



# Application Specific Project/Client Excess Professional Liability Insurance

PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF THERE IS INSUFFICIENT SPACE TO COMPLETE AN ANSWER, PLEASE CONTINUE ON A SEPARATE SHEET OF THE FIRM'S LETTERHEAD. INDICATE NUMBER OF QUESTION. THIS FORM MUST BE COMPLETED, SIGNED, AND DATED BY A PRINCIPAL, PARTNER OR OFFICER OF THE FIRM. PLEASE TYPE OR PRINT.

**NOTE:**

THE INSURANCE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS; ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, ARE COVERED SUBJECT TO THE POLICY PROVISIONS.

THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR DEDUCTIBLE, IF ANY. IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE, PLEASE DISCUSS THEM WITH YOUR INSURANCE AGENT.

- |                             |                     |
|-----------------------------|---------------------|
| 1. Name of Applicant: _____ | Phone: (____) _____ |
| 2. Address: _____<br>_____  | Fax: (____) _____   |
|                             | E-Mail: _____       |
|                             | Website: _____      |
3. Is the applicant the prime design firm on the project?     Yes     No

### PROJECT INFORMATION

4. Name and location or address of project \_\_\_\_\_  
\_\_\_\_\_
5. Please supply a description of the project and the services that the applicant is to provide:  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of Project owner: \_\_\_\_\_
7. If Not the Owner, Provide the Name of Client (By whom you are contracted):  
\_\_\_\_\_

### GROSS RECEIPTS

- |  |          |
|--|----------|
| 8. Total estimate construction value of the project                                | \$ _____ |
| 9. Total estimated gross receipts from project to <b>all</b> design professional:  | \$ _____ |
| 10. Total estimated gross receipts from project to applicant:                      | \$ _____ |
| 11. Total estimated gross receipts from project received by the applicant to date: | \$ _____ |
| 12. Total estimated gross receipts from project to applicant in next 12 months:    | \$ _____ |

13. A) Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase:

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Management:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration Phase:	_____	_____	_____

B) Is the project on schedule and budget?  Yes  No

**SUBCONTRACTED SERVICES:**

14. Will the applicant be subcontracting Professional Services?  Yes  No

A) Please describe Professional Services subcontracted. \_\_\_\_\_

B) Expected total fees from project to be paid to subconsultants: \_\_\_\_\_

C) Does the applicant obtain certificates of insurance from all subcontractors and subconsultants?  
 Yes  No

**DESIGN TEAM INFORMATION**

For all "yes" answers to any of the following, please provide complete details by attachment.

15. Does the applicant or any member of the design team (including partners, officers, employees, parent or subsidiary firms):

A) Have any equity interest in the project?  Yes  No

B) Plan to engage in, or contract any actual construction on the project?  Yes  No

C) Plan to manufacture, fabricate or supply any materials to be used on the project?  Yes  No

D) Plan to participate in a joint venture for any activity on the project?  Yes  No

E) Plan to arrange or procure financing for the project?  Yes  No

16. Does the project owner plan to act as his own contractor on the project?  Yes  No

17. Will applicant's client act as a contractor on the project?  Yes  No

18. **Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc.)**

Note: Sum of Percent of Total Professional Fees should equal 100% of fees shown in Question 10.

Firm Name and Address	Discipline	Percent of Total Professional Fees	Firm's Current Professional Liability Coverage
A) _____ _____ _____ Check if hire by applicant _____	_____	_____	Carrier: _____ Limit: _____ Deductible: _____
B) _____ _____ _____ Check if hire by applicant _____	_____	_____	Carrier: _____ Limit: _____ Deductible: _____
C) _____ _____ _____ Check if hire by applicant _____	_____	_____	Carrier: _____ Limit: _____ Deductible: _____

Please list additional firms by attachment.

19. Please indicate Excess Limit requested:

\_\_\_\_\_ XS \_\_\_\_\_  
 \_\_\_\_\_ XS \_\_\_\_\_

20. Please advise the reason Specific Project/Client Excess Coverage is requested:

\_\_\_\_\_



## CLAIMS AND/OR CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM INFORMATION

21. A) Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be a basis for a claim against them or any other professional firms on this project?  Yes  No
- B) Have there been any significant issues or concerns raised by any of the key parties on the project regarding errors and omissions in the plans or delays on the project to date?  Yes  No
- C) Has the owner or contractor raised any concerns to date regarding the adequacy or timeliness of the professional services provided by the applicant, design team or construction manager on this project?  Yes  No
- D) Has the applicant any knowledge of prior acts, errors and omissions on any project which could reasonably be anticipated? If yes, please explain in detail.  Yes  No
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**IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS INSURANCE.**

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## FRAUD WARNING STATEMENTS

**ARKANSAS, LOUISIANA AND WEST VIRGINIA 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.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application (or any supplemental application, questionnaire or similar document) containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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.

**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 a denial of insurance benefits.

**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.

**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.

**NEW YORK APPLICANTS:** 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 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 cont to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**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.

**OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**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 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 such person to criminal and civil penalties.

**TENNESSEE, VIRGINIA AND WASHINGTON 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.

**ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

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### NOTICE TO ALL APPLICANTS – PLEASE READ CAREFULLY

THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY, AND THIS APPLICATION FORM, WHICH PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE.

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS TOGETHER WITH ANY ATTACHED DOCUMENTS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISREPRESENTED ANY MATERIAL FACTS. I/WE AGREE THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. I/WE HEREBY AUTHORIZED THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO ACE USA, UNDERWRITERS FOR THE COMPANIES.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURANCE COMPANY TO SELL NOR THE APPLICANT TO PURCHASE THE INSURANCE.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal, Partner, or Officer)

**Note:** This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.

**FOR FLORIDA APPLICANTS ONLY:**

Agent Name: \_\_\_\_\_

Agent License Identification Number: \_\_\_\_\_

**FOR IOWA APPLICANTS ONLY:**

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR ARKANSAS, MISSOURI AND WYOMING APPLICANTS ONLY:**

**PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:**

**I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal, Partner, or Officer)