

**APPLICATION FOR ARCHITECTS & ENGINEERS  
PROFESSIONAL LIABILITY  
CLAIMS MADE AND REPORTED BASIS**



**NOTE:** In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS-MADE basis. Only claims which are first made against you and reported to the Company during the Policy Period are covered subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by claim expenses. Claim Expenses may also be applied against the deductible. If you have questions about the coverage, please discuss them with your insurance agent.

COVERAGE REQUESTED:      Limits: \_\_\_\_\_ Deductibles: \_\_\_\_\_

**FIRM PROFILE**

1) Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Branch Offices:  YES  NO

2) Key Contact and/or Risk Manager:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

3) Date Firm was established: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

4) Firm is:  Corporation;  Partnership;  Professional Corporation;  
 Sole Proprietorship;  Other

5) Has the name of your Firm ever changed, or been party to any acquisition, consolidation, dissolution or merger:  YES  NO  
 If "YES", please detail changes on separate sheet in chronological order.

6) **Total Staff**

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

7) Identify the primary state(s) in which you perform your professional services:  
 State: \_\_\_\_\_% State: \_\_\_\_\_% State: \_\_\_\_\_% State: \_\_\_\_\_% State: \_\_\_\_\_%

8) **Disciplinary Action** Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities?  YES  NO  
 If "YES", please give full details: \_\_\_\_\_

9) **ACCOUNTING DATA**

Provide Gross Billings derived from professional services for the past reporting (12 months), whether or not collected, including fees paid to consultants. (Newly established firms should use an estimate for the Upcoming Year.)

			<b>Last 12 Months</b>	<b>Construction Values</b>
A.	Projects insured under separate Project policies *		\$	\$
B.	Projects permanently abandoned *		\$	\$ N/A
C.	Foreign Projects Billings *		\$	\$
D.	Direct reimbursables		\$	\$ N/A
E.	All Other Billings		\$	\$
F.	<b>TOTAL GROSS BILLINGS (A through E)</b>		\$	\$
G.	Projection for Upcoming Year		\$	\$
H.	Gross Billings for each of past 5 years:			

\$ _____ 1 <sup>st</sup> year prior	\$ _____ 2 <sup>nd</sup> year prior	\$ _____ 3 <sup>rd</sup> year prior	\$ _____ 4 <sup>th</sup> year prior	\$ _____ 5 <sup>th</sup> year prior
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10) **FIRM'S ACTIVITIES**

Provide percentage of gross billings for the last reporting period (12 months), whether or not collected, including fees paid to consultants:

<u>Services</u>	<u>% of Gross Billings or Construction Values (See "F" Above)</u>
Feasibility Studies, reports where no design is completed	_____ %
Design Only, with no construction phase duties	_____ %
Design, with observation of construction	_____ %
Observation of Construction Only	_____ %
Construction Management Only	_____ %
Design with Construction Responsibility (Construction Subcontracted)	_____ %
Construction with Design Responsibility (Design Subcontracted)	_____ %
Other (Describe) _____	_____ %
<b>TOTALS:</b>	_____ %

**PRACTICE DETAILS**

**11) Professional Services**

Based on your Firm’s net billings, please indicate the approximate percentage of services listed below which are performed by your Firm. Do not include services of your consultants. (**NOTE:** This section should total 100%.)

Acoustical Engineering	_____%	Architecture	_____%
Chemical Engineering	_____%	Civil Engineering	_____%
Communication Engineering	_____%	Construction Management	_____%
Electrical Engineering	_____%	Environmental Engineering*	_____%
Forensic Engineering	_____%	HVAC Engineering	_____%
Hydrological Engineering	_____%	Interior Design	_____%
Land Surveying	_____%	Landscape Architecture	_____%
Mechanical Engineering	_____%	Naval/Marine	_____%
Nuclear Engineering	_____%	Process Engineering	_____%
Geo Technical	_____%	Structural Engineering	_____%
Testing Labs	_____%	Other (Detail Below)	_____%

\* **NOTE:** If Environmental Engineering or Consulting services are greater than 10% of the total billings or Environmental Contracting coverage is desired, complete the Environmental/Contractors Pollution Liability Supplemental Application.

**12) Subcontracted Services**

Does your Firm subcontract professional services?  YES  NO

If “YES”, indicate the percentage of professional billings subcontracted and the types of professional services subcontracted:

Does your Firm obtain insurance certificates of Professional Liability from your Sub-Consultants?  YES  NO If “NO”, please explain: \_\_\_\_\_

**13) Other Services**

Based on your Firm’s Gross Billings, indicate the approximate percentages of activities listed below in which your firm is involved. (**NOTE:** This section need not total 100%.)

Asbestos-Related Work	_____%	Building Design	_____%
Continuing Services	_____%	Cost Estimating	_____%
Destructive Testing	_____%	Environmental Impact Statements	_____%
Fast Track, Turnkey or Prototype Projects	_____%	Foundations, Sheeting and Shoring Design	_____%
Ground Testing/Soil Analysis	_____%	Inspection Services	_____%
Instrumentation/Controls	_____%	Lead-related Work	_____%
Machine/Equipment Design	_____%	Pipelines	_____%
Product Design	_____%	Residential Subdivisions	_____%
Services Provided for Real Estate Transfers	_____%	Subsurface Soil Exploration / Drilling Operations	_____%
Site Development	_____%	Software Development/Sales	_____%
Traffic/Transportation	_____%	Underground Utility Locating	_____%
UST	_____%	Wetland Delineation	_____%

14) **Project Type**

A. Based on your Firm’s Gross Billings, indicate the approximate percentages of the projects listed below in which your Firm is engaged. (NOTE: This section should total 100%.)

Airports	_____%	Amusement Rides	_____%
Apartments	_____%	Arenas/Stadiums	_____%
Bridges	_____%	Condominium/Townhouses:	
Convention Centers	_____%	Residential	_____%
Harbors/Piers/Ports	_____%	Commercial	_____%
Hotels/Motels	_____%	Dams	_____%
Jails	_____%	Hospitals/Healthcare	_____%
Libraries	_____%	Industrial Waste Treatment	_____%
Mass Transit	_____%	Landfills	_____%
Municipal Buildings	_____%	Manufacturing/Industrial	_____%
Office Buildings	_____%	Mines	_____%
Petro/Chemical	_____%	Nuclear Atomic	_____%
Pre-engineered Buildings/Structures	_____%	Parking Structures	_____%
Recreational	_____%	Pools/Playgrounds	_____%
Schools/Colleges	_____%	Private Dwellings (Custom)	_____%
Shopping Centers/Retail	_____%	Roads/Highways	_____%
Telecommunications	_____%	Sewage Systems	_____%
Tract Homes	_____%	Superfund/Pollution	_____%
Warehouses	_____%	Theaters	_____%
Water Systems	_____%	Tunnels	_____%
Other (Describe):	_____%	Wastewater Treatment Plants	_____%
_____		Utilities	_____%
_____			

B. Has the Applicant undergone any substantial changes in the percentages of Item 14.A during the past 2 years, or does he anticipate any significant changes in the next 12 months?  YES  NO

If “YES”, please give details: \_\_\_\_\_

**C. Largest Current Projects**

On a separate sheet, attach a list of your ten largest projects in the past 2 years. Include type of structure, services performed, construction values, professional services and project location.

**D. Condominiums/Townhouses**

In the past ten years has your Firm, Predecessor or any other insured provided any professional services related to: Residential – Condominiums and/or Townhouses:  YES  NO

If “YES”, please complete the following:

Total Number of Condo/Townhouse Projects \_\_\_\_\_  
 Approximate Total Construction Value \$ \_\_\_\_\_

15) **Firm's Clients**

A. Please indicate the approximate percentage of your Firm's Gross Billings in Item 9 that were derived from the following client categories: (NOTE: This section should total 100%.)

Attorneys	_____ %	Commercial	_____ %
Contractors	_____ %	Government Federal	_____ %
Government State	_____ %	Government Local	_____ %
Institutional	_____ %	Industrial	_____ %
Lending Institutions	_____ %	Other Design Professionals	_____ %
Owners (Who act as their own Builder)	_____ %	Real Estate Developers	_____ %
Other (Specify) _____	_____ %		

B. What percentage of your Firm's business is from repeat clients? \_\_\_\_\_ %

C. Does any one contract or client represent more than 25% of annual work? \_\_\_YES \_\_\_NO

If "YES," provide details: \_\_\_\_\_

\_\_\_\_\_

16) Is your firm or any subsidiary, Parent or other Organization related to your Firm, engaged in:

A. Actual construction, fabrication or erection? \_\_\_YES \_\_\_NO

B. Development, sale or lease of computer software to others? \_\_\_YES \_\_\_NO

C. Real Estate Development? \_\_\_YES \_\_\_NO

D. Manufacturing, sale, leasing or distribution of any product? \_\_\_YES \_\_\_NO

If any answers are "YES" use a separate sheet to provide full details, including a description of the services performed, construction value and fees received.

17) Are any of the Principals, Partners, Directors or Employees of your Firm involved in any activities described in Item 16?

\_\_\_YES \_\_\_NO If "YES", provide details on separate sheet.

18) Affiliation With Other Firms. Is your Firm controlled, owned or associated with any other firm, corporation, or company, or does your Firm own or control any other entity? \_\_\_YES \_\_\_NO If "YES", provide details on separate sheet.

19) Does your Firm render services on behalf of any entity in which any Principal, Partner, Officer or Director of your Firm, or an immediate family member of such Person is a Principal, Partner, Officer, or Director? \_\_\_YES \_\_\_NO If "YES", please provide full details:

\_\_\_\_\_

**Equity Ownership**

20) A. Does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are rendered by your Firm?

\_\_\_YES \_\_\_NO

B. Does your Firm seek coverage for these projects: \_\_\_YES \_\_\_NO

If "YES" and greater than 20%, complete an Equity Interest Supplemental Application.

**Joint Ventures**

21) A. Does your Firm participate in Joint Ventures? \_\_\_YES \_\_\_NO

If "YES", on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities.

B. Does your Firm obtain insurance certificates of Professional Liability from joint Venture Partners? \_\_\_YES \_\_\_NO If "NO", please explain: \_\_\_\_\_

**Risk Management / Loss Prevention**

- 22) A. Does your Firm follow written in-house quality control procedures?  YES  NO  
B. Are all staff members familiar with these procedures?  YES  NO  
C. Does your Firm use an automated master specification system such as MASTERSPEC® or SPECWARE™?  YES  NO  
D. Does your Firm use a computer assisted drafting program?  YES  NO  
If so, what percentage of design is done using the CAD program? \_\_\_\_\_%  
E. Does your Firm have an in-house program of continuing education for professional employees?  YES  NO  
F. How many professional employees of your Firm have attended at least six hours of continuing education in the past 12 months?  
\_\_\_\_\_  
G. Does your Firm use written contracts on every project?  YES  NO  
If “NO” provide the percentage of the projects where oral agreements were used: \_\_\_\_\_%  
H. Does your Firm seek a limitation of liability clause in contracts with clients?  YES  NO If so, what percentage of your contracts contain such a clause? \_\_\_\_\_%  
Specify the approximate percentage of your Firm’s professional services rendered under AIA or EJCDC standard forms of agreement: \_\_\_\_\_%  
J. If non-standard contracts or modified AIA or EJCDC contracts or “letter” agreements are used, are they reviewed by the Firm’s legal counsel for liability implications prior to signing?  YES  NO  
K. Does your Firm have procedures for monitoring or collecting outstanding fees?  YES  NO  
L. Does your Firm have a pre-screening methodology for potential clients?  YES  NO  
M. Does your Firm negotiate into its contracts a provision for alternative dispute resolution such as mediation?  YES  NO If so, what percentage of your contracts contain such a provision? \_\_\_\_\_%

**23) Professional Associations**

Please list your Firm’s and/or Principals’ Professional Associations:

- \_\_\_\_\_ The American Institute of Architects
- \_\_\_\_\_ National Society of Professional Engineers
- \_\_\_\_\_ American Consulting Engineers Council
- \_\_\_\_\_ American Society of Civil Engineers
- \_\_\_\_\_ American Congress On Surveying and Mapping
- \_\_\_\_\_ American Society of Landscape Architects
- \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**24) Current General Liability Coverage.**

Please identify your Firm’s current General Liability Insurance Coverage.

Insurance Company: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

**25) PROFESSIONAL LIABILITY INSURANCE HISTORY**

A. Retroactive date on current policy: \_\_\_\_\_

Does your current policy have specific project excess coverage for any projects?  YES  NO

If “YES”, provide details: \_\_\_\_\_

C. Do you currently have First Dollar Defense Coverage?  YES  NO

D. Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been cancelled or non-renewed?  YES  NO If “YES”, please give details:  
\_\_\_\_\_

26) Please detail your ARCHITECTS & ENGINEERS Professional Liability coverage five-year history:

<u>COMPANY</u>	<u>TERM</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27) CLAIMS INFORMATION

A. Has any claim been made or legal action been brought in the past 10 years (or made earlier and still pending) against your Firm, its Predecessors, or any past or current Principal, Partner, Officer or Director of your Firm? \_\_\_YES \_\_\_NO If "YES", please supply on a separate sheet:

- 1) Date of Claim
- 2) Allegations
- 3) Insurance Company Reserve
- 4) If closed, total paid indemnity and defense costs
- 5) Claimant or Plaintiff
- 6) Demand of amount of Claim
- 7) Defense attorney's or insurance company's evaluation of claim
- 8) Deductible applied to claim

28) B. Is your Firm (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers or Directors? \_\_\_YES \_\_\_NO  
If "YES", please provide details on separate sheet.

C. If your Firm aware of any deficiencies or alleged deficiencies in work where your firm, predecessor or any other Insured performed professional services or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? \_\_\_YES \_\_\_NO If "YES", provide details on a separate sheet.

D. Does the Applicant or any other party proposed for insurance have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? \_\_\_YES \_\_\_NO If "YES", provide details on separate sheet.

Please provide the following:

- A. Financial Statement
- B. Insurance Company Loss Runs
- C. Principals' Résumés
- D. Company brochure describing services

**THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPRESSED OR MISSTATED.**

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing this application.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowingly that he or 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 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 material 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 be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.**

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_

Signature of Director/Partner/Principal: \_\_\_\_\_

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

Producer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_