TRAVELERS

Travelers Casualty and Surety Company of America **Design Professionals Liability Coverage Application**

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limits of liability will be reduced, and may be completely exhausted, by amounts paid as defense costs. The Insurer will not be liable for the amount of any judgment, settlement, or defense costs incurred after the exhaustion of the limit of liability. (For policies issued in New York, the limit of liability may be reduced up to 50% for amounts paid as defense costs).

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Legal Name:			Today's Date:
Trade or DBA Name:			Proposed Effective Date:
Primary Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Primary Contact Name and Title:	Telephone Number:		Year Established:
Email Address *(optional for Kansas applicants)*:	Web Address:		

Type of Legal Entity:	☐ Individual ☐ Corporation	☐ General Partnership ☐ Limited Liability Company	☐ Limited Partnership ☐ Other (specify):

APPLICANT INFORMATION

1. Indicate number of firm personnel:

	Number of Registered Architects, Landscape Architects, Land Surveyors, and Licensed Engineers	Number of Staff Not Professionally Licensed Or Registered
Principals/Management		
Employees		

NEW FIRMS WITH NO HISTORICAL DATA SHOULD COMPLETE ALL QUESTIONS BASED UPON PROJECTIONS FOR THE FIRST YEAR IN BUSINESS

2. Indicate annual gross billings:

	Most Recently Completed Fiscal Year: to	One Fiscal Year Prior: to	Two Fiscal Years Prior: to	Next 12 Months Projected: to
Billings Passed to Subconsultants Carrying Their Own Professional Liability Insurance	$	$	$	$
All Other Annual Billings*	$	$	$	$
Total Annual Gross Billings	$	$	$	$

*Billings for non-professional services or expenses that are reimbursed under the terms of your client contract should not be included.

3. What percentage of annual gross billings from the most recently completed fiscal year were derived from contracts solely related to feasibility studies, master planning, reports, opinions, non-structural interior design, or forensic engineering? ____ %

4. Provide the percentage of annual gross billings for the most recently completed fiscal year attributable to the following disciplines, excluding billings to subconsultants. For unlicensed construction and design consultants, such as acoustical consultants, please specify your discipline in "Other".

Discipline	% Of Annual Gross Billings	Discipline	% Of Annual Gross Billings
Agency Construction Manager	%	Interior Designer	%
Architect	%	Landscape Architect	%
Civil Engineer	%	Land Surveyor	%
Electrical Engineer	%	Mechanical Engineer	%
Environmental Consultant*	%	Process Engineer	%
Forensic Engineer	%	Structural Engineer	%
Geotechnical Engineer	%	Other (please specify):	%

*Complete the Environmental Additional Information Supplement

5. Provide the percentage of annual gross billings for the most recently completed fiscal year derived from each of the following project types. Please use whole numbers only.

Project Type	% Of Annual Gross Billings	Project Type	% Of Annual Gross Billings
Airports	%	Mines/Quarries	%
Amusement Parks/Zoos	%	Museums/Libraries	%
Apartments (do not include condominiums or cooperatives)	%	Nuclear Facilities	%
Asbestos/Mold/Radon/Lead Abatement	%	Parking Garages	%
Bridges (spans ≤ 500 ft.)	%	Parks/Playgrounds	%
Bridges (spans > 500 ft.)	%	Power Generation/Distribution	%
Building Façade Restoration/Inspection	%	Public Safety/Police/Fire Stations/Judicial Courts	%
Commercial/Office/Retail/Banks (≤15 stories)	%	Refinery/Petro/Chemical	%
Commercial/Office/Retail/Banks (>15 stories)	%	Religious Facilities	%
Condominiums—Commercial	%	Roads/Highways	%
Condominiums—Individual Units	%	Single Family Homes	%
Condominiums—Residential	%	Stadiums/Arenas/Convention Centers	%
Cooperatives—Residential	%	Swimming Pools	%
Education/Schools	%	Telecommunications/Cabling	%
Harbors/Piers/Ports	%	Townhouses	%
Hospitals/Healthcare/Assisted Living Facilities	%	Toxic/Hazardous Waste Sites/Landfills	%
Hotels/Motels	%	Tunnels/Dams/Levees	%
Industrial/Manufacturing	%	Underground Storage Tanks	%
Jails/Prisons/Detention Centers	%	Water/Wastewater/Sewer Systems	%
Laboratories/Clean Rooms	%	Other *(specify)*:	%
Military Facilities	%		

6. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership? (Note: Do not include services provided for the owner of a single condominium or co-op unit). ☐ Yes ☐ No

If yes, please provide the firm's total gross annual billings derived from condominium and cooperative projects below. Include 100% of the billings for projects where all or a portion of the project is currently titled, or expected to be sold, under a condominium or cooperative form of ownership.

	Most Recently Completed Fiscal Year: to	One Fiscal Year Prior: to	Two Fiscal Years Prior: to	Next 12 Months Projected: to
Condominium Projects	$	$	$	$
Cooperative Projects	$	$	$	$

7. For the five largest projects based on construction value over the past three years, provide:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed
				$	$
				$	$
				$	$
				$	$
				$	$

8. In the most recently completed fiscal year, what percentage of your annual gross billings were derived from the following clients:

Firm's Client	% Of Annual Gross Billings	Firm's Client	% Of Annual Gross Billings
Contractors	%	Private Owners	%
Design Professionals	%	State or Local Governments	%
Developers	%	Tribal Nations *(provide name(s))*:	%
Federal Government	%	Other *(specify)*:	%
Non-Profit Entities	%	Total	100%

9. What percentage of annual gross billings from the most recently completed fiscal year were derived from repeat clients? %

10. Does the firm have more than one client? ☐ Yes ☐ No

If no, please provide details in the Additional Information section at the end of this application.

11. What percentage of annual gross billings from the most recently completed fiscal year were derived from projects located outside the United States? %

Provide the following for the three largest current or proposed foreign projects:

Project Name	Location	Services Rendered	Project Type	Construction Value	Fees Billed
				$	$
				$	$
				$	$

12. Is the firm, or any parent, subsidiary, or other related organization:

a. domiciled outside of the United States? ☐ Yes ☐ No

b. responsible for both the design and construction of a project? ☐ Yes ☐ No

c. engaged in actual construction, fabrication, installation, or erection? ☐ Yes ☐ No

d. engaged in real estate development services not related to design? ☐ Yes ☐ No

e. engaged in the selling, design, or manufacturing of any products or process? ☐ Yes ☐ No

If yes, to 12.b., complete the Design/Build Additional Information Request.

If yes, to 12.c., 12.d., or 12.e., attach sample contracts and provide details, including relationships, description of services rendered, construction values, and fees received in the Additional Information section at the end of this application.

13. Does any partner, principal, member, officer, director, shareholder, or immediate family member have an ownership interest in any entity for whom professional services are rendered? ☐ Yes ☐ No

If yes, provide details in the Additional Information section at the end of this application.

RISK MANAGEMENT

14. For all contracts used in the most recently completed fiscal year, provide the breakdown of contracts used by type:

Type Of Contract	% All Contracts	Type Of Contract	% All Contracts
Professional Association Contract	%	Letter of Agreement	%
Client Drafted Contract	%	Verbal Agreement	%
Purchase Order	%	Other (please specify):	%
Firm's Drafted Contract	%	Total	100%

15. Is a limitation of liability provision incorporated into contracts and agreements? ☐ Yes ☐ No

If yes, what percentage of contracts contain a limitation of liability clause less than or equal to $250,000? %

16. What percentage of your accounts receivable are more than 90 days past due? %

PRIOR INSURANCE AND CLAIM HISTORY

Travelers renewal customers do not need to answer questions 17. through 20.*New Applicant Only Questions 17-20

17. In the past five years (or in the past 10 years if gross billings are greater than $10 million), have there been any claims for professional services made against you, any member of your firm, any predecessor firm, or any former member of your firm or predecessor firm? ☐ Yes ☐ No

18. Do you or any person seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission involving professional services that could reasonably be expected to be the basis of a claim? ☐ Yes ☐ No

If yes to any part of question 17. or 18., please complete a Claim, Suit, or Incident Additional Information Request for each claim, incident, act, error, or omission.

ATTACH A COPY OF THE FIRM'S PROFESSIONAL LIABILITY LOSS RUNS FOR THE PAST FIVE YEARS (TEN YEARS IF GROSS ANNUAL BILLINGS EXCEED $10 MILLION)

19. Complete the following chart for professional liability insurance coverage carried during the past 12 months:
(Check here if none: ☐)

	Carrier	Policy Period	Each Claim Limit Of Liability	Aggregate Limit of Liability	Retention Amount	Premium	Retroactive Date
Current year		to	$	$	$	$	
Prior Year 1		to	$	$	$	$	

20. Provide the following for general liability insurance coverage currently in force (Check here if none ☐):

Carrier	Policy Expiration	Limits of Liability
		$

LIMITS AND RETENTIONS

Each Claim Limit: $ _____ Aggregate Limit: $ _____

Each Claim Retention: $ _____ Aggregate Retention: $ _____

Retention Type: ☐ Retention applies to damages only ☐ Retention applies to damages and defense costs

NOTICE REGARDING COMPENSATION

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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.

KANSAS: Under Kansas law, any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company to defraud the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OKLAHOMA: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PUERTO RICO: Any person who knowingly and intending to defraud presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than $5,000 and not over $10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

VERMONT: 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.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

☐ Electronic Signature and Acceptance – Authorized Representative*

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: X	Authorized Representative Name and Title:	Date:
Producer Name (required in FL & IA): **X**	State Producer License No (required in FL):	Date:
Agency:		Agency Phone Number:

ADDITIONAL INFORMATION