

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY APPLICATION

APPLICANT'S INFORMATION

1. Legal name of the business is the primary applicant and will be the first named insured listed on the policy:

2. Please list all other business/dba names for which you are seeking coverage under this policy:

3.	Corporation	Individual	Partnership	Municipality	For Profit
	Joint Venture	Other			

4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy):

5. Primary location address:

6. County of primary location:	
Date business originally established:	

7. Total number of branches:
List all addresses for additional branches:

8. What is your website address?	
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9. What is your phone number?	
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10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last five years?	Yes	No
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11. Does any entity own or control your business or does your business own or control any entity?	Yes	No
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12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you?	Yes	No
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For questions 10-12, please fully explain any "yes" response, including the names, dates, and revenue impact involved:

13. Please list any associations of which you are a member:

GENERAL INFORMATION

14. Please indicate the number of total staff in each category:

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

15. Please help us understand the size of your business. Please provide projections if a new business:

	Projection for <u>next</u> 12 months	Most <u>recent</u> past 12 months	<u>Previous</u> 12 months
a. Projects insured separately	\$	\$	\$
b. Joint venture projects*	\$	\$	\$
c. Projects permanently abandoned	\$	\$	\$
d. Fees passed through to consultants	\$	\$	\$
e. Direct reimbursables	\$	\$	\$
f. All other professional services	\$	\$	\$
g. Annual top construction values	\$	\$	\$
h. ANNUAL TOTAL REVENUES	\$	\$	\$

16. Indicate the percentage of the following disciplines or services in which the applicant is engaged:

Acoustical Engineering	%	Construction Management – At Risk (InsuredActs as GC)	%
Archeology	%	Construction Materials Testing	%
Architecture	%	Crane Inspection and/or Design	%

Aerospace Engineering	%	Curtain Wall or Glazing Design/Consulting	%
Automotive Engineering	%	Drafting	%
Building Inspection	%	Electrical Engineering	%
Chemical Engineering	%	Elevator Inspection/Design/Consulting	%
Civil Engineering	%	Environmental Consulting	%
Communication Systems Design	%	Environment Engineering	%
Construction Management – Agency(Owners Rep)	%	Environmental Testing Laboratory	%
Forensic Engineering/Expert Witness Services	%	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 or Consulting	%
Nuclear Engineering	%	Other	%
Pavement Engineering	%	TOTAL	100%

17. Please indicate the approximate percentage of revenues derived from each project:					
	Last 12 Months	Est. Next 12 Months		Last 12 Months	Est. Next 12 Months
Airport/Passenger Terminals	%	%	Parks/Playgrounds/Skate Parks	%	%
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 – Alternative Energy	%	%
Geothermal Systems	%	%	Superfund/Pollution	%	%
Harbors/Piers/Ports	%	%	Telecommunication/Cell Sties/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 Systems	%	%
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%	100%

18. Please categorize the service offered by the entity (must total 100%)	
Feasibility studies	%
Design only, no construction phase services	%
Design with observation of construction	%
Design with construction management services	%
Construction management without design	%
Complete responsibility for construction, including design	%
Other (specify):	%

19. Has the firm participated in any of the following projects or services in the last 10 years?					
Projects constructed outside the USA	Yes	No	Nuclear or Atomic	Yes	No
Amusement Rides or Water Slides	Yes	No	Refinery or Chemical	Yes	No
Asbestos Testing or Abatement	Yes	No	Phase I, II, or III Site Assessments	Yes	No
Hazardous or Toxic Waste	Yes	No	Runways or Taxiways	Yes	No
Laboratory Testing or Analysis	Yes	No	Stadiums or Arenas	Yes	No
Landfills	Yes	No	Soils Engineering	Yes	No
Machinery, Equipment or Product Design	Yes	No	Superfund	Yes	No
Mines	Yes	No			
If "Yes", please provide details of the project(s), including project named, location, client, billings, construction values and completion date on a separate sheet of paper.					

20. Does any single client provide over 25% of gross receipts? If "Yes," please provide the name of the client, the specific dollar value of the work, and a description of the work performed:	Yes	No
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21. Please categorize your type of clients based on the percentage of your gross revenue for the past 12 months (or for the next 12 months if a start-up entity):						
Commercial	Government	Institutional	Design pros	Industrial	Private/owners	Other - describe
%	%	%	%	%	%	%

22. Provide details of the five (5) largest projects undertaken during the last 12 months. If a start-up, please instead provide a projection of the type and size of projects contemplated:			
Name of Project	Type of structure & services performed	Construction value	Length of project

23. 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, distribute, or leasing computer software to others	Yes	No
d. Real estate development	Yes	No
If "Yes" response, on a separate sheet of paper please provide a complete description of the work performed including the associated annual gross revenue.		

24. What percentage of your annual gross revenue is comprised of operations outside the United States? _____%
For any operations outside the United States, please list each country, describe the project and the applicable percentage of revenue:

<p>25. Do you:</p> <ul style="list-style-type: none"> a. Use written contracts for all work? If not what percentage has a contract? _____% b. Have contracts for each new project reviewed by legal counsel? c. Do contracts used include arbitration provisions to govern disputes with clients? d. Do contracts state that any dispute will be governed by the laws of a certain state? If yes, list the state below. e. Do contracts indemnify another party for any reason when it comes to professional liability? f. Avoid guaranteeing the success of any project? g. Have a written risk management procedure in place? h. Have an in-house quality control procedure? i. Have written change order procedures? j. Have unresolved fee disputes? If yes, please describe the date, circumstances and amount below. k. Bring suits, including placement of liens, against clients to collect fees? If yes, please describe the date, circumstances and amount below. <p>Descriptions for d, j, and k:</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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<p>26. 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?</p> <p>If "Yes", please fill out the equity interest supplement.</p>	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

<p>27. Have you ever provided, or in the next 12 months will you provide, services in New York?</p> <p>If "Yes", please complete the following questions:</p> <ul style="list-style-type: none"> a. What percentage of your projected gross revenue 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? 	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Yes	No	Yes	No
Yes	No				
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 in NY 100% of the time?	Yes	No

For any "Yes" response for b or c, on a separate sheet of paper please explain in detail. If AIA B141/CMA or AIA B141-1997 contracts are not used, please explain and provide a copy of your contract.

INSURANCE AND LOSS HISTORY

28. Provide your entity's recent insurance history below.

	Insurance Company	Limits per Claim/Aggregate	Policy Period (mm/dd/yyyy)	Annual Premium
Current Year				
Previous Year 1				
Previous Year 2				
Previous Year 3				
Previous Year 4				

29. If you are currently insured for errors & omissions coverage, what is your policy's retroactive/prior acts date (mm/dd/yyyy)? If there is no retroactive date, please check here.

If requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

30. Are you being cancelled or non-renewed by your current professional liability carrier? If "Yes", please explain why:	Yes	No
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31. Requested limits:					
\$100K/\$300K	\$250K/\$250K	\$500K/\$500K	\$1M/\$1M	\$2M/\$2M	
Other \$ _____					
Requested deductible:	\$2,500	\$5,000	\$10,000	\$25,000	Other \$ _____

<p>32. 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?</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>	<p>Yes No</p>
<p>33. 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?</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>	<p>Yes No</p>
<p>34. 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?</p> <p>If "Yes", please complete a separate Supplemental Claim for each claim or suit and include a currently valued loss run for each claim.</p>	<p>Yes No</p>

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, 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 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:
(Must be signed by a Principal, Partner, or Officer of the Firm)

Title:

Applicant's Signature

Date

Agent/Broker Name: