



PROFESSIONAL
INSURANCE
EXPERTS

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Architects & Engineers Professional Liability Insurance Application

THE APPLICANT IS APPLYING FOR A CLAIMS MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

APPLICATION COMPLETION INSTRUCTIONS

- A. Please answer all the questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state N/A. If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number the exhibit corresponds to.
- C. The application must be signed and dated by an authorized officer, partner or principal of the Applicant.

PLEASE ALSO ATTACH THE FOLLOWING:

- A. Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.
- B. Copy of standard written contracts and engagement/proposal letters, purchase orders or agreements used with clients.
- C. Sample reports given to clients or summary of same.
- D. Biographical sketches or resumes of principals, officers and professional staff.
- E. Copy of the Internal Control and/or Quality Control procedures.
- F. Copy of the most current form 10K or if not applicable, the current audited financial statement.
- G. Applicable Supplemental Application.

APPLICANT INFORMATION

1. Applicant Name (as it should appear on the policy, if written):

2. Address:

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. Website Address(es): _____

4. Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture Other (describe):

5. Date Established (if less than two years, please provide resumes of all principals): _____

6. Address of Branches (if any):

7. Have any branch offices been closed in the last five years? If Yes, please explain: Yes No

8. Does Applicant have any subsidiaries? If Yes, please list below: Yes No

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired
		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

		%	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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9. Geographic area in which Applicant provides services: Local Regional National International

If International, which countries: _____

10. During the past 5 years has the Applicant changed its name, or been purchased, merged or consolidated with any other entity? Yes No

a. If Yes, provide transaction details:

b. In any of the above transactions, did the Applicant assume any liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No

11. If the Applicant is controlled, owned, affiliated or associated with any other firm, corporation, or company, are any services as detailed in question 18 performed for that entity? If Yes, please describe: Yes No

12. Is the Applicant a member of any industry / professional associations? If Yes, provide details: Yes No

<input type="checkbox"/> The American Institute of Architects (AIA)	%	<input type="checkbox"/> National Society of Professional Engineers (NSPE)	%
<input type="checkbox"/> American Council of Engineering Companies (ACEC)	%	<input type="checkbox"/> Construction Specifications Institute (CSI)	%
<input type="checkbox"/> Coalition of American Structural Engineers (CASE)	%	<input type="checkbox"/> Construction Management Assn. of America (CMAA)	%
<input type="checkbox"/> American Congress on Surveying and Mapping (ACSM)	%	<input type="checkbox"/> American Society of Civil Engineers (ASCE)	%
<input type="checkbox"/> National Society of Professional Surveyors (NSPS)	%	<input type="checkbox"/> Other :	%
<input type="checkbox"/> American Society of Landscape Architects (ASLA)	%	<input type="checkbox"/> Other :	%

13. Indicate the total number licensed professionals in each of the following positions:

Principals, Partners, Officers	Architects	Engineers	Landscape Architects	Land Surveyors	Other

14. Indicate the total number of employees that are:

Full Time	Part Time	Temporary

15. Provide the following information:

Full Name of ALL Principals, Partners, Officers, and Key Professionals	Professional Qualifications	Date Qualified	How Long In Practice	How Long As Partner Principal

16. Does the Applicant use independent contractors or subcontractors? If Yes: Yes No

a. What is the estimated percent of the time they are used? _____ %

b. Describe the services they perform:

- c. Is evidence of professional liability coverage required of all sub-consultants? Yes No
- d. Attach a sample of the agreement the Applicant uses to engage independent contractors and subcontractors.

PROFESSIONAL SERVICES AND PROJECT INFORMATION

17. Provide fiscal year and gross revenues for the Applicant. If newly established, indicate anticipated gross revenues for current and next projected year:

Fiscal Year End Date:	Fiscal Year	Gross Revenues		
		U.S.	International	Total
	Past Year	\$	\$	\$
	Current Year	\$	\$	\$
	Next Projected Year	\$	\$	\$

18. Provide Design/Build Construct Values for the Applicant. Please complete **only** if firm is doing Design/Build work.

	Next Projected Year	Current Year	Past Year
a. All Operations	\$	\$	\$
b. Design/Construct	\$	\$	\$
c. Design Only – No Construction	\$	\$	\$
d. Construction Only – No Design	\$	\$	\$

19. Provide a percentage breakdown of current revenues for each Professional Service listed below:

Professional Services	%	Professional Services	%
Architecture	%	Engineering – Oil/Gas Well	%
Construction Management	%	Engineering – Structural	%
Engineering – Aerospace	%	Engineering – Transportation	%
Engineering – Chemical	%	Environmental / Hazardous Waste Abatement	%
Engineering – Civil	%	Forensic Investigation / Expert Witness	%
Engineering – Electrical	%	Interior Design	%
Engineering – Fire Protection	%	Laboratory Testing	%
Engineering – Forensic	%	Land Surveying	%
Engineering – Geotechnical	%	Landscape Architecture	%
Engineering – HVAC	%	Machinery/Equipment Design	%
Engineering – Marine	%	Management Consulting	%
Engineering – Mechanical	%	Other:	%
Engineering – Mining	%	Other:	%
Engineering – Nuclear	%	Other:	%
Engineering – Process	%	Other:	%

20. Is the Applicant engaged in any business or profession other than as described in question 19? If Yes, please describe: Yes No

21. Does the Applicant or any enterprise financially related to the Applicant engage in any of the following? If Yes to any, please provide details:

- a. Construction, erection, fabrication, or installation? Yes No
- b. Manufacturer, sale or distribution of any goods, products or process? Yes No
- c. Real estate development? Yes No
- d. Asbestos testing/detecting/abatement? Yes No
- e. Pollution control systems? Yes No

22. Provide the approximate percentage of the Applicant's total gross revenues derived from the following services or projects.

NOTE: If you sub-contract any portion of these services, please provide details of these services, including whether the sub-contractor is insured, on a separate piece of paper. Categories may overlap and the total does not have to equal 100%.

Professional Services/Projects	%	Professional Services/Projects	%
Air Quality Testing/Evaluation	%	Lead Abatement or Evaluation	%
Concrete Formwork Design	%	Projects Located Outside the U.S.	%
Environmental Site Assessments	%	Scaffolding and Shoring Design	%
Geotechnical Testing/Evaluation	%	Temporary Structures Design (Below Ground)	%
Inspection of Residential/Commercial Properties for Buyers/Lenders	%	Other:	%

23. Include a list of Applicant's five (5) largest jobs or projects for the past two years:

Name of Client/Project	Location – City, State Country	Description of Services Performed	Gross Revenues by Fiscal Year		
			Past	Current	Next Projected
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

24. Provide a percentage breakdown of current revenues for each type of Project listed below:

Airport Facilities (except terminals)	%	Hotels/Motels	%	Potable Water Systems	%
Airport Terminals	%	Houses/Single Family Residential	%	Real Estate Development	%
Amusement Rides	%	Industrial Waste Treatment	%	Recreation/Sports	%
Apartments	%	Jails/Justice	%	Roads/Highways	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Schools/Colleges	%
Bridges	%	Libraries	%	Shopping Centers/Retail/Restaurants	%
Churches/Religious	%	Manufacturing/Industrial	%	Storm Water Systems	%
Condos/Co-ops	%	Mass Transit	%	Tunnels	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Warehouses	%
Dams	%	Nuclear/Atomic	%	Water/Sewer Pipelines	%
Dormitories	%	Office Buildings/Banks	%	Water/Wastewater Treatment	%
Environmental Remediation	%	Parking Structures	%	Utilities (Gas, Electric, Steam)	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Other :	%
Hospitals/Health Care	%	Petro/Chemical	%	Other :	%

25. Did the Applicant engage in any Design-Build projects during the last completed fiscal year? If Yes: Yes No

a. What percentage were: Led by Design Professional: _____% Led by Contractor: _____%

b. Provide details (attach separate sheet of paper if necessary):

c. What percentage of your Design-Build Entities were formed as a Joint Venture, LP, or LLC? _____%

26. Provide the number of Joint Ventures the Applicant has participated in during the last fiscal year: _____

27. Has the Applicant ever participated in a joint venture with a non-architecture or engineering firm? Yes No

If Yes, provide details (attach separate sheet of paper if necessary):

28. Does the Applicant have a client selection process? If Yes, provide details: Yes No

29. Does the Applicant perform credit checks on all clients? Yes No
30. Is management's approval required for all new clients? Yes No
31. Describe the Applicant's procedures for resolving disputes with clients over fees or charges:

32. Provide the percentage of the Applicant's professional services rendered based on client's profile:

Percentage of Professional Services	Individuals or Revenue Size
%	Individuals
%	Less than \$50 million
%	\$50 million - \$250 million
%	Greater than \$250 million

33. Provide a percentage breakdown of current revenues for each type of Client listed below:

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

RISK MANAGEMENT INFORMATION

34. For what percentage range does the Applicant:

- a. Use a written contract or agreement describing the services to be provided to the client?

0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

If less than 100%, explain how the Applicant documents each parties duties and rights:

- b. Use AIA or EJDC standard forms of agreement:

0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

- c. Modify a standard contract or agreement:

0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

35. Have the Applicant's contracts, engagement and/or proposal letters been reviewed and approved by legal counsel? Yes No

36. Who has the authority to amend or change standard limitations of liability either prior to execution or after execution of contracts, engagement and/or proposal letters, and what additional review is made prior to implementation?

37. Do the Applicant's written contracts or agreements contain:

- a. Hold harmless or indemnity agreements to Applicant's favor? Yes No
- b. Hold harmless or indemnity agreements to client's favor? Yes No
- c. Guarantees or warranties? Yes No
- d. A definition of the responsibilities of each party? Yes No
- e. Contain specific payment terms? Yes No
- f. Disclaimers or limitations of liability? Yes No

38. Does the Applicant obtain written approval from clients upon completion of services performed? Yes No

HISTORICAL INFORMATION

39. In the past five years:

- a. Have any of the Applicant’s clients made allegations or complained about the performance, non-performance, or timeliness of Applicant’s products or services? Yes No
- b. Have any of the Applicant’s clients refused to pay, stopped paying, or requested a refund due to alleged problems with the Applicant’s products or services? Yes No
- c. Has the Applicant sued any of its clients for nonpayment? If Yes, provide details: Yes No

40. In the past five years has the Applicant or any of its past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity? Yes No

41. Has any of the Applicant’s past or present directors, officers, principals, owners, partners, sales persons, or employees ever been investigated and/or convicted of a felony? Yes No

42. Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? Yes No

43. Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates; past or present directors, officers, principals, owners, partners, sales persons, or employees? Yes No

If a Yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

- A full description including damages alleged
- Date the insurance carrier was put on notice
- Current status
- Amounts of reserves, legal expense paid, and settlements or judgments
- Loss runs
- Steps implemented to prevent similar claims

CURRENT AND PRIOR INSURANCE INFORMATION

44. List all Professional Liability insurance carried during the past five (5) years. If none, state “none”.

Insurance Company	Policy Limit	Deductible/Retention	Premium	Policy Period

45. What is the first date of continuous claims made coverage: ____/____/____

46. What is the current policy’s retroactive date: ____/____/____

47. Has the Applicant ever had an application for professional liability insurance declined or had a professional liability policy cancelled or nonrenewed by the insurer? **Missouri Applicants do not reply to this question.** Yes No

48. Is there an extended reporting period currently in force? Yes No

49. Does the applicant maintain General Liability Insurance? If Yes, please specify: Yes No

Insurance Carrier Limit Expiration Date

The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

FRAUD Warnings

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

ARKANSAS, LOUISIANA AND 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 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.

DISTRICT OF COLUMBIA: 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.

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 in the third degree.

KENTUCKY: Any person who knowingly and with the 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.

KANSAS: IN KANSAS, 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 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.

MAINE: It is a crime to 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OHIO: 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.

OKLAHOMA: WARNING: 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.

PENNSYLVANIA: Any person who knowingly and with the 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.

PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

TENNESSEE, VIRGINIA & WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

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.

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.

Signature: _____ Print Name: _____

Title: _____ Date: _____

The application must be signed and dated by an authorized officer, partner or principal of the Applicant.