



Architects / Engineers Application

NEW APPLICANT RENEWAL CLIENT

This application is for professional liability insurance that is provided on a claims made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in certain states, the payment of claim expenses reduces the Limits of Insurance available to pay claims and the Company has the right to designate legal counsel and uses panel counsel, as needed, for claims covered by any insurance provided.

Firm's full name: _____
Street address: _____
Mailing address: _____
City, State, Zip: _____
Telephone: _____
Facsimile: _____
E-mail: _____

Renewal clients need only submit the following items with this application:

- Resumés of principals, partners and officers who are new to your firm within the last policy period.
- A list of your firm's five largest projects (completed or in progress) for the last policy period.
- For firms providing environmental services, provide your firm's financial statements for the last year only.

New applicants must submit the following items with this application:

- Resumés of all principals, partners, and officers (**KEY PERSONNEL**).
- A list of your firm's 10 largest projects (completed or in progress) within the last five years. This information may be provided by completing the List of Largest Projects or by attaching a copy of your firm's current Standard Form 254.
- A copy of your firm's standard contract form. If you use unmodified standard professional association forms, provide form numbers only, not copies.
- Brochures describing your firm's services.

New applicants providing environmental services must submit the following additional items:

- A sample copy of a preliminary site assessment.

- A copy of your firm's health and safety plan.
- Your quality assurance or quality control manuals, or other standard operating procedures.
- Your firm's financial statements for the last two years.
- Copies of your firm's standard subconsultant and subcontractor contract forms. If you use unmodified standard professional association forms, provide form numbers only, not copies.

1. Date your firm was established: _____

Entity Type:

- Sole proprietorship Joint Venture Other
 Partnership Limited Liability Corporation
 Corporation Limited Liability Partnership

If "Other" then please describe: _____

2. List all pre-existing entities, including acquisitions and mergers, and their dates of existence:

Entity	From	To

3. Number of personnel

- _____ a. Principals (Do not include below.)
 _____ b. Professionals (project managers, architects, engineers, scientists)
 _____ c. Technical (CAD operators, drafting, field, laboratory)
 _____ d. Non-technical (equipment operators and other field personnel)
 _____ e. Administrative and other

PERSONNEL TOTAL

4. List all professional societies and associations to which your firm and **KEY PERSONNEL** belong:

5. If you have field technicians, list certifications: (e.g., ACI, CHMM, CWI, NICET, OSHA: 40-hour, etc.)

6. If your firm has a laboratory, list accreditations: (e.g., A2LA, AASHTO, state EPA, ISO, etc.)

7. Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm?

Yes **No** If yes, list the owners and indicate their percentage of interest in your firm.

8. Does your firm or any **KEY PERSONNEL** own any interest in any other entity?

Yes **No** If yes, list the owner, amount of ownership, name of entity, relationship to your firm, nature of activities and the entity's **GROSS RECEIPTS** during the last complete year.

9. Are professional services provided by your firm to any entity in which your firm or **KEY PERSONNEL** maintains a cumulative ownership interest greater than ten percent (10%)?

Yes **No** If yes, complete the Entity Ownership Questionnaire.

10. Provide your firm's **GROSS RECEIPTS** attributable to the following years. (Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the Project Policy Receipts column.)

GROSS RECEIPTS means the EXACT dollar amount of your firm's gross revenues, but not including interest income, rental income on real estate, or sales and service taxes.

Fiscal Year End (month/day/year)	GROSS RECEIPTS	Project Policy Receipts*
Estimated current year		
Last complete year		
Two years ago		
Three years ago		

* Complete Project Insurance Questionnaire

To be considered for a multi-year policy premium quotation, provide your firms' projected **GROSS RECEIPTS** for next year: _____

11. List all office locations with a contact name and the percentage of your firm's **GROSS RECEIPTS** derived from each location for the last complete year: street address, city, state, zip, contact name.

12. Provide the percentage of your firm's **GROSS RECEIPTS** that were paid to subconsultants and subcontractors during the last complete year. **N/A**

Subconsultants	Insured for Professional Liability	Not Insured for Professional Liability
Structural engineering		
Environmental services*		
Other professional services		

* As described within Environmental Services in question 14 C.

Subcontractors (environmental only)	Insured for Contractors Pollution Liability (CPL)	Not Insured for Contractors Pollution Liability (CPL)
Field services (drilling, sampling, testing)		
Site remediation activities		
Asbestos, lead or radon abatement		

13. Does your firm obtain the appropriate certificates of insurance?

- From your subconsultants Yes No N/A
- From your prime professionals Yes No N/A
- From your subcontractors Yes No N/A

14. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following services during the last complete year.

A. Design and Other Related Services (non-environmental)

1. Design services:

_____	a. Total of all design services	
	Percentage with construction observation	_____
	Percentage without construction observation	_____
	DESIGN SERVICES SUBTOTAL	_____ (must equal 100%)

2. Non-design services:

- _____ a. Quantity or cost estimates without design
- _____ b. Plan checking without design
- _____ c. Building commissioning (quality assurance process as a separate service)
- _____ d. Feasibility, programming, planning, economic or seismic studies
- _____ e. Architectural master planning
- _____ f. Forensic inspections, expert witness services, failure analysis

3. Field Services:

- _____ a. Construction observation without design
- _____ b. Inspection as a stand-alone service
- _____ c. Boundary and construction staking
- _____ d. Construction materials testing (including compaction testing)
- _____ e. Drilling and sampling (geotechnical)
- _____ 4. Laboratory analysis (including soils and construction materials, but not environmental)
- _____ 5. Other (describe) _____

B. Operation and Management Services (of these facilities)

- _____ 1. Domestic water, utility, building, other facilities
- _____ 2. Wastewater treatment plants, landfills, chemical processing plants (describe)
- _____ 3. Other (describe) _____

C. Environmental Services

- _____ 1. Environmental engineering (detection, determination and remediation of contaminated sites)
 - _____ a. Preliminary site assessments (PSA-Phase I)
 - _____ b. Other environmental assessments (compliance audits, environmental impact studies)
 - _____ c. Investigations (drilling and sampling, Phase II)
 - _____ d. Studies (feasibility, siting, closure, hydrogeological, hydrological)
 - _____ e. Asbestos and lead studies (inspection, identification, work plans)
 - _____ f. Asbestos and lead abatement
 - _____ g. Design Services (remediation, environmental facilities, pollution control systems)
 - _____ h. Site remediation activities and remediation observation or management
 - _____ i. Environmental project observation/oversight (non-remediation) (describe) _____
 - _____ 2. Environmental Sciences:
 - _____ a. Permitting
 - _____ b. Industrial hygiene
 - _____ c. Laboratory analysis (chemical and analytical)
 - _____ d. Environmental training and manuals (for other than internal usage)
 - _____ e. Fish and wildlife or botanical studies, including wetland delineation
 - _____ f. Forensic inspections, expert witness services
 - _____ 3. Other environmental services (describe) _____
- _____ **SERVICES TOTAL** (must equal 100%)

15. Provide the percentages, based on your firm's **GROSS RECEIPTS**, attributable to the following disciplines provided by your firm, excluding your subconsultants.

Estimated current year	Last complete year	
		ARCHITECTURE
_____	_____	Architecture
_____	_____	Architectural planning (including master planning)
_____	_____	Interior design and graphics
_____	_____	Landscape architecture
		ENGINEERING
_____	_____	Structural engineering
_____	_____	Civil engineering
_____	_____	Civil wastewater engineering (municipal, non-industrial)
_____	_____	Land surveying
_____	_____	Traffic engineering
_____	_____	Mechanical engineering
_____	_____	Acoustical engineering
_____	_____	Process engineering
_____	_____	Electrical engineering

- _____ Oil refineries
- _____ Chemical plants and pipelines
- _____ Facilities related to nuclear activities

GENERAL BUILDING

- _____ Parking garages
- _____ Hotels
- _____ Motels
- _____ Retail, malls, shopping centers
- _____ Office, warehouse, processing, manufacturing and production buildings
- _____ Restaurants

RECREATION FACILITIES

- _____ Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks (describe your services for each) _____
- _____ Ski lifts, amusement rides (describe your services for each) _____

INFRASTRUCTURE

- _____ Utilities
- _____ Roads and highways
- _____ Airport runways
- _____ Transportation passenger terminals (describe your services) _____
- _____ Structures for offshore or marine use, harbors, jetties, docks, piers, wharves
- _____ Bridges, trestles
- _____ Dams, reservoirs, levees
- _____ Landfills
- _____ Wastewater, sewage and water treatment systems
- _____ Waste treatment, storage or disposal facilities

OTHER

- _____ All other environmental projects (including remediation sites, e.g., National Priorities List, Superfund and UST)
- _____ Other (describe) _____

_____ **PROJECTS TOTAL** (must equal 100%)

17. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to the following types of clients during the last complete year.

Private sector:

- _____ Owners
- _____ Developers
- _____ Contractors
- _____ Design professionals
- _____ Environmental consultants
- _____ Other (describe) _____

Public sector

Foreign

_____ **CLIENTS TOTAL** (must equal 100%)

18. Provide the percentage of your firm's **GROSS RECEIPTS** attributable to projects delivered in the following manner during the last complete year.

_____ Design-Bid-Build (traditional delivery method)
_____ Design-Build (submit Design-Build Questionnaire)
_____ Fast Track (describe) _____
_____ Turnkey (describe) _____
_____ Construction management *
_____ **PROJECT DELIVERY METHOD TOTAL**(must equal 100%)

* Do you perform any construction activities or hire contractors?

Yes No

* During the last year, was your firm, or any subconsultant or subcontractor to you, responsible for construction means, methods, techniques, procedures, or job site safety?

Yes No

If yes to either question above, explain and provide details about your firm's **GROSS RECEIPTS** attributable to these services and a copy of the contract. If you use unmodified standard professional association forms, provide form numbers only, not copies.

19. Does your firm wish to report (or reinstate) any permanently abandoned projects that were originally intended for construction and where design receipts were generated this year or within the last three years? (Do NOT include master planning projects, feasibility studies or inspections.)

Yes No If yes, complete the Abandoned Projects Questionnaire, if not previously submitted to us.

20. Do your firm's quality control procedures include:

- A written quality control manual Yes No
- Procedures for reviewing all client and subconsultant contracts before they are signed Yes No
- Use of specification and design checklists as well as procedures for their review Yes No
- Procedural or technical manuals for both in-house and field personnel Yes No
- Continuing education and training programs for professional and technical personnel Yes No

21. Has your firm completed an organizational peer review through a professional association?

Yes No If yes, when and by whom?

22. Provide the percentage of your firm's **GROSS RECEIPTS** derived from the following during the last complete year.

- _____ a. Your firm's standard contract form (attach copy)
- _____ b. Your firm's letter of agreement (attach copy)
- _____ c. A professional association contract form
- _____ d. Your client's contract form *
- _____ e. Your client's purchase order form *
- _____ f. Verbal agreements **
- _____ g. Other (describe) _____

_____ **BUSINESS PRACTICES TOTAL** (must equal 100%)

* Describe what steps your firm takes to protect itself against unfavorable contract language.
** Describe what steps your firm takes to confirm agreement by all parties.

23. Does your firm enter into contracts which give ownership of your documents to clients?

Yes **No**

If yes, do you use a written disclaimer regarding reuse of those documents?

Yes **No**

24. Does your firm design any building, system, or component that is intended to be used for more than one location without adaptation?

Yes **No** If yes, describe:

25. Does your firm use a limitation of liability provision in its contracts?

Yes **No** If yes, complete the Limitation of Liability Report for possible premium credit.

26. In the last five years, has your firm had a claim against your practice, or against you on a project policy, as described below?

Yes **No** If yes, complete a Claim Questionnaire for each claim.

(Renewal clients need only complete a Claim Questionnaire for any claim not reported to us during their policy period.)

Claim means: (a) a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission, negligent act; or (b) an event, a circumstance, an incident, or unresolved fee dispute, of which you have knowledge that may result in a claim as described in (a).

27. Identify your firm's current commercial general liability insurance company:

Expiration date: _____ Policy limits: _____

28. Provide the following information about your firm's professional liability insurance:

Policy Period	From - To	Insurance Company	Limits of Insurance	Deductible	Premium
Current year					
Last year					
Two years ago					
Three years ago					
Four years ago					

Retroactive date on current policy (mm/dd/yy): _____ Other (e.g., TBD): _____

QUOTATION OPTIONS

29. Indicate which options your firm wishes quoted for professional liability insurance:

Combined Single/ Aggregate Limit	Split Limits Per Claim/Aggregate	Deductible Per Claim
<input type="checkbox"/> \$ 250000	<input type="checkbox"/> \$ 250000 / \$ 500000	<input type="checkbox"/> \$ 5000
<input type="checkbox"/> \$ 500000	<input type="checkbox"/> \$ 500000 / \$1000000	<input type="checkbox"/> \$10000
<input type="checkbox"/> \$1000000	<input type="checkbox"/> \$1000000 / \$2000000	<input type="checkbox"/> \$25000
<input type="checkbox"/> \$2000000	<input type="checkbox"/> \$2000000 / \$4000000	<input type="checkbox"/> \$50000
<input type="checkbox"/> \$3000000	<input type="checkbox"/> \$3000000 / \$5000000	
<input type="checkbox"/> \$4000000		
<input type="checkbox"/> \$5000000		

Additional Quotation Options:

- Shared Cost of Defense
- Dollar One Defense

ADDITIONAL INFORMATION

30. Provide any information that you feel will further our understanding of your firm.

FRAUD WARNING

Arkansas -- 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.

Colorado -- 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.

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.

Kentucky -- 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.

New Mexico -- 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 criminal penalties.

New York -- 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.

Ohio -- Any person who, with intent to defraud or knowing that he/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.

Oklahoma -- Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania -- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

CLAIMS REPRESENTATION / SIGNATURE

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response to question 26. There are none.

If we become aware of any claim or potential claim against us, before the inception of coverage, we will

immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer: _____

Name (print): _____

Title: _____

Date of Application: _____