



**Application for Architects and Engineers Professional Liability Insurance
Claims Made Coverage**

Instructions

- 1. Answer all questions. If any section does not apply, indicate with N/A and please explain why not on a separate sheet.
- 2. Have this Application signed and dated by an authorized owner, partner, risk manager or director of the Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for the insurance. For more detail, see the definition of "insured" in specimen policy.
- 3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy and their relationship to the Named Insured.

Named Insured Information

Named Insured:
Address:
City: State: Zip Code:
Contact:
Telephone: Fax:
E-mail: Web Address:

All information requested hereafter pertains to the Applicant applying for insurance unless otherwise stated.

Current Policy Information

Professional Liability: *(If Applicant does not currently have Professional Liability coverage, please provide requested term, limits and deductible.)*
.....

Insurance Company:

Term: to
mm / dd / yy mm / dd / yy

Premium: Retroactive Date:
mm / dd / yy

Limits: \$..... / \$..... Deductible: \$
per claim aggregate



General Liability:

Insurance Company:

Term: to
 mm / dd / yy mm / dd / yy

Personnel:

Date Established: mm / dd / yy
 Number of licensed professionals:
 Number of Technical Employees.....
 Number of Administrative.....

		Gross Fees	Subcontracted Fees	Reimbursables
Estimated Current Year	___/___/___ to ___/___/___	\$	\$	\$
1st Year Prior	___/___/___ to ___/___/___	\$	\$	\$
2nd Year Prior	___/___/___ to ___/___/___	\$	\$	\$
3 rd Year Prior	___/___/___ to ___/___/___	\$	\$	\$

Current year represents services rendered from: to
 mm / dd / yy mm / dd / yy

Named Insured is: Corporation Partnership Professional Corporation Sole Proprietorship
 Other If Other, please specify:

Areas of Practice

Based on the Applicant's gross billings, indicate the type of services performed. **Do not include services performed by others on your behalf.** (Total must equal 100%.)

% Acoustical Engineering		% Forensic Engineering		% Naval/Marine
% Architecture		% Geotechnical Engineering		% Nuclear Engineering
% Chemical Engineering		% HVAC Engineering		% Process Engineering
% Civil Engineering		% Hydrological Engineering		% Structural Engineering
% Communication Engineering		% Interior Design		% Testing Labs
% Construction Management		% Land Surveying		% Other
% Electrical Engineering		% Landscape Architecture		
% Environmental Engineering		% Mechanical Engineering		



Activities

Based on the Applicant's gross billings, indicate the type of activities performed. (Total must equal 100%.)

% Construction Management		% Feasibility Studies
% Construction with Design Subcontracted		% Observation of Construction Only
% Design with Construction		% Surveying
% Design with Observation		% Other

Project Types

Based on the Applicant's gross billings, indicate their types of projects. (Total must equal 100%)

% Apartments		% Custom Homes		% Townhomes
% Condominiums		% Tract Homes		% Other
% Amusement Rides		% Manufacturing		% Sewage Systems
% Arenas/Stadiums		% Mass Transit		% Shopping Centers
% Bridges		% Municipal Buildings		% Superfund/Pollution
% Churches		% Nuclear Atomicms		% Telecommunications
% Convention Centers		% Office Buildings		% Theatres
% Dams		% Parking Structures		% Tunnels
% Harbors/Piers/Ports		% Petrol/Chemicals		% Utilities
% Hospitals/Healthcare		% Pools		% Warehouses
% Hotels/Motels		% Pre-Engineered Building		% Wastewater/Sewage Treatment Plants
% Jails		% Recreation/Playgrounds		% Water Systems
% Landfills		% Roads/Highways		% Other
% Libraries		% Schools/Colleges		% Other

Clients: Please provide the approximate percentage of Applicant #s total GROSS RECEIPTS derived from each of the following categories of clients.

Client	Percentage	Client	Percentage
Federal Government	%	State Government	%
Local Government	%	Foreign Government	%
Commercial Entities	%	Design-Build Contractors	%
Financial Institutions	%	General or Specialty Contractors	%
Institutional Entities	%	Manufacturing/Industrial	%
Other Design Professionals	%	Real Estate Developers	%
Fast Track Design	%	Other (Please describe)	%



Project Delivery Method

Please provide the percentage of Applicant's GROSS RECEIPTS for the current year based upon the following project delivery methods

Design – Bid – Build	%	Design/Procure/Construct	%
Design Only	%	Build/Own/Operate/Transfer	%
Design/Build (not Joint Venture)	%	Fast Track	%
Design/Build (Joint Venture)	%	Other (Please describe)	%

Risk Management & Loss Prevention

a. Does Applicant use written contracts with every project owner? Yes No

If "No, please provide the percentage of Applicants past 12 months' billings where oral agreements were used: _____ %

b. Does Applicant use written contracts with all sub-consultants? Yes No

If "No, please provide the percentage of Applicants past 12 months billings where oral agreements were used: _____ %

c. Are all contracts for services reviewed prior to execution? Yes No

Who reviews them?.....

d. Does the firm use limitation of liability clauses in their contracts? Yes No

Claims History

Attach to this Application currently valued loss runs from prior carriers.

1. Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against the Applicant? If "yes," please attach completed claims questionnaire.

Yes No

2. Are there any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against the Applicant? If "yes," please provide details on a separate sheet.

Yes No

3. Are there any deficiencies or alleged deficiencies in work where the Applicant performed professional services or are there any deficiencies or alleged deficiencies in work by others for whom the Applicant is legally responsible during the last five years? If "yes," please provide details on a separate sheet.

Yes No

4. Does the Applicant 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? If "yes," please provide details on a separate sheet.

Yes No



Additional Underwriting Information

1. List below the Applicant’s five largest projects in the last three years.

Name of Project	Fees	Construction Value	Completion Date
	\$	\$	___/___/___
	\$	\$	___/___/___
	\$	\$	___/___/___
	\$	\$	___/___/___
	\$	\$	___/___/___

2. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved 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 of the above answers are “yes,” please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received. If yes is answered for a. then we will need the design build supplement completed.

3. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question #2 above? If “yes,” please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

- Yes No

4. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or does the Applicant own or control any other entity? If “yes,” please provide details on a separate sheet.

- Yes No

5. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director or employee? If “yes,” please provide details on a separate sheet.

- Yes No

6. Has the Applicant ever been subject to disciplinary action by authorities as a result of their professional activities? If “yes,” please provide details on a separate sheet.

- Yes No



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 us as soon as practicable any changes in the facts or statements shown above or in any supplementary application.

COMPLETION OF THE 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 AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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 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: 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.

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.

Signature: Date:
mm / dd / yy

Title:

Producer Information

Producer Code: Producer:

Contact:

Address:

City: State: Zip Code:

Contact:

Telephone: Fax:

E-mail: