



## APPLICATION FOR DESIGN AND DATA INSURE™ LIABILITY COVERAGE

**This is an application for a Claims Made and Reported policy. This application is not a binder.**

**Notice:** The insurance coverage for which you are applying is written on a Claims Made and Reported policy. Only claims that are first made against you during the policy year and reported to us within that policy year, or within 60 days after the end of the policy year, are covered, subject to policy provisions.

The limits of liability available to pay damages, including judgment or settlement amounts, shall be reduced by amounts incurred for claims expenses. Further note that amounts incurred for claims expenses and damages shall also be applied against the deductible amount.

### 1. APPLICANT INFORMATION

**1. Firm Information**

Name of Firm	
Contact Name	
Principal Office Address	
Phone #	
Email Address	
Website Address	

2. Sole Proprietorship          Partnership          Corporation          Other \_\_\_\_\_

3. Date the firm was established: \_\_\_\_\_

4. List branch office locations (if any) and the percentage of fees derived from each location.

City, State	% Last Fiscal Year Fees

5. List any pre-existing or related entities and subsidiaries, their relationship or percentage of ownership, dates of existence and services provided. If coverage is desired for the entity, please list the retroactive date on their current professional liability coverage.

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6. Provide the number of personnel in each of the following categories

	Number employed	Number Registered/Licensed
Principals, Partners, Officers & Directors		
Licensed Design Professionals		
Technical Personnel (including field personnel)		
Supervisors / Superintendents		
Construction Managers		
All Others (describe):		
<b>Total number of employees</b>		

Show the number of employees who left the firm in the past 12 months:

Management \_\_\_\_\_ Professional Staff \_\_\_\_\_

→ Please attach resumes/bios for Principals, Partners and key personnel.

## 2. FINANCIAL INFORMATION

7. Please provide the following information regarding your gross fees. Gross fees means the exact dollar amount of gross revenues from Professional Services including fees paid to subconsultants, however, **excluding direct reimbursables by contract** (i.e., travel, per diem, reproduction costs, etc.).

	Projection for Current Fiscal Year	Last Complete Fiscal Year Ending _____	Two Years Ago	Three Years Ago
Total Gross Fees				

8. Does the firm provide Professional Services on any project in which it has an equity interest?      yes  no   
If 'yes', please describe below:

9. Please identify the approximate percentage of fees earned on projects by construction value:

Up to \$1,000,000                      %  
 \$1,000,001 to \$5,000,000            %  
 \$5,000,001 to \$25,000,000          %  
 \$25,000,001 to \$50,000,000        %  
 \$50,000,001 to \$100,000,000       %  
 Over \$100,000,000                    %

10. Please identify the percentage of services rendered:

US \_\_\_\_\_%    Canada \_\_\_\_\_%    Other \_\_\_\_\_%

If 'other', please describe:

### 3. DISCIPLINE INFORMATION

11. Please indicate the approximate percentage of last fiscal year gross fees in the disciplines below:

Acoustical Engineering	____%	Illumination Engineering	____%
Architectural Planning	____%	Interior Design and Graphics	____%
Architecture	____%	Laboratory Services – other	____%
Civil – WWTP	____%	Landscape Architecture	____%
Civil Engineering	____%	Marine Engineering	____%
CM Agency	____%	Mechanical Engineering (HVAC)	____%
CM At Risk	____%	Mechanical Engineering (non-HVAC)	____%
Electrical Engineering	____%	Naval Architecture	____%
Environmental Engineering	____%	Process Engineering	____%
Environmental Science	____%	Structural Engineering	____%
Fire Protection Engineering	____%	Surveying	____%
Geotechnical Drilling	____%	Traffic Engineering	____%
Geotechnical Engineering	____%	Other: describe	____%
Geotechnical Laboratory Analysis	____%		

### 4. SUBCONSULTANT INFORMATION

12. What percentage of the firm's total gross fees for the last fiscal year were paid to subconsultants in the following disciplines (note: should be less than 100%):

	Insured for Professional Liability	Uninsured
a. Structural	____%	____%
b. Environmental Services	____%	____%
c. Other professional services	____%	____%

13. Agreements

- a. What percentage of subcontractors provide evidence of additional insured status in your favor? \_\_\_\_\_%
- b. What percentage of your sub agreements include hold harmless agreements? \_\_\_\_\_%
- c. Does the firm update subcontractor certificates annually?      yes  no

### 5. CLIENT AND PROJECT INFORMATION

14. a. Does any one contract or client represent more than 50% of the firm's last fiscal year gross fees?  
If 'yes', please describe below:      yes  no

b. What percentage of gross fees is derived from repeat clients? \_\_\_\_\_%

15. Indicate the percentage of last fiscal year gross fees derived from each of the following types of clients:

Contractors	____%	Foreign	____%
Design Professionals	____%	Local Governments	____%
Developers	____%	Owners	____%
Environmental Consultants	____%	State Governments	____%
Federal Government	____%	Other: describe _____	____%

16. Indicate the percentage of last fiscal year gross fees attributable to the following services. Leave blank if not applicable.

Abandoned projects	_____%
Alarm or security systems	_____%
Asbestos evaluation, remediation or analysis	_____%
Boundary and construction staking	_____%
Building commissioning services	_____%
Building inspections or property condition assessments	_____%
Conceptual, schematic, or other design without construction documents	_____%
Construction Engineering Inspections	_____%
Construction observation/review without design	_____%
Construction materials testing (including compaction testing) and related laboratory analysis	_____%
Design with construction observation/review	_____%
Design without construction observation/review	_____%
Drafting services – performed for others for a fee	_____%
Environmental preliminary site assessments or investigations (Phase 1, PSA, drilling, sampling, Phase 2)	_____%
Environmental site remediation	_____%
Expert witness	_____%
Feasibility, economic, seismic or forensic studies or reports	_____%
Lead evaluation, remediation or analysis	_____%
LEED services	_____%
Mold evaluation, remediation or analysis	_____%
Operation and maintenance services	_____%
Permitting	_____%
Plan checking without design	_____%
Program Management or other non-design related services	_____%
Quantity or cost estimates without design	_____%
Remediation design services / remediation of construction defects – non-environmental	_____%
Sheeting, shoring, underpinning, scaffolding, temporary work platforms, or similar	_____%
Temporary structures	_____%
Training services – non-safety related	_____%
Training services – safety related	_____%

## 6. CONTRACT INFORMATION

17. Please specify the types of contracts used by the firm in the last fiscal year.

Client contract	_____%	Standard industry/association contract	_____%
Firm's own standard contract	_____%	Verbal agreements	_____%
Letter of agreement	_____%	Other : describe _____	_____%
Purchase order forms	_____%		

18. What percentage of your professional service agreements include a Limitation of Liability to \$250,000 or less?  
 \_\_\_\_\_%

→ Please submit a sample Limitation of Liability clause

19. Is the firm involved in any Integrated Project Delivery (IPD) or Public-Private Partnerships (P3)? yes  no   
 If 'yes', please describe below:

**7. SERVICES / PROJECT INFORMATION**

20. Indicate the percentage of last fiscal year gross fees derived from each of the following types of projects:

Airport runways	____%	Offices, warehouses	____%
Apartments	____%	Oil refineries	____%
Bridges, trestles	____%	Parking garages	____%
Building envelopes, façades, glazing, curtain walls	____%	Parks, playgrounds	____%
Car dealerships	____%	Pipelines	____%
Casinos	____%	Processing, manufacturing and production buildings	____%
Chemical plants	____%	Processing, manufacturing and production systems	____%
Churches	____%	Residential condominiums	____%
Colleges and universities	____%	Restaurants	____%
Correctional institutions	____%	Retail, malls, shopping centers	____%
Custom homes	____%	Retaining walls	____%
Dams, reservoirs, levees	____%	Retirement homes, convalescent homes, and assisted living	____%
Environmental projects	____%	Roads and highways	____%
Facilities related to nuclear activities	____%	Single family residential subdivisions	____%
Harbors, docks, piers, or structures for offshore use	____%	Ski lifts, amusement rides, amusement parks	____%
High rise – all buildings over 15 stories	____%	Sports facilities, arenas, convention facilities, grandstands, theaters	____%
Hospitals / health care facilities	____%	Superfund sites	____%
Hotels	____%	Swimming pools	____%
K-12 schools	____%	Townhomes	____%
- Private	____%	Transportation passenger terminals	____%
- Public	____%	Tunnels	____%
Landfills	____%	Underground storage tanks/gas stations	____%
Military facilities	____%	Utilities	____%
Mines, quarries	____%	Waste treatment, storage or disposal facilities	____%
Motels	____%	Wastewater, sewage and water treatment systems	____%
Municipal buildings	____%	Other: describe	____%

→ Please submit a Project Supplemental Questionnaire outlining the firm's 5 largest projects

21. Has the firm provided professional services for condominium projects in the last ten years? yes  no   
 If 'yes', please complete the Condominium Questionnaire.

22. Does the firm perform services under a Design-Build or Fast-Track delivery method? yes  no   
 a. If 'yes', what is the **total percentage** of your gross fees for the last fiscal year attributed to this delivery method?  
 \_\_\_\_\_%
23. Does the firm provide or take responsibility for any site safety or construction means, methods, sequences or techniques? yes  no
24. Is the firm or any principal involved in real estate development or ownership? yes  no
25. Has the firm become involved in the manufacture, fabrication, sale, leasing or distribution of any product, process, component, device or system? yes  no
26. Has the firm designed a building, component or system which might be used on more than one project without services for site adaptation? yes  no
27. Has the firm entered into a joint venture agreement with an entity that did not provide professional design services? yes  no

→ If you've answered 'yes' to questions 22 through 27, please provide details on a separate sheet.

## 8. RISK MANAGEMENT

28. Does the firm provide any risk management or educational programs for your staff / managers? yes  no   
 a. If 'yes', did at least 50% of the firm's professionals complete a risk management or loss prevention seminar or program (in person or web-based including Liberty's online risk management e-Learning courses) during the last fiscal year? yes  no   
**Please provide the date, names of the employees who completed the program, program name and provider on a separate sheet.**
- b. If 'yes', did at least 50% of the firm's professionals complete a **RedVector** online education course through the LIU Risk Management website's RedVector Portal during the last fiscal year? yes  no
29. Are your negotiated contracts reviewed by a qualified attorney before they are signed? yes  no
30. Does the firm follow written quality control procedures? yes  no   
 If 'yes', please indicate the last date they were updated. \_\_\_\_\_
31. Does the firm have a written procedure in place for collecting outstanding fees? yes  no
32. Does the firm employ a written client selection process? yes  no

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**If you are applying for Cyber coverage, please also complete the following information in Sections 9 through 13. Otherwise, you can skip those sections and go to Section 14.**

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## 9. PRIVACY PRACTICES

33. Does the firm employ any of the following? Please check all that apply:
- A specific individual responsible for overall privacy and security?
  - A written corporate privacy policy reviewed by a qualified lawyer, actively followed and regularly updated?
  - Annual training in place for employees with respects to privacy matters?
  - Screening of potential employees (e.g., background, drug, criminal, credit, etc.)?
  - Regular network security assessments performed by third parties?
  - Classification and tracking of where sensitive data is processed and stored on the network?
  - Procedures to ensure compliance with privacy regulatory bodies, state privacy laws and industry standards, as applicable? (e.g., HIPAA, PCI, etc.)
  - Contracts with third parties that contain hold harmless / indemnity clauses that benefit the firm?
  - Contracts that require third parties to carry errors and omissions or cyber insurance?
  - Obtaining consent from individuals when collecting personally identifiable information?

## 10. INFORMATION SECURITY

34. Does the firm employ any of the following? Please check all that apply:
- The use and application of anti-virus software on all computer devices and networks?
  - Regular updating and patching of security systems in a timely manner?
  - The use and application of intrusion detection and/or prevention software?
  - The use and application of firewalls to restrict network traffic?
  - The use and application of data loss prevention (DLP) software?
  - Physical controls to prevent unauthorized access to company premises and network?
  - A password policy to require strong passwords and that passwords should be updated on a regular basis?
  - Data access controls including role based access and timely account termination?
  - Multi-factor authentication for remote access by employees and third parties?
  - Formal policies and procedures around the retention, destruction and purging of data?
  - Information Technology vendors to maintain its systems and networks?

## 11. DATA

35. What type of personally identifiable information and sensitive information does the firm (or others on your behalf) handle, process or store? Please check all that apply:
- Social Security numbers, government ID or driver license information
  - Financial information (e.g. banking information)
  - Payment card data
  - Personal health information
  - Intellectual Property
  - Other (describe): \_\_\_\_\_
36. Does the firm employ any encryption controls in the following? Please check all that apply:
- Data at rest       Data in transit       Mobile devices       Back-up tapes       Cloud Storage

## 12. CONTENT AND MARKETING CONTROL

37. Does the firm employ any of the following content and marketing controls? Please check all that apply:
- Obtaining all necessary and proper rights when using content developed by third parties?
  - Legal review of all content disseminated by the firm?
  - Notice and Take-Down procedures in place for addressing potentially libelous or illegal content on the Company's website?

## 13. VENDOR MANAGEMENT, CLOUD & MOBILE

38. Does the firm employ any of the following? Please check all that apply:
- Written contracts with all third parties that have access to any sensitive information?
  - A Disaster Recovery Plan?  
- When was that Plan last tested? \_\_\_\_\_ (leave blank if a Plan does not exist)
  - A written incident response plan regarding how compromised personally identifiable information is handled?  
- When was that Plan last tested? \_\_\_\_\_ (leave blank if a Plan does not exist)

## 14. CLAIMS AND CIRCUMSTANCES

39. In the last five years, have any professional liability claims been made against the firm, its predecessors or any past or present principal, partner, officer, director or employee, or any entity identified in response to **questions 1 and 5**?  
yes  no
- If 'yes', please complete the Claims questionnaire.**
40. Does the firm or any of the principals, partners, officers, directors or employees, or any entity identified in response to **questions 1 and 5**, have knowledge of any act, error, omission, unresolved job dispute, complaints, accident or any other circumstance which might reasonably be expected to give rise to a claim under this insurance? yes  no
41. In the last ten years, has any disciplinary action been filed against the firm, its predecessors or any past or present principal, partner, officer, director or employee, or any entity identified in response to **questions 1 and 5**?  
yes  no
42. Is the firm aware of any release, loss or disclosure of personally identifiable information in the care, custody or control of the firm? yes  no
43. Has the firm, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a regulatory action as a result of the handling of sensitive data, including a civil investigative demand, consent order or investigation by an Attorney General or other industry body? yes  no
44. Is the firm aware of any known network intrusion or denial of service attack during the last three years?  
yes  no
45. Has the firm reported the matters disclosed in **questions 39 through 44** above to its current or former insurance carrier(s)? yes  no

→ ***If you have answered 'yes' to questions 39-44, on a separate sheet, list details of this situation including name of project (if applicable), involved parties, date you became aware and description of the circumstances.***



**Any claim arising from any facts, claims, circumstance or situations required to be disclosed in response to questions 39 - 44 above will be excluded from the proposed insurance.**

**15. COVERAGE INFORMATION**

46. Is the firm currently insured for Professional Liability coverage? yes  no   
 If 'yes', please provide the retroactive date on your policy: \_\_\_\_\_

Please provide your insurance history for the past five years below:

Company	Policy Period	Limit	Deductible	Premium

47. Does the firm currently purchase Cyber Liability coverage? yes  no   
 (i.e., **Data Breach Liability; Media Liability; Privacy Regulatory Proceedings; Notification Costs**)

Coverage Type	Company	Policy Period	Limit	Deductible	Retroactive Date	Premium

48. Please provide details on your General Liability insurance:

Carrier: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Policy Limits: \_\_\_\_\_ Per Occurrence / \_\_\_\_\_ Aggregate

49. Does the firm purchase any business insurance from Liberty Mutual? yes  no   
 If 'yes', please provide details regarding line of business and policy terms

50. Has any insurer cancelled or refused to renew any similar insurance to the firm, its members or an entity listed in **questions 1 and 5** of this application? yes  no   
**If 'yes', please provide details on a separate sheet.**

51. Describe any pending corporate acquisitions or historical corporate name changes or mergers and acquisitions that have occurred in the past 5 years:

52. Indicate the options the Applicant would like quoted for Professional Liability coverage:

Combined Single/Aggregate Limit	Split Limits Per Claim/Aggregate	Per Claim Deductible
<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____ / _____	<input type="checkbox"/> _____

## NOTICES

### **Notice to Alabama Applicants:**

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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### **Notice to Arkansas, District of Columbia, Louisiana, Oregon, Rhode Island and West Virginia Applicants:**

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.

### **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 Florida Applicants:**

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.

### **Notice to Kansas and Kentucky Applicants:**

Any person who knowingly and with 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.

### **Notice to New Jersey Applicants:**

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

### **Notice to Maine Applicants:**

It is a crime to knowingly 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.

### **Notice to Maryland Applicants:**

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

### **Notice to New Mexico Applicants:**

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 civil fines and criminal penalties.

### **Notice to New York Applicants:**

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.

### **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:**

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.

**Notice to Pennsylvania Applicants:**

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.

**Notice to Tennessee, Virginia and Washington Applicants:**

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.

**Notice to all other state Applicants:**

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.

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. .

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Principal, Partner or Officer \_\_\_\_\_

Title \_\_\_\_\_