

**DESIGN PROFESSIONALS LIABILITY INSURANCE APPLICATION
NAVIGATORS INSURANCE COMPANY**

THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY.

New Business Renewal Reference Number/Policy Number: _____

1. Your full legal name: _____

2. List all active entities for which coverage is desired: _____

3. Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

4. Principal Contact: _____ Title: _____

5. Date Firm Established: _____ Phone Number: _____

6. E-Mail Address: _____ Website: _____

7. Type of Company: Sole Proprietor Partnership Corporation Other: _____

8. **Accounting Year Data:** Please provide your professional service billing information, including billings attributable to consultants (Newly formed firms: Provide estimated total gross billings for the next 12 months).

	Most Recently completed 12 month period (MM/YR)		Second Most Recently completed 12 month period		Projected Billings for the current 12 month period	
	From	To	From	To	From	To
a. Total Gross Billings:	\$		\$		\$	
b. Direct Reimbursables : (e.g. travel per diem, etc.)	\$		\$		\$	
c. Net Billings:	\$		\$		\$	
From your Net Billings above, please indicate the percentages below:						
d. Feasibility Studies, master plans, reports and opinions:	___%		___%		___%	
e. Abandoned Projects:	___%		___%		___%	
f. Non-Structural Interior Design:	___%		___%		___%	
g. Landscape Architecture:	___%		___%		___%	
h. Separately insured projects:	___%		___%		___%	

9. What is the total number of staff in your firm, including principals and part-time employees? _____

a. Of the above, how many are registered/licensed design professionals? _____

b. How many employees have left your firm in the past 12 months?

Management _____ Licensed Professionals _____ Other Staff _____

10. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?

Y N If yes, please provide details on a separate sheet of paper and attach to this application.

11. **Architects/Engineers:** Please indicate the approximate percentage of your total gross billings (Question 8a.) that is derived from each of the following disciplines: (This section should equal 100%)

_____ % Architecture	_____ % Forensic Engineer	_____ % Mechanical Engineer
_____ % Civil Engineer	_____ % Geotechnical	_____ % Process Engineer
Construction Management _____ % Agency/Owners Rep _____ % At- Risk	_____ % Landscape Architect	_____ % Structural Engineer
_____ % Electrical Engineer	_____ % Land Surveyor	_____ % Other
_____ % Environmental Consultant*	_____ % Mechanical/Electrical Engineer	Describe _____

*Please complete Environmental Questionnaire

12. **Construction and Design Consultants:** Please indicate the approximate percentage of your total gross billings (Question 8a.) that is derived from each of the following disciplines: (This section should equal 100%)

_____ % Acoustical Consulting	_____ % Fire Prevention Consulting
_____ % Agricultural Engineering	_____ % Food Handling/Kitchen Consultant
_____ % Air Balancing	_____ % Forensic Consulting
_____ % Arbor Consulting	_____ % Graphic Design
_____ % Archeology	_____ % Instrumentation/Controls Engineering
_____ % Audio Visual Consulting	_____ % Interior Design
_____ % Biological Consulting	_____ % Irrigation Design
_____ % Commissioning	_____ % Lighting Design
_____ % Construction and Site Safety	_____ % Modeling/Rendering
_____ % Drafting Services	_____ % Photogrammetry
_____ % Elevator Consulting	_____ % Telecommunications/Communications
_____ % Environmental Laboratory Services	_____ % Traffic/Transportation Engineering
_____ % Environmental Graphic Design	_____ % Urban Planning
_____ % Facilities Operations/Management	_____ % Other (describe)_____

13. a. Project Types: Please indicate the approximate percentage of your total gross billings (Question 8a.) that were derived from each of the following disciplines: (This section should equal 100%)

_____% Airports	_____% Hotels/Motels	_____% Playgrounds
_____% Amusement Rides	_____% Houses/Single Family Residential	_____% Pools
_____% Apartments	_____% Jails/Justice	_____% Potable Water Systems
_____% Bridges	_____% Landfills	_____% Recreation
_____% Churches	_____% Libraries	_____% Roads/Highways
_____% Condominiums* _____% Residential _____% Commercial	_____% Manufacturing/Industrial	_____% Schools/Colleges _____% K-12 _____% Colleges/Universities
_____% Convention Centers/Arenas/Stadiums	_____% Multi-Family excluding Condos	_____% Shopping Centers/Retail
_____% Dams/ Tunnels	_____% Nuclear/Atomic	_____% Storm Water Systems
_____% Harbors/Piers/Ports	_____% Office Buildings	_____% Underpinning/Excavation
_____% Historic Preservation	_____% Parking Structures	_____% Wastewater Systems
_____% Hospitals	_____% Petro/Chemical	_____% Warehouses
_____% Other Describe:		

***Please complete Condominium Questionnaire**

b. Please indicate the approximate percentage of your total gross billings (Question 8a), if any, that were derived from each of the following categories:

_____% Ground Testing/Soils/Surveys of Subsurface Conditions	_____% Lease/Sell/Distribute Equipment
_____% Foundation/Substructure	_____% Continuing Services or Inspection Contracts
_____% Falsework/Temporary Construction	_____% Machinery/Equipment/Product Design
_____% Inspection of Residential or Commercial Properties	_____% Software Consulting/Design Describe: _____
_____% Asbestos/Lead Abatement or Evaluation	_____% Industrial Waste Treatment

14. Please list the percentage of your total gross billings (Question 8a), if any, that were derived from projects located outside the US, its territories or Canada ____% List Countries: ____
15. What percentage of your total gross billings (Question 8a) was derived from projects utilizing Building Information Modeling (BIM) or Virtual Design and Construction? ____%
16. What percentage of your total gross billings (Question 8a) was attributable to the design of projects that meet the United States Green Building Counsel's LEED certification? ____%
17. What percentage of your total gross billings (Question 8a) was derived from the following project delivery methods?
Design-Bid-Build ____% Fast Track ____% Turnkey ____% Design-Build ____%
18. If your firm provided services on a Design-Build Project, did you have Single Point Responsibility for both Design and Construction? Y* N *Please complete Design-Build Questionnaire
19. Are you, or any related entity, involved in actual construction, installation, fabrication or erection?
 Y N* *Please complete Design-Build Questionnaire
20. Is your firm controlled, owned by or associated with, or does your firm control or own any other entity
 Y N If yes, please explain: ____

21. **Current Projects:** Please indicate your 3 largest projects for the past 12 months

Project Name	Location	Services provides	Your Fees

22. **Client Types:** Please indicate the approximate percentage of your total gross billings (Question 8a.) that were derived from each of the following disciplines: (This section should equal 100%).

____% Contractors	____% Federal Government
____% Design Professionals	____% Owners
____% Developers	____% State and Local Government
____% Other Describe:	

23. Approximately what percentage of your total gross billings (Question 8a) was derived from repeat clients? ____%
24. What percentage of your total gross billings (Question 8a) was derived from one client? ____%

RISK MANAGEMENT AND LOSS PREVENTION

25. Does your firm follow written in-house quality control procedures? Y N
If yes, when were they last reviewed? ____

26. Does your firm have a client selection process? Y N

If yes, describe: _____

27. Does your firm have a project selection process? Y N

If yes, describe: _____

28. What percentage of your firm's total gross billings (Question 8a) is attributable to subconsultants that: Carry professional liability Insurance? ____% Do not carry professional liability insurance? ____%

Do you obtain certificates of insurance? Y N

29. Has your firm participated in an "Organizational Peer Review" sponsored by ACEC of AIA? Y N

If yes, please provide date: _____

30. How many people from your firm attended a professional liability risk management seminar within the past 12 months? _____

31. How many professional employees of your firm have had at least 6 hours of continuing education in the past 12 months? _____

32. **Contracts:** Please indicate the percentage of your total gross billings (Question 3a) from the past fiscal year for each contract type listed below (should equal 100%):

_____% Professional Association Contract	_____% Letter Agreement
_____% Client Drafted Contract	_____% Purchase Order
_____% Your Standard Contract	_____% Verbal Agreement
_____% Other Describe:	

a. If non-standard agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Y N

b. Does your firm use a limitation of liability provision in your contracts? Y N

If yes, please indicate the approximate percentage ____%

33. What percentage of your firm's written contracts contain specified payment terms? ____%

a. In the past 3 years, have you brought suit against any client to collect fees? Y N

b. Do you currently have any unresolved fee disputes? Y N

34. Please provide information about your current general liability insurance:

Carrier	Policy Term	Limits of Liability

35. Do you currently have a policy with Navigators for Employment Practices Liability Insurance and/or Directors and Officers Liability Insurance? Y N

New Applicant Information Only (Questions 36-39)

36. Please provide information about your professional liability insurance for the past 5 years:

Policy Dates	Carrier	Limits of Liability	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Retroactive coverage date: / /
MM/DD/YR

Policy expiration date: / /
MM/DD/YR

- 37.** Have you or any principal, partner, officer, director or shareholder of your firm ever been declined for professional liability insurance or had such coverage canceled or non-renewed? (Not applicable in Missouri) Y N
- 38.** Do you or any principal, partner, member, officer, director or shareholder of your firm have knowledge of any error, act, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy?* Y N

If yes, please provide the following information on a separate sheet and attach to this application (A/E Claim Questionnaire may be utilized):

- 1) Name of project 2) Date of incident 3) Type of Project
4) Claimant 5) Allegations/Circumstances 6) Demands/Amount of Damages

- 39.** Have any professional liability claims been made, incidents reported or legal action brought in the past 5 years (ten years for firms with gross annual billings greater than \$5 million) or made earlier and still pending against your firm, its predecessors or any past present principal, partner, officer, director, shareholder or employee?* Y N

If yes, please provide the following information on a separate sheet and attach to this application along with a currently valued loss from all carriers for the past 5 years (ten years for firms with gross annual billings greater than \$5 million):

- 1) Name of project 2) Date of incident 3) Type of Project
4) Claimant 5) Allegations/Circumstances 6) Demands/Amount of Damages

***Note –** The policy for which you are applying will not respond to any claim, circumstance identified, or that should have been identified in the above questions.

All Applicants: Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes. Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof

2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

NOTICE: IN CERTAIN STATES, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH: 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 may also be subject to a civil penalty. (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.) (In Colorado, 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.)

Attention: Insureds in FL: 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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA: 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.

Attention: Insureds in PA: 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.

Print Name

Title

Signature

Date

Questionnaire must be signed by an owner, officer, partner or principal of the Applicant