

Architects and Engineers Professional and Pollution Liability Application

Claims-Made and Reported Coverage Annual Fees less than \$1,000,000

Instructions

- 1. Answer all questions. If any section does not apply, please indicate with "N/A" for "not applicable".
- 2. If space is insufficient, please provide additional information on a separate sheet and attach to the Application.
- 3. Have the Application signed and dated by an authorized owner, partner, risk manager or director of the Applicant. For purposes of the Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for insurance. For more detail, see definition of "insured" in specimen policy.

Note: In applying for coverage, the Applicant understands that the insurance coverage the Applicant is applying for is written on a claims-made and reported basis. Only claims which are first made against the Applicant 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 the Applicant has any questions about the coverage, please discuss them with the Applicant's insurance broker.

I. Applicant Information

1.	Applicant: (Please attach a list of other entities, if any their dates of existence. Entities not listed			
2.	Physical address:			
	City:	State:		Zip code:
3.	Mailing address (if different than above): _			
	City:	State:		Zip code:
4.	Telephone :Fax numb	er:	Web address :	
5.	Contact name:	Title:	Email:	
6.	Date established: / / mm dd yy			
7.			☐ Partnership ☐ Profe ☐ Other:	
8.	Has the Applicant ever changed, or been por merger? If "Yes", please detail changes on a separate			ution ☐ Yes ☐ No
9.	Total staff:			
		Total	Number Registered/Lice	nsed Professionals
	Total Personnel			

If you want to learn more about the compensation Zurich pays agents and brokers visit: http://www.zurichnaproducercompensation.com or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

II. Accounting Data

10. Provide Gross Billings derived from Professional Services and Covered Operations for the past three fiscal years (12 months) starting with the most current, whether or not collected. (Newly established firms should provide in the first row an estimate for the upcoming year.)

Fiscal Year Ended	Gross Billings	Subcontracted Fees	Direct Reimbursables
	\$	\$	\$
	\$		
	\$		
Projection	\$		

11.	Please indicate the types of services subcontracted:	
12.	Has the Applicant been involved in any international projects for countries outside the	
	United States of America, its territories and possessions, and Puerto Rico?	☐ Yes ☐ No
	If "Yes", please complete the Foreign and/or Abandoned Projects Supplemental Application.	

III. <u>Professional Services, Covered Operations, Activities and Projects</u>

13. Based on the Applicant's Gross Billings, indicate the percentage of the types of services performed. Do not include subcontracted services. (The overall total of Professional Services and Covered Operations must equal 100%).

Professional Services

Acoustical Engineering	%	Interior Design / Space Planning	%
Architecture	%	Land Planning	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Landscape Architecture	%
Construction / Project Management	%	Mechanical Engineering	%
Data and Communications	%	Structural Engineering	%
Drafting	%	Naval / Marine Engineering	%
Electrical Engineering	%	Nuclear Engineering	%
Environmental Engineering	%	Process Engineering	%
Fire Protection / Alarm	%	Scientist (Explain on a separate sheet)	%
Forensic	%	Testing Lab	%
Geotechnical / Soil Engineering	%	Transportation Engineering	%
HVAC Engineering	%	Telecommunications	%
Hydrological Engineering	%	Other (Explain on separate sheet)	%
		Sub-Total Professional Services	%

Covered Operations

Air, Water, Soil Testing / Monitoring	%	Lead Abatement	%
Air, Water, Soil Remediation	%	Mold Abatement	%
Asbestos Abatement	%	Operations and Facilities Management	%
Construction Material Testing	%	UST Installation, Removal, Cleaning	%
Drilling	%	Other (Explain on separate sheet)	%
Hazardous Waste Permitting /Monitoring	%	Sub-Total Covered Operations	%
		Total	100%

14. Based on the Applicant's Gross Billings, indicate the percentage of any Other Services in which the Applicant is involved. The total of Other Services need not equal 100%. Please provide details on a separate sheet.

Destructive Material Testing		Product Design	%
Fast Track, Turnkey or Prototype Projects	%	Renovation	%
Foundations, Sheeting and Shoring Design	%	Services Provided for Real Estate Transfers	%
Graphic Design / Signage	%	Software Development / Sales	%
Inspection Services	%	Underground Utility Locating	%
Instrumentation / Controls	%	Website Maintenance	%
Machine / Equipment Design	%	Other (Explain on separate sheet)	%

15. Based on the Applicant's Gross Billings, indicate the percentage of the types of Activities performed. (The total must equal 100%.)

Boundary Surveying	%	Design Only	%
Construction Staking	%	Observation of Construction	%
Feasibility Studies	%	Design / Build	%
Master Studies	%	Construction Management	%
Design with Observation	%	Other (Explain on separate sheet)	%
		Total	100%

16. Based on the Applicant's Gross Billings, indicate the percentage of the types of Projects. (The overall total of Residential and Commercial/Municipal must equal 100%.)

Residential

Apartments	%	Townhouses	%
Condominiums – Mixed Use	%	Tract Houses	%
Condominiums – Residential	%	Other (Explain on separate sheet)	%
Private Dwellings	%	Sub-Total Residential	%

Commercial/Municipal

Airport Runways / Aprons	%	Jails	%	Roads / Highways	%
Airport Terminals	%	Landfills	%	Schools / Colleges	%
Amusement Rides	%	Libraries	%	Site Development	%
Arenas / Stadiums	%	Manufacturing / Industrial	%	Sewage Systems	%
Assisted Living Facilities	%	Mass Transit	%	Sewage Treatment Plants	%
Bridges	%	Military Facilities	%	Shopping Centers / Retail	%
Clean Rooms / Labs	%	Mines	%	Superfund / Pollution	%
Churches	%	Municipal Buildings	%	Telecommunications	%
Commercial Condominiums	%	Nuclear / Atomic	%	Theaters	%
Convention Centers	%	Office Buildings	%	Tunnels	%
Courthouses	%	Parking Structures	%	Utilities	%
Dams	%	Petro / Chemical	%	Warehouses	%
Dormitories / Student Housing	%	Pools / Playgrounds	%	Wastewater Treatment Plants	%
Harbors / Piers/ Ports	%	Pre-engineered Buildings / Structures	%	Water Systems	%
Hospitals / Healthcare	%	Parks / Recreational	%	Other (Explain on separate sheet)	%
Hotels / Motels	%	Pipelines	%	Sub-Total Commercial/Municipal	%
Industrial Waste Treatment	%	Restaurants	%	Total All Projects	100%

17. Provide a listing of the Applicant's five largest current Projects:

Project	Services Performed	Location	Gross Billings	Values
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

					\$	\$
					\$	\$
Pro	jec	t Specific Policy Information	n			
	ls t	the Applicant currently insured Yes", please explain on a sep	d under a separate Project S	pecific Professiona	l Liability Policy?	☐ Yes ☐ No
IV.	<u>Βι</u>	usiness Information				
19.	Wh	nat percentage of the Applicar	nt's business is from repeat o	clients?	_	%
20.	ls t	he Applicant or any subsidiar	y, parent or other organization	on related to the Ap	plicant involved in:	
	A.	Actual construction, installat	ion, fabrication, or erection?			☐ Yes ☐ No
	В.	Development, sale, or lease	of computer software to oth	ers?		☐ Yes ☐ No
	C.	Real estate development?				☐ Yes ☐ No
	D.	Manufacturing, sale, leasing	, or distribution of any produ	ct?		☐ Yes ☐ No
		nny of the above answers are scription of the Service Perfor				
21.	any If "	e any of the principals, partner y activities described in questi Yes", please provide details o rformed, any Construction Va	on 20 above? n a separate sheet. Include	a description of the		☐ Yes ☐ No
22.	A.	Is the Applicant controlled, or does the Applicant own or If "Yes", please provide deta	r control any other entity?	y other firm, corpor	ation, or company,	☐ Yes ☐ No
	B.	Does the Applicant render so officer, director, or employed is a principal, partner, officer If "Yes", provide details on a	e of the Applicant, or an imm r, director, or employee?			☐ Yes ☐ No
23.	Ap any	es the Applicant or any principolicant or an immediate family Project where professional sees", please complete an Equ	member of any such perso services are being or are ren	n have an ownersh dered by the Applic	ip interest in cant?	☐ Yes ☐ No
٧.	<u>Cc</u>	ontracts				

24. Indicate the percentage of the types of contracts used by the Applicant. Total must equal 100%.

Standard Industry Contract (AIA, EJCDC, etc.)	%	Client Contract	%
Applicant's Standard Contract	%	Oral Agreement	%
Letter Agreement	%	Other (Explain on separate sheet)	%
Purchase Order	%	Total	100%

25.	If modified Standard Industry Contracts, Letter Agreements, Purchase Orders, Client Contracts or	
	Other types of contracts are used, are they reviewed by the Applicant's legal counsel for liability	
	implications prior to signing?	☐ Yes ☐ No

VI.	Ris	sk Management / Loss Prevention						
26.	pro	s the Applicant ever been subject to disciplinary action by auth fessional activities? Yes", please provide details on a separate sheet.	☐ Yes ☐ No					
27.	Do	es the Applicant have a program of continuing education for pr	☐ Yes ☐ No					
28.	Has the Applicant ever been canceled or non-renewed for Architects and Engineers Professional and Pollution Liability Coverage?			☐ Yes ☐ No				
	If "\	es", please give details.						
29.		ase identify the Applicant's current General Liability Insurance	-					
	Ins	urance company:	Term: / /	to / /				
		its: Deductible:	• • • • • • • • • • • • • • • • • • • •	• •				
	LIII	ilisDeductible.						
VII	. <u>C</u>	Coverage Options Requested						
30.		icate which options the Applicant would like to be quoted for th lution Liability Policy.	neir Architects and Engine	eers Professional and				
		mit Options	Deductible Options					
			·	10,000				
		1,000,000 / 2,000,000	□ 5,000 □	Other:				
		As Expiring (if Renewal Account)						
Ne	w Z	Applicants Only						
			tian I iability Inavya	aaa History				
	VIII. Architects and Engineers Professional and Pollution Liability Insurance History							
31.	A.	Please identify the Applicant's current Architects and Engineer.		•				
		Insurance company:	Term: / / mm_dd_vv	_ to <u>/ /</u> 				
		Limits: \$ / \$	mm dd yy	mm dd yy				
		Deductible: \$ First Dollar Defense	: ☐ Yes ☐ No					
		Retroactive Date: Premium: \$						
	B.	Does the current policy have Additional Limits of Liability for a ff "Yes", please complete the Additional Limits of Liability for I		☐ Yes ☐ No oplication.				
IX.	<u>Cla</u>	aims History						
32. A. Have any Professional Liability or Pollution Liability Claims been made, incidents reported legal action brought in the past five years or made earlier and still pending against the Apits predecessors, or any past or present principal, partner, director, officer, insurance man or risk manager of the Applicant? If "Yes", please attach completed Claim or Circumstance Questionnaire and provide five of prior carrier loss runs.				Applicant, nanager, ☐ Yes ☐ No				
	B.	Does any Applicant, principal, partner, director, officer, insurathe Applicant have knowledge of any act, error, omission, unany other circumstance that is or could be the basis for a clai and Engineers Professional and Pollution Liability insurance of "Yes", please attach completed Claim or Circumstance Queyears of prior carrier loss runs.	resolved job dispute, acci m under the proposed Aro policy.	dent, or chitects ☐ Yes ☐ No				

Fraud Notice - Where applicable under the law of the applicant's state

Notice to Arkansas, Louisiana, New Mexico 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 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 may include imprisonment, fines or a denial of insurance benefits."

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 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."

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 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 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 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 not to exceed five thousand dollars 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 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 injur, 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 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."

Signature Section

Applicant represents that the statements and facts in this Application are true 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 changes in the facts or statements shown above or in any Supplemental Application.

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

Applicant hereby declares that the above statements and particulars are true and agrees that this Application shall be the basis of the contract with the Company.

Name:	Title:	
Signature:Principal, Partner	, Officer, Director	Date:/_/ mmddyy
Producer Information		
Producer:		
Address:		
City:	State:	Zip code:
Licensed broker name:	License number:	
Contact name:	E-mail:	
Telephone:	Fax:	