide, services in New York? If yes, please answer the questions below.	Yes	No
a. If yes, what percentage of your projected gross revenues is from work in New York?	%	
b. Do you accept responsibility/supervision for site safety programs or do you have the authority for stopping work for unsafe practices?	Yes	No
c. Do you oversee/assume the responsibility for the means and method of construction on any project?	Yes	No
d. Do you use AIA B141/CMA or AIA B141-1997 contracts, or updated versions of such contracts, in New York 100% of the time?	Yes	No

INSURANCE HISTORY

18. Are you being cancelled or non-renewed by your current professional Liability insurance carrier?	Yes	No
If "Yes", please explain:		

19. Professional Liability Insurance History (Past 5 years)				
Insurer	Policy Period	Limits of Insurance	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
If you are currently insured, what is the retroactive date on your current policy?				

20. Do you currently carry General Liability Insurance?	Yes	No
If "Yes", at what limits of insurance?	\$	

LOSS HISTORY

For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.

21. Has any insurance company ever rescinded, cancelled or non-renewed any similar insurance for the applicant? If "Yes", please explain in the space provided below.	Yes	No
22. After inquiry with each person as appropriate, in the last five (5) years have any claims been made against the person or entity applying for insurance, or any of your past or present members, partners, officers, directors, employees, or any predecessors in business? If "Yes", please complete a supplemental claim/incident form for each.	Yes	No
23. After inquiry with each person as appropriate, are you, or any of your partners, officers, directors, or employees, aware of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident which may result in a claim? If "Yes", please complete a supplemental claim/incident form for each.	Yes	No



<p>24. After inquiry with each person as appropriate, have you, or any of your partners, officers, directors, or employees been the subject of any complaint or subject to any disciplinary action by any state licensing agency or other regulatory body during the past five (5) years? If “Yes”, please provide a description of circumstances, and if applicable, a copy of the regulatory body’s decision and any penalties involved.</p>	<p>Yes</p>	<p>No</p>
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SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 21-24, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.



NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____