

ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY RENEWAL APPLICATION

APPLICANT INFORMATION

Current Hamilton Policy Number:	
Legal Name of the Applicant:	
Mailing Address:	

Please provide information regarding any changes to ownership, affiliated entities or other material changes since the inception of the last policy.

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 next 12 months	Most recent past 12 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 projected for the next 12 months:			
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 WitnessServices	%	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%
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 projected for the next 12 months.

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	%	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/WastewaterTreatment Systems	%
Manufacturing/Industrial	%	Water Features andFountains	%
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 provide the projected services offered for the next 12 months:			
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 12 months, or anticipates participating in the next 12 months, in any of the following projects or services:		
Projects constructed outside the USA	Landfills	Phase I, II, or III Site Assessments
Amusement Rides or Water Slides	Machinery, Equipment or Product Design	Runways or Taxiways
Asbestos Testing or Abatement	Mines	Stadiums or Arenas
Hazardous or Toxic Waste	Nuclear or Atomic	Soils Engineering
Laboratory Testing or Analysis	Refinery or Chemical	Superfund
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 projected client types for the next 12 months:						
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. During the last 12 months, did you:		
a. Provide professional services on any project in which the firm or an employee of the firm has, had, or will have any ownership interest? If yes, please provide the project name, relationship and percentage.	Yes	No
b. Use written contracts for all work? If not, please provide the percentage of work that has a contract _____%?	Yes	No
c. Have any unresolved fee disputes? If yes, please provide the date, circumstances and amounts below.	Yes	No
d. Bring suits, including placement of liens, against clients to collect fees? If yes, please provide the date, circumstances and amounts below.	Yes	No
Additional information requested above:		

INSURANCE AND LOSS HISTORY

11. After inquiry with each person as appropriate, in the last twelve (12) months 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 form for each matter.	Yes	No
12. After inquiry with each person as appropriate, has there been any change in the status of previously reported claims? If "Yes", please provide updated loss runs for any previously reported unresolved claims	Yes	No
13. After inquiry with each person as appropriate, have any new claims, incidents or circumstances been reported to any previous carrier under an extended reporting period? If "Yes", please complete a supplemental claim form for each matter and provide currently valued loss runs for the relevant policy.	Yes	No
14. 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 form for each matter.	Yes	No
15. 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 last twelve (12) months? If "Yes", please provide in a description of circumstances, and if applicable, a copy of the regulatory body's decision and any penalties involved.	Yes	No



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 Signature _____

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

Title: _____

Date: _____