



# Application for Architects and Engineers Professional Liability Policy

## (Claims-Made Coverage)

### FIRM INFORMATION

1) Full Legal Name of Applicant(s) and/or Firms:	<input type="text"/>									
2) Primary Location Street Address:	<input type="text"/>									
Mailing Address:	<input type="checkbox"/> Same as primary location street address. If not, please provide mailing address below:									
	<input type="text"/>									
3) List Branch Locations (if any):	Location(s): <input type="text"/>									
4) Federal Identification No:	<input type="text"/>									
5) Website Address:	<input type="text"/>		6) When was Firm established	<input type="text"/>						
7) Firm is a:	<table border="0"><tr><td><input type="radio"/> Sole Proprietorship</td><td><input type="radio"/> Professional Corporation</td></tr><tr><td><input type="radio"/> Partnership</td><td><input type="radio"/> LLC</td></tr><tr><td><input type="radio"/> Corporation</td><td><input type="radio"/> Other - Please Describe <input type="text"/></td></tr></table>				<input type="radio"/> Sole Proprietorship	<input type="radio"/> Professional Corporation	<input type="radio"/> Partnership	<input type="radio"/> LLC	<input type="radio"/> Corporation	<input type="radio"/> Other - Please Describe <input type="text"/>
<input type="radio"/> Sole Proprietorship	<input type="radio"/> Professional Corporation									
<input type="radio"/> Partnership	<input type="radio"/> LLC									
<input type="radio"/> Corporation	<input type="radio"/> Other - Please Describe <input type="text"/>									
8) Has the name of the firm been changed, has any other business been purchased, any merger or consolidation taken place or are any such changes planned within the next 12 months? If yes, please provide details below:			<input type="radio"/> YES	<input type="radio"/> NO						
<input type="text"/>										
9) Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? If Yes, please provide details below:			<input type="radio"/> YES	<input type="radio"/> NO						
<input type="text"/>										
10) To what professional associations does the Applicant belong?	<input type="text"/>									
11) Number of Staff:										
	<u>#Licensed</u>	<u>#Unlicensed</u>	<u>#Licensed</u>	<u>#Unlicensed</u>						
Principals, Partners, Officers and Directors	<input type="text"/>	<input type="text"/>	Draftsmen, Programmers and other Technical Personnel	<input type="text"/>						
Architects, Landscape Architects	<input type="text"/>	<input type="text"/>	Construction Personnel	<input type="text"/>						
Land Surveyors, Engineers	<input type="text"/>	<input type="text"/>	Clerical, Accounting, Non-Technical	<input type="text"/>						
Information Technology	<input type="text"/>	<input type="text"/>	Total Staff	<input type="text"/>						



12) Please provide the following information of the Applicant's key employees:

Principals, Partners, Officers and Directors	Professional Qualifications/ Date Qualified	How Long in Practice	How Long as Partners/ Principals/Officers

13) Have any Principals, Partners, Officers or Directors of your Company ever been subject to disciplinary action by authorities as a result of their professional activities?

If Yes, please give full details:

☐ YES

☐ NO

14) Has Applicant, related entity, subsidiary or predecessor in interest ever filed for bankruptcy under Chapter 7 or Chapter 11 or do they have plans to file bankruptcy under Chapter 7 or Chapter 11?

☐ YES

☐ NO

If Yes, please provide details:

## SERVICES INFORMATION

15) a. Please describe in detail the operations of your company:

b. Please describe in detail the Professional services for which coverage is desired:

16) Please indicate the percentage of the following disciplines or services in which the Applicant is engaged: (Total must equal 100%)

Acoustical Engineering	{ %	Construction Management - At Risk (Insured Acts as GC)	{ %
Archeology	{ %	Construction Materials Testing	{ %
Architecture	{ %	Crane Inspection and/or Design	{ %
Aerospace Engineering	{ %	Curtain Wall or Glazing Design/Consulting	{ %
Automotive Engineering	{ %	Drafting	{ %
Building Inspection	{ %	Electrical Engineering	{ %
Chemical Engineering	{ %	Elevator Inspection/Design/ Consulting	{ %
Civil Engineering	{ %	Environmental Consulting	{ %
Communication Systems Design	{ %	Environmental Engineering	{ %
Construction Management - Agency (Owners Rep)	{ %	Environmental Testing Laboratory	{ %



Question 16 - Continued:

Forensic Engineering/Expert Witness Services	{ }	%	Petroleum Engineering	{ }	%
Fire Sprinkler/Alarm System Design	{ }	%	Plumbing System Design	{ }	%
Fire Sprinkler/Alarm Inspection Services	{ }	%	Process or Control Systems Engineering	{ }	%
GeoTech/Soil Engineering & Testing	{ }	%	Product Design for 3rd Parties	{ }	%
HVAC Engineering	{ }	%	Roof Inspection	{ }	%
Hydrology	{ }	%	Safety Consulting on Construction Project Sites	{ }	%
Interior Design	{ }	%	Shoring or Scaffolding Design/Consulting	{ }	%
Land Surveying	{ }	%	Solar/Photovoltaic Power Engineering	{ }	%
Landscape Architecture/Design	{ }	%	Structural Engineering	{ }	%
LEED Certification Consulting	{ }	%	Telecommunications Engineer/Consultant	{ }	%
Lighting Design	{ }	%	Testing Lab Services	{ }	%
Machine/Equipment Design	{ }	%	Traffic Planning	{ }	%
Marine Surveying or Engineering	{ }	%	Transportation Engineering	{ }	%
Mechanical Engineering	{ }	%	Underground Utility Locating	{ }	%
Mining Engineering	{ }	%	Urban Planning	{ }	%
Naval Architecture	{ }	%	Water/Wastewater/ Engineering or Consulting	{ }	%
Nuclear Engineering	{ }	%	Other	{ }	%
Pavement Engineering/Design	{ }	%			

17) Please provide a breakdown of the applicant's services by geographic area:

	Percentage	
Local	{ }	%
Regional	{ }	%
National	{ }	% Which States? { }
International	{ }	% Which Countries? { }

18) Does the Applicant, any subsidiary, parent or otherwise related entity provide any of the following services , or do they hire subcontractors to perform the following services on their behalf?

- |   |                           |                          |
|---|---------------------------|--------------------------|
| a. Construction, installation, erection or fabrication                                      | <input type="radio"/> YES | <input type="radio"/> NO |
| b. Real Estate Development or Sales   | <input type="radio"/> YES | <input type="radio"/> NO |
| c. Manufacture, sale, lease or distribution of any product , or patented production process | <input type="radio"/> YES | <input type="radio"/> NO |
| d. The development, sale or leasing of computer software or hardware to others              | <input type="radio"/> YES | <input type="radio"/> NO |
| e. Foundation or Shoring Projects   | <input type="radio"/> YES | <input type="radio"/> NO |
| f. Environmental Impact Projects  | <input type="radio"/> YES | <input type="radio"/> NO |



Question 18 - Continued

- g. LEED Projects ☐ YES ☐ NO
- h. Alternative Energy/Fuel Projects ☐ YES ☐ NO
- i. Offshore Projects ☐ YES ☐ NO
- j. Underground Storage Tanks ☐ YES ☐ NO

If Yes, please provide details:

19) Please indicate the approximate percentage of revenues derived from the following types of services: (Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design  %
- b. Design without supervisory services  %
- c. Design & Observation  %
- d. Construction observation without design  %
- e. Construction Administrative Services  %
- f. Construction Stake-out  %
- g. Boundary Surveys  %
- h. Other   %

20) Is your company a: General Contractor? ☐ YES ☐ NO

Specialty Contractor? ☐ YES ☐ NO

21) Do you use subcontractors/subconsultants? ☐ YES ☐ NO

If Yes, what percentage of your revenue is attributed to subcontractor costs?

What percentage of your projects require your use of subcontractors?

What type of work is being subcontracted?

What percentage of subcontractors sign a contract with you?

 (Please attach sample of subcontractor contract)

Do you obtain evidence of Insurance for :

Professional Liability ☐ YES ☐ NO Limits Required

General Liability ☐ YES ☐ NO Limits Required

22) Does the Applicant provide professional services on projects in which any Principal, Partner, Officer, Director or shareholder or an immediate family member of such person retains any ownership interest? ☐ YES ☐ NO

If Yes, please provide details including a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds:



## PROJECT AND CLIENTS INFORMATION

23) Please indicate the approximate percentage of revenues derived from each project type: (Total Must Equal 100%)

	<u>Last 12 Months</u>	<u>Est Next 12 Months</u>			<u>Last 12 Months</u>	<u>Est Next 12 Months</u>	
Airport Terminals/Passenger Terminals	<input type="text"/>	<input type="text"/>	%	Parks/Playgrounds/Skate Parks	<input type="text"/>	<input type="text"/>	%
Airport Runways/Taxiways	<input type="text"/>	<input type="text"/>	%	Parking Structures	<input type="text"/>	<input type="text"/>	%
Amusement Rides	<input type="text"/>	<input type="text"/>	%	Petrochemical/Refineries	<input type="text"/>	<input type="text"/>	%
Apartments (not including Condo Conversions)	<input type="text"/>	<input type="text"/>	%	Pre-Engineered Structures	<input type="text"/>	<input type="text"/>	%
Arenas/Stadiums/Convention Centers	<input type="text"/>	<input type="text"/>	%	Power Plants/Utilities	<input type="text"/>	<input type="text"/>	%
Automotive/Vehicles	<input type="text"/>	<input type="text"/>	%	Roads/Highways	<input type="text"/>	<input type="text"/>	%
Biofuel Plants	<input type="text"/>	<input type="text"/>	%	Schools/Colleges	<input type="text"/>	<input type="text"/>	%
Bridges	<input type="text"/>	<input type="text"/>	%	Sewage Systems	<input type="text"/>	<input type="text"/>	%
Churches	<input type="text"/>	<input type="text"/>	%	Sewage Treatment Plants	<input type="text"/>	<input type="text"/>	%
Commercial Condominiums	<input type="text"/>	<input type="text"/>	%	Ships/Vessels	<input type="text"/>	<input type="text"/>	%
Condominiums or Condo Conversions	<input type="text"/>	<input type="text"/>	%	Shopping Centers/Retail/Restaurants	<input type="text"/>	<input type="text"/>	%
Custom Homes	<input type="text"/>	<input type="text"/>	%	Single Family Dwellings (Other than Custom Homes)	<input type="text"/>	<input type="text"/>	%
Dams/Reservoirs/Levees	<input type="text"/>	<input type="text"/>	%	Solar/Wind - Alternative Energy	<input type="text"/>	<input type="text"/>	%
Geothermal Systems	<input type="text"/>	<input type="text"/>	%	Superfund/Pollution	<input type="text"/>	<input type="text"/>	%
Harbors/Piers/Ports	<input type="text"/>	<input type="text"/>	%	Telecommunication/Cell Sites/Cell Towers	<input type="text"/>	<input type="text"/>	%
Hospitals/Healthcare	<input type="text"/>	<input type="text"/>	%	Theme Parks	<input type="text"/>	<input type="text"/>	%
Hotels/Motels	<input type="text"/>	<input type="text"/>	%	Townhomes	<input type="text"/>	<input type="text"/>	%
Industrial Waste Treatment	<input type="text"/>	<input type="text"/>	%	Tract homes/Subdivisions	<input type="text"/>	<input type="text"/>	%
Jails/Justice	<input type="text"/>	<input type="text"/>	%	Tunnels	<input type="text"/>	<input type="text"/>	%
Landfills/ Solid Waste Facilities	<input type="text"/>	<input type="text"/>	%	Warehouses	<input type="text"/>	<input type="text"/>	%
Libraries	<input type="text"/>	<input type="text"/>	%	Water or Waste Water Treatment Systems	<input type="text"/>	<input type="text"/>	%
Manufacturing/Industrial	<input type="text"/>	<input type="text"/>	%	Water Features and Fountains	<input type="text"/>	<input type="text"/>	%
Mass Transit/Light Rail/Subway	<input type="text"/>	<input type="text"/>	%	Water Slides	<input type="text"/>	<input type="text"/>	%
Mines/Quarries	<input type="text"/>	<input type="text"/>	%	Water Systems	<input type="text"/>	<input type="text"/>	%
Nuclear Facilities	<input type="text"/>	<input type="text"/>	%	Other <input type="text"/>	<input type="text"/>	<input type="text"/>	%
Office Buildings/Banks	<input type="text"/>	<input type="text"/>	%	Other <input type="text"/>	<input type="text"/>	<input type="text"/>	%
On Base Military Housing	<input type="text"/>	<input type="text"/>	%				

24) What is the percentage of your projects delivered through the following methods?

Design, Bid, Build	<input type="text"/>	%	
Designer Led Design Build	<input type="text"/>	%	If this method is used, are you ever the lead designer? <input type="radio"/> YES <input type="radio"/> NO If Yes <input type="text"/> %
Contractor Led Design Build	<input type="text"/>	%	



25) Please include a list of the applicants firm's five largest jobs or projects during the past three years:

Project/Client Name	Nature of Services	Revenues for this Project	Dates of Project

26) In the last 10 years, have you ever provided services on subdivisions, tract homes, custom homes, single family dwellings or residential condominium projects?

☐ YES

☐ NO

If Yes, please provide details:

27) Types of Clients:

Contractors	<input type="text"/>	%	Institutional	<input type="text"/>	%	Residential Property Owners	<input type="text"/>	%
Commercial Property Owners	<input type="text"/>	%	Local Government	<input type="text"/>	%	State Government	<input type="text"/>	%
Federal Government	<input type="text"/>	%	Other Design Professional	<input type="text"/>	%	Other	<input type="text"/>	%
Industrial	<input type="text"/>	%	Real Estate Developers	<input type="text"/>	%			

## REVENUE INFORMATION

	<u>3 Years Ago</u>	<u>2 Years Ago</u>	<u>Previous 12 Months</u>	<u>Estimated for Next 12 Months</u>
28) a. Total Gross Revenue for all Operations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Design/Build (Responsible for both the design and the construction/installation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Design Only (No responsibility for construction/installation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Construction Only (No responsibility for Design)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other Professional Fees: (Describe)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Total Construction Values	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## RISK MANAGEMENT INFORMATION

- 29) What percentage of your firm's projects use written contracts?  %
- 30) What percentage of your contracts are your standard contract or professional association contract versus your client contracts?  %
- 31) What percentage of client generated contracts or revised contract provisions are reviewed by your legal counsel?  %
- 32) What percentage of your contracts with clients contain a customized scope of services?  %
- 33) Do you have a documented peer review process? ☐ YES ☐ NO
- 34) What percentage of client deliverables undergo an internal peer review prior to delivery?  %
- 35) Has your firm participated in a peer review or risk review? ☐ YES ☐ NO  
If Yes, please identify the date:
- 36) Does your firm have practices in place to handle conflicts, changes in site conditions, errors, omissions, and/or change orders? ☐ YES ☐ NO
- 37) Do you have a full-time business manager separate from the design principals? ☐ YES ☐ NO
- 38) Does the applicant have:
- a. An in-house continuing education program for professional employees? ☐ YES ☐ NO
  - b. Procedures to evaluate and screen potential new clients? ☐ YES ☐ NO
  - c. Procedures for monitoring and collecting outstanding fees? ☐ YES ☐ NO
- 39) Name of the person responsible for risk management?  E-mail Address   
Phone Number

## COVERAGE INFORMATION

40) Please detail prior Architects and Engineers Professional Liability Coverage for the last FIVE YEARS starting with the most current year.

<u>Insurance Company</u>	<u>Premium</u>	<u>Limits</u>	<u>Deductible</u>	<u>Policy Period</u>	<u>Retro Date</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



41) Is the Applicant currently insured under a Comprehensive General Liability Policy?

☐ YES

☐ NO

If Yes, please give details:

Insurance Company

Type of Coverage

Premium

Limits

Effective  
From/To

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42) Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused?

☐ YES

☐ NO

If Yes, please provide details:

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43) Has any claim ever been made against the firm or any Principals, Partners, Officers or Directors?

☐ YES

☐ NO

If Yes, please complete the Supplemental Claim Information Form with your submission of this application.

[Form Link](#)

44) After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them?

If Yes, please provide details:

☐ YES

☐ NO

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If Yes, have these issues been reported to your carrier?

☐ YES

☐ NO

45) Does the Applicant have any pending disputes concerning the payment of fees to you for services or products rendered?

If Yes please provide details:

☐ YES

☐ NO

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46) Has the Applicant testified, provided expert testimony or given a deposition or statement in any dispute or proceedings where a claim has been made or suit filed against any party to the work or project where you provided any services or products?

If Yes please provide details:

☐ YES

☐ NO

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## **CONTRACTOR'S POLLUTION LIABILITY INFORMATION**

☐ Not Applicable

47) Does your company have written policies and procedures for complying with OSHA, health, safety, training and medical monitoring requirements? ☐ YES ☐ NO

48) Does your company have written health and safety manuals? ☐ YES ☐ NO

If Yes, when were they last updated?

49) Does your company carry Contractor's Pollution Liability coverage? ☐ YES ☐ NO

If Yes, please provide the following information:

<u>Name of Insurer</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>RetroActive Date</u>	<u>Annual Premium</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

50) Is your company responsible for removing or transporting waste from job sites? ☐ YES ☐ NO

If Yes please provide details:

51) Does your company subcontract the disposal and/or transportation of waste? ☐ YES ☐ NO

If Yes please provide details:

52) Is your company ever responsible for excavating, testing or sampling? ☐ YES ☐ NO

If Yes, please provide complete details:

53) Does your company subcontract excavation, testing or sampling? ☐ YES ☐ NO

If Yes, please provide complete details:

54) Have you ever had a pollution incident? ☐ YES ☐ NO

If Yes, please provide complete details:

### **Please include the following information with this application:**

- \* Currently valued carrier loss runs for all years you have carried professional liability insurance.
- \* Resumes on principals of firm.
- \* Copy of standard contract used with clients.



☐ I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of  
Applicant or Authorized  
Representative:

Date Signed:

Title

**If you prefer not to return application with an electronic signature, please print and sign Below:**

Signature of Applicant or  
Authorized Representative

Date Signed:

Title