



Please provide the breakdown of gross billings attributable to each of the following categories:						
<b>Preparation of Environmental studies and reports</b>						
Environmental Impact Reports	\$	Air Monitoring (other than asbestos)	\$			
Mold Investigations	\$	Facilities O&M Consulting	\$			
Phase I Environmental Site Assessments	\$	Forestry Management	\$			
Phase II Environmental Site Assessments	\$	Permitting and compliance assistance	\$			
Litigation Support	\$	Storage Tank Design	\$			
Other (specify)	\$	Waste Brokering	\$			
<b>Environmental Construction Management</b>		Wetlands Consulting and Delineation	\$			
Agency	\$	Wildlife Management	\$			
At Risk (responsible for construction)	\$	<b>Storm Water, Hydrgeo, Septic</b>				
Environmental Program Management	\$	Hydrogeology/Geology	\$			
<b>Remedial Design</b>		Perc/Absorption Rates	\$			
Asbestos Abatement	\$	Storm Water Management	\$			
Asbestos Management Plan	\$	Tank Tightness	\$			
Lead Abatement	\$	UST/AST Investigations	\$			
Mold Remediation	\$	<b>Construction and Remediation Services</b>				
Radon Mitigation	\$	Demolition Dismantling	\$			
Soil and Groundwater	\$	Emergency Response Contracting	\$			
<b>Sampling, Testing, and Laboratory Analysis</b>		Facilities Operations and Maintenance	\$			
Asbestos Sampling and Testing	\$	Fire and Water Restoration	\$			
Mold Sampling and Testing	\$	General Contracting	\$			
Other Environmental Sampling and Testing	\$	Habitat/Wetlands Restoration	\$			
Subsurface Soils Testing and Analysis	\$	Pesticide/Herbicide Application	\$			
<b>Environmental Health and Safety</b>		Remedial Action Contracting	\$			
Inspections	\$	Sewer/Septic System Cleaning	\$			
Training/Consulting	\$	Tank Installation	\$			
Other (specify)	\$	Waste Hauling	\$			
<b>Other Environmental</b>		Well Drilling	\$			
Air Monitoring (Asbestos)	\$	Other (specify)	\$			
<b>ACCOUNTING YEAR DATA</b>						
<p>3. The following items refer to Gross Billings which include reimbursable expenses, consultants' and subcontractors' fees for your firm's past accounting year (12 months). Include Gross Billings for projects insured under separate Project Policies and provide the name, location, description of service and current status for each on a separate sheet. New firms should use an estimate of gross billings for the next 12 months.</p>						
A. Date of Reporting Period:		Gross Billings (Include Billings paid to Subcontractors)	Percentage Attributable to Subcontractors			
From:	To:					
B. Engineering, Consulting, and Other Design Services						
C. Remediation or other Construction billings						
D. Direct Reimbursable by contract, which includes travel, per diem, billings for reproduction, etc. and <b>DOES NOT</b> include billings paid to subcontractors						
E. Total Billings						
F. Estimate your firm's total Gross Billings for the next 12 months						
G. If you currently have a specific additional limit of liability endorsement on your policy, provide us with your firm's billings for the most recently completed fiscal year and estimated billings for the current year for each project:		Past Year	Current Year			
(1) Project:		\$	\$			
(2) Project:		\$	\$			
H.	Please provide the Total Gross Billings for each of the four fiscal years prior to the Reporting Period shown in A. above:					
	Year:	\$	Year:			
	Year:	\$	Year:			
	Year:	\$	Year:			
	Year:	\$	Year:			
4. Were more than 50% of your total gross billings in 3E derived from a single client or contract? If so, please indicated with an * in the project list in 5A.			<input type="checkbox"/> Y <input type="checkbox"/> N			
5. Please provide the following information regarding your firm's <b>five largest current</b> projects.						
A.	Client	Location	Project Type	Your Services	Total Gross Billings	Construction Values
(1)					\$	\$

(2)					\$	\$
(3)					\$	\$
(4)					\$	\$
(5)					\$	\$

**B.** Please attach the above requested information regarding your firm's **five** largest projects over **the past five years** that are not already included in the above list.

**PROJECT TYPES**

**6.** Please indicate the **approximate** percentage of your total gross billings in Question 3 derived from each project type. This section should equal 100%.

Airport Facilities (not terminals)	%	Hotels/Motels	%	Petro/Chemical	%
Airport Terminals	%	Houses/Single Family Residential	%	Potable Water Systems	%
Amusement Rides	%	Industrial Waste Treatment	%	Real Estate Development	%
Apartments	%	Jails/Justice	%	Recreation/Sports	%
Assisted Living	%	Landfills/Solid Waste Facilities	%	Roads/Highways	%
Bridges	%	Libraries	%	Schools/Colleges	%
Churches/Religious	%	Manufacturing/Industrial	%	Shopping	%
Condos/Co-ops	%	Mass Transit	%	Storm Water Systems	%
Convention	%	Multi-family Residential excl. Condos	%	Tunnels	%
Dams	%	Nuclear/Atomic	%	Warehouses	%
Dormitories	%	Office Buildings/Banks	%	Water/Sewer Pipelines	%
Environmental	%	Parking Structures	%	Water/Wastewater Treatment	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Utilities (Gas, Electric,	%
Hospitals/Health Care	%	Other (specify)	%	Other (specify)	%

**A.** Do you or your sub-consultants specify, or do any of your projects involve, the installation of Exterior Insulation and Finish Systems (EIFS)?  Y  N If yes, please list the specific project, including project location below:

Project with (EIFS):

**B.** If you attribute any of your billings from Condominium projects, please attach a completed supplemental Condominium Questionnaire. It may be downloaded from our website, [www.PlanetAEC.com](http://www.PlanetAEC.com).

**7.** Please indicate the approximate percentage of your total gross billings attributable to:

<b>A.</b> Projects located outside U.S., its territories or Canada	%
<b>B.</b> Projects for repeat clients	%
<b>C.</b> Continuing service, inspection or maintenance contracts	%

**CLIENT DATA**

Please indicate the approximate percentage of your total gross billings derived from each of the following categories of clients:

Federal Government	%	State Governments	%	Local Governments	%
Foreign Government	%	Commercial Entities	%	Design-Build	%
Financial Institutions	%	General or Specialty Contractors	%	Institutional Entities (Non-Public)	%
Manufacturing/Industrial Entities	%	Other Design Professionals	%	Real Estate Developers	%
Other (Describe)	%	Other (Describe)	%	Other (Describe)	%

**RISK MANAGEMENT**

<b>8.</b> What percentage of your staff is familiar and charged with implementing your firm's written in-house quality management procedures?	%
<b>9.</b> What percentage of your firm's projects utilize an automated master specification system?	%
<b>10.</b> What percentage of your firm's projects utilize a model-based technology linked to a database of project information such as building Information Modeling (BIM)?	%
<b>11A.</b> What percentage of your firm's staff have attended, during the last 12 months, a Risk Management Seminar presented by Victor O. Schinnerer & Company, Inc.?	%
<b>B.</b> What percentage of eligible staff has completed the Voluntary Education Program (VEP) Level I? What percentage of eligible staff has completed the VEP Level II?	% %
<b>C.</b> Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP or other associations sponsored seminars and similar functions.	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>D.</b> What percentage of your firm's professional employees have had at least six hours of continuing education in the past 12 months?	%
<b>12A.</b> What percentage of your firm's projects use a written contract? (Describe the circumstances when oral agreements were used and how payment was obtained on a separate sheet.)	%
<b>B.</b> What percentage of your firm's written contracts contain specified payment terms?	%
<b>C.</b> Does your firm have procedures for monitoring and collecting outstanding fees?	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>D.</b> If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>13.</b> On what percentage of your firm's projects do you engage in a pre-project planning process that results in a project definition document?						%	
<b>14.</b> What percentage of your firm's instruments of service or deliverables are internally or externally peer reviewed prior to delivery?						%	
<b>15.</b> Does your firm have written policies and procedures for following EPA, ASTM or other standardized procedures and protocols?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>16A.</b> Does your firm have written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements that is dated and includes procedures for updating?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>B.</b> Does your firm have a health and safety officer or director who is a Certified Industrial Hygienist or the equivalent? To whom does he or she report?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>C.</b> Is there a health and safety audit program for both office and field practice?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>17A.</b> On what percentage of your projects with sub-consultants do you receive both a written agreement and insurance certificates evidencing general liability and professional liability coverages?						%	
<b>B.</b> For what percentage of gross billings generated by your sub-consultants do you obtain such certificates of insurance?						%	
<b>18.</b> Who from your firm should receive Schinnerer's risk management publications, <i>Guidelines for Improving Practice</i> ? Name and Title: E-mail:						%	
<b>BUSINESS INFORMATION</b>							
<b>19.</b> Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director or employee have a percentage ownership interest, management or control of a company engaged in:							
<b>A.</b> Actual construction, installation, fabrication, erection, remediation, removal or demolition.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>B.</b> Actual construction, installation, fabrication, erection, remediation, removal or demolition, where you are not involved in the design of the project.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>C.</b> Design-Build or Turnkey.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>D.</b> Development, sale or leasing of computer software or hardware to others.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>E.</b> Real estate development.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>F.</b> Manufacture, sale, lease or distribution of any product, process or patented production process.						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>If the answer to 19 A, B, C, D, E, or F is yes, please provide full details on a separate sheet, including a description of the services performed and construction values involved.</b>							
<b>20A.</b> Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than a 15% combined ownership interest or is the managing partner in any entity or project for which professional services have been or are to be rendered?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>B.</b> Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>C.</b> Is your firm controlled, owned by or associated with or does your firm control or own any other entity?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>D.</b> Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>E.</b> Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>If the answer to 20 A, B, C, D or E above is yes, please provide full details on a separate sheet. For 20.D, please include a listing of each firm name in chronological order and specify the date of the change, and include claims information for each firm name.</b>							
<b>21A.</b> Indicate the number of joint ventures your firm has participated in during the last accounting year:							
<b>B.</b> Have you ever participated in a joint venture with a non-architecture or engineering firm? <i>If yes, please provide any details for any such projects during the past five years on a separate sheet.</i>						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>C.</b> Do you require evidence of professional liability and general liability insurance from joint venture partners? <i>If yes, please provide details of all insurance requirements on a separate sheet, including limits of insurance.</i>						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>22A.</b> Does your company carry comprehensive general liability and umbrella liability insurance? <i>If yes, provide the following information for your current policies:</i>						<input type="checkbox"/> Y <input type="checkbox"/> N	
	Insurer	Policy Number	Limit	Ded /SIR	Effective Dates		
General Liability			\$ per occ. \$ aggregate	\$	Eff Date: Exp Date:		
Umbrella Liability			\$ per occ. \$ aggregate	\$	Eff Date: Exp Date:		
<b>B.</b> Is there an exclusion for professional services on your general or umbrella liability insurance?						<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>C.</b> Total payments and reserves for the past 5 years:							
\$	\$	\$	\$	\$			
For any General Liability claims above \$100,000 (reserves and payments), please provide the information requested below. <i>If necessary attach a separate sheet.</i>				5 yr Loss Ratio:		Number of Claims:	

Description of Occurrence and Damages Alleged	Date of		Paid		Reserved		Open Closed
	Loss	Claim	Indemnity	Expense	Indemnity	Expense	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	

**NEW APPLICANT INFORMATION**

**23.** Have any claims been made or legal action been brought in the past ten years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee? *If yes, provide the following information for each claim on a separate sheet:*  Y  N

<b>A.</b> Date of claim	<b>E.</b> Insurance company reserve, if any
<b>B.</b> Claimant or Plaintiff	<b>F.</b> Defense attorney's or insurance company's evaluation of exposure/potential liability
<b>C.</b> Allegations	<b>G.</b> Defense and indemnity paid to date and status (open/closed)
<b>D.</b> Demand or amount of claims	<b>H.</b> Deductible applicable

**24.** After complete investigation and inquiry, do any of the principals, partners, officers, directors, members, shareholders, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute (including owner-contractor disputes), accident, or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?  Y  N

*If yes, on a separate sheet please give details of this situation, including name of project and claimant, dates, nature of situation and amount of damages.*

**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 circumstance identified or that should have been identified in Questions 23 and 24 of this application.

**25.** Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (Not Applicable in Missouri) *If yes, please give details:*  Y  N

**26.** Do you or any subsidiary or predecessor firm have any current outstanding professional liability deductible obligations? If yes, please provide details on a separate sheet, including the exact amount owed to insurance company and, if a payment schedule is in place, the amount and dates of repayments.  Y  N

**27.** Has any similar professional liability insurance been issued to the firms or persons named in Question 1? Please provide policy information below, beginning with the most recent coverage in force.  Y  N

Insurer	Policy #	Limit	Deductible	Effective Date	Expiration Date	Premium
1.		\$	\$			\$
2.		\$	\$			\$
3.		\$	\$			\$
4.		\$	\$			\$
5.		\$	\$			\$

**AGENT OR BROKER MUST COMPLETE THE FOLLOWING**

Contact Name			License Number	Expiration Date
Agency Name		CNA Agent (Casualty Lines)		
Address		E&S License		
Contact Email Address		Other Casualty Agent License		
Phone	Fax	Non-Resident License (If Applicable)		
		Licensed Broker		

**Have you included:**

- Resumes for principals and key staff members or a statement of qualifications
- Explanations of answers that require further clarification
- Your company brochure or marketing materials
- Complete details on all project types or services listed as others
- Complete details on separately insured projects
- Complete details on special endorsements for projects including higher limits for designated projects





Underwriting Managers and Program Administrators

Two Wisconsin Circle, Chevy Chase, MD 20815

(301) 961-9800 Fax: (301) 951-5444