



Architects and Engineers Professional Liability Insurance

New Business Application

CLAIMS-MADE WARNING FOR APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

UNDERWRITTEN BY: THE HANOVER INSURANCE COMPANY

APPLICATION INSTRUCTIONS

Whenever used in this Application, the term **you or your(s)** or the **Applicant** shall mean the **Named Insured** and all subsidiaries, unless otherwise stated.

Please: 1) Type or print (in ink) clearly. 2) Answer all questions completely. 3) If there is insufficient spaces to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate question number. 4) This form must be completed, signed, and dated by a principal or officer of the firm.

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Name of Applicant (Please specify all entities, including predecessors, for whom coverage is desired):

Firm Type: Proprietorship(s) Professional Corporation(s) Partnership(s) Other

2. Date Current Firm Established:

3. Mailing Address/Telephone/Fax Number/E-Mail/Website:

4. If the name of the applicant has ever changed, or if there has ever been an acquisition, dissolution, merger or change in business structure, please provide full details, listing each firm or organization and specifying the date of such change, acquisition, consolidation, dissolution or merger:

Name of Firm	Type of Firm (See 1)	Date Est. (M/D/Y)	Date of Change (M/D/Y)	Reason	Assumed Liabilities
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

II. GENERAL INFORMATION

1. (a) Type of professional service rendered in-house by applicant by current percentage of billings (percentages to equal 100%):

Architecture	Geotechnical/Soils Engineering	Landscape Architecture	Testing Lab
Civil Engineering	HVAC Engineering	Mechanical Engineering	Traffic Engineering
Construction Management	Interior Design	Process Engineering	Other
Electrical Engineering	Land Surveying	Structural Engineering	

(b) If there has been any substantial change in the services offered in the past five years, or if any services have been discontinued, please provide details (dates, types, reasons):

NOTE: QUESTIONS 2 THROUGH 13 REFER TO TOTAL BILLINGS FOR PROFESSIONAL SERVICES FOR YOUR PAST ACCOUNTING YEAR. (NEWLY FORMED FIRMS SHOULD USE ESTIMATED BILLINGS FOR THE NEXT TWELVE MONTHS.)

2. Location of Projects (please list the percentage for each state; percentages to equal 100%):

State	%	State	%	State	%	State	%	State	%	State	%

3. Foreign Work? Yes No If yes, please provide full details:

4. Contract Forms:

(a) Please provide percentages, to equal 100%:

- Standard industry forms (national, state, local; other approved)
- Non-standard forms approved by an independent attorney
- Other non-standard forms
- Verbal contracts

(b) Has the applicant been successful in implementing Limitation of Liability clauses in its professional services agreements? Yes No

If yes, please indicate the approximate percentage of executed contracts containing these clauses:

9. Scope of Services Distribution (please provide percentages, to equal 100%):

Feasibility studies, surveys, and reports that will not result in construction.

Design only with no construction phase services.

Design with responsibility for periodic observation during the construction phase to ensure design compliance.

Design with responsibility for wholly or partly supervising the contractor.

Construction phase services without responsibility for preparing the drawings and specifications.

10. Special Services (please provide percentages; total need not equal 100%):

Alternative Energy	Financial, Investment, Tax or Economic Studies	Precast/Prestressed, or Post-Tensioning Design
Approval or signing of other than your own work product	Forensic/Expert Witness	Prototype Design
Asbestos Related Services	LEED Certified	Rehabilitation/Restoration
Building/Home Inspections	Machine, Equipment, or Product Design	Seismic Related Services
Environmental Audits or Assessments	Materials Testing/Handling	Site Design
Exterior Insulation and Finish (EIFS)	Nuclear or Atomic Related	Subsurface Conditions/Survey
Façade Restoration	Pollution Control/Abatement Services Superfund Pollution	Turn-Key or Fast-Track Projects

11. Ownership of Project (please provide percentage, to equal 100%):

Contractor	Lending Institutions	Private Clients/ Businesses
Federal, State, or Local Government	Other Design Professionals	Real Estate Developers
Industrial (Manufacturing Process, etc.)	Owners Acting as Own Builders	Other

12. (a) Project Type (please provide percentages, to equal 100%):

Airport: Runways, Taxiways Terminals, etc.	Hospitals/Health Care	Recreational (Other Excluding Swimming Pools/Waterslides)
Amusement Parks	Hotels/Motels (High-Rise)	Recreational (Parks/Golf Courses)
Apartments	Hotels/Motels (Low-Rise)	Refineries, Chemical Plants
Bridges/Tunnels/Dams	Industrial	Religious
Commercial (Under 50,000 Sq Ft)	Jails/Prisons	Residential Subdivisions/ Tract Homes
Commercial (Excess 50,000 Sq Ft)	Marine	Sewer/Water Systems
Condominiums Residential Commercial	Mass transit	Stadiums/Arenas/ Convention Centers
Custom Single Family Dwellings	Offices	Swimming Pools
Educational	Parking Garages	Toxic/Hazardous Waste Systems
FHA or Other Subsidized Housing	Pipelines (Please Specify Type)	Waterslides
Governmental	Playground Equipment	Other (Please Specify)
Highways/Roads	Power Plants	

(b) Condominiums: In the past ten years, has any applicant for insurance provided professional services on any type of residential condominium project? Yes No
 If yes, provide details of dates of services, number of projects, and total construction values for these projects.

13. Project Size. List by construction value for projects in past twelve (12) months. (Please provide percentages, to equal 100%):

Up to \$500,000	Over 1M up to 5M	Over 10M up to 25M	Over 50M
Over \$500,000 Up to 1M	Over 5M up to 10M	Over 25M up to 50M	

14. Number of Total Staff: Include resumes of principals and key staff members.

Full Time Part Time

- A. Principals, Partners, Directors and Officers
- B. Architects, Engineers, Surveyors, Inspectors, Draftsmen,
and other Technical Personnel
- C. Clerical and Accounting Employees

15. Background of Personnel: Please specify the experience of all principals & key personnel (attach resumes).

Name	Professional Qualification or License Type	Years with Firm	Years in Practice

16. (a) Does the applicant maintain licenses in all states where services have been rendered? Yes No
 If "No", please explain:

(b) Has the applicant ever been censured or had a license revoked or suspended? Yes No
 If "Yes," please explain:

17. Please specify those professional organizations or societies of which the applicant is a member:

18. Joint Ventures: Does the applicant desire coverage for its participation in any past or current joint ventures?
 Yes No If "Yes," please complete a Joint Venture Application for each joint venture.

19. Is your firm controlled, owned by or associated with or does your firm control or own any other firm, corporation or company? Yes No If "Yes," please provide full details including percentage of services rendered for related entity and provide evidence of applicable insurance for such related entity.

20. (a) Does your firm or any principal, owner, partner, director, or officer of the firm or a member of the immediate family of any such person have an equity or ownership interest in any project for which professional services have been or are to be rendered by the firm? Yes* No

(b) Does your firm render services on behalf of any other entity in which any principal of your firm or an immediate family member is an officer, manager, or owner? Yes* No

*If "Yes" to (a) or (b), please complete an Equity Interest application for each equity interest.

21. Is your firm or any subsidiary, parent, or other organization related to your firm engaged in:

- Actual construction, fabrication, or erection Yes No
- The development, sale, or leasing of computer software to others Yes No
- Design/Build Yes No
- Real estate development Yes No
- The manufacture, sale, leasing, or distribution of any product, process or patented production process Yes No

If the answer to any item in #21 is "Yes," please provide full details on a separate attachment, including a description of the services performed, construction values involved, and fees received.

22. Are any principals, officers, owners, or employees of your firm engaged in any activities described in #21? Yes No

If "Yes," please provide full details and relationship of such persons to the firm:

III. CURRENT INSURANCE INFORMATION

1. Current and Retroactive Coverage:

(a) Has any applicant for insurance had coverage in the past? Yes No

Retroactive date of current policy (M/D/Y)

(b) Please provide the following information regarding the Applicant's most recent insurance policies. If no coverage is currently in force please indicate with a N/A.

<i>Carrier</i>	<i>Expiration Date</i>	<i>Limit of Liability</i>	<i>Deductible</i>	<i>Premium</i>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

(c) Does current deductible apply to all loss and expense? Yes No

If "No," please describe:

(d) Does any applicant for insurance have any outstanding deductible obligations? Yes No

If "Yes," please provide details on a separate sheet, including exact amount owed, payment schedule, if any, and the amounts and dates of repayment.

(e) Project Policy: Has applicant ever been insured under a separate project policy?

Yes No If "Yes," please include a copy of the policy.

2. **(Not Applicable In Missouri)** Within the past 5 years has any professional liability insurance policy of yours been cancelled or non-renewed?

If "Yes," please provide details:

* Yes * No
 *Question Not Applicable in Missouri

IV. LOSS INFORMATION

1. Has any suit ever been filed, or any claim otherwise made, against the applicant or the applicant's predecessors in business, or any of the past or present partners, owners, officers or employees, or against any person, firm, or entity on whose behalf the applicant has assumed liability? Yes No
2. Awareness: Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any facts, circumstances, incidents, situations, or accidents (including, but not limited to: faulty or defective workmanship, product failure, construction dispute, fee dispute, roof failure or leakage, construction worker injury or construction delays) that may give rise to a claim, whether valid or not, which might directly or indirectly involve the applicant? Yes No
3. Is the applicant, after inquiry of each person or entity proposed for insurance, aware of any fee disputes (including fees being withheld, late payments, or fees uncollected) or has any legal action been instituted by the applicant or others in regards to such fee disputes? Yes No
4. In addition to Questions 1, 2, & 3, has the applicant, or any predecessors in business, or any of the past or present partners, owners, or employees, or any person, firm, or entity on whose behalf the applicant has assumed liability, ever reported to any professional liability carrier any fact, circumstance, incident, situation, or accident that was not a suit or otherwise a claim at the time of reporting? Yes No

If the answer to any of the above questions is "Yes," please provide full details on Claim Information Form.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or potential claim identified or that should have been identified in questions 1, 2, 3, or 4 of section IV of this application.

V. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of all Applicants, declare that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all the Applicants and that they are material and are the basis for issuance of the insurance **policy** provided by us. The undersigned further agree that the Application and any material submitted herewith shall be considered attached to and a part of the **policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **us** and shall be deemed to be attached hereto as if physically attached.

It is further agreed that:

- If any of the Applicants discover or become aware of any significant change in the condition of the Applicant's Organization between the date of this Application and the **policy** inception date, which would render the Application inaccurate or incomplete, notice of such change will be reported in writing to us immediately;
- Any **policy** issued, will be in reliance upon the truthfulness of the information provided in this Application; provided, however, with respect to such information, no knowledge or information possessed by any Applicant shall be imputed to any other Applicants. If any person or persons knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons if such information was material to issuance of the **policy**. However, if the Chairperson of the Board of Directors, President, Chief Executive Officer, or Executive Director of the Applicant knew as of the **policy** inception date that such information contained in the Application(s) was untrue, inaccurate or incomplete, then Coverage may be denied or canceled with respect to that person or persons and the Applicant Organization if such information was material to issuance of the **policy**;
- Statements in the Application, facts pertaining to or knowledge possessed by the individual signing the Application shall be imputed to the Applicant; and
- The signing of this Application does not bind the undersigned to purchase insurance.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: CLAIM EXPENSES ARE INSIDE THE POLICY LIMITS. ALL CLAIM EXPENSES SHALL FIRST BE SUBTRACTED FROM THE LIMIT OF LIABILITY, WITH THE REMAINDER, IF ANY, BEING THE AMOUNT AVAILABLE TO PAY FOR DAMAGES.

NOTICE TO 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.

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 PROVIDE 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 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.

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 INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION 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 IDAHO AND OKLAHOMA APPLICANTS: 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 KENTUCKY 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.

NOTICE TO MAINE, 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY AND WILLFULLY 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 MICHIGAN AND MINNESOTA 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, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY OR FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION 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 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD ANY INSURANCE COMPANY: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date **Signature/Title**

(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

(Print Name)

Please attach a copy of the following for every Applicant seeking coverage:

- List of ten largest projects in the last five years.
Include services provided, start and end dates, construction values, and type of project.
- Previous carriers loss history (for the prior 5 years), if any
- Copy of a Current Policy
- Current financial information
- Brochure or Promotional Material
- Information systems policies and procedures, if any

Produced By: Agent:_____ Agency: _____
Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
Address (Street, City, State, Zip):_____

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Please submit this "Application" including appropriate documentation to:

The Hanover Insurance Company
333 W. Pierce Road, Suite 300
Itasca, IL 60143

or email applications to: AENewBiz@Hanover.com.