



ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

NOTE: UPON COMPLETION OF THIS APPLICATION, THE APPLICANT UNDERSTANDS THEY ARE APPLYING FOR COVERAGE THAT IS WRITTEN ON A CLAIMS MADE BASIS, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES. IF YOU HAVE ANY QUESTIONS ABOUT YOUR COVERAGE, PLEASE CONSULT YOUR INSURANCE AGENT OR BROKER.

APPLICANT INFORMATION

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

2. Address:

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

Phone: _____ Fax: _____

3. Email Address: _____

4. Address of Branches (if any): _____

PROFESSIONAL SERVICES AND PROJECT INFORMATION

5. Have there been any changes in the nature of the Applicant's Professional Services, Projects, or Business Activity since the previous application was completed? If Yes, provide details:

Yes No

6. Provide a breakdown of gross revenues for the Applicant:

	Projected Year	Present Year	First Prior Year	Second Prior Year
Total Gross Billings	\$	\$	\$	\$
Projects Insured Under Separate Project Policies	\$	\$	\$	\$
Projects Which Have Been Permanently Abandoned	\$	\$	\$	\$
Direct Reimbursables	\$	\$	\$	\$
All Other Billings	\$	\$	\$	\$

7. Provide a percentage breakdown of revenue for each Professional Service listed below:

Professional Services	%	Professional Services	%
Acoustical Engineering	%	Geotechnical Engineering	%
Architecture	%	Illumination Engineering	%
Architectural Planning	%	Interior Design	%
Chemical Engineering	%	Laboratory Testing	%
Civil Engineering	%	Landscape Architecture	%
Construction Management	%	Mechanical Engineering	%
Electrical Engineering	%	Structural Engineering	%
Environmental Consulting	%	Surveying	%
Forensic Engineering	%	Traffic Engineering	%
Other:	%	Other:	%

8. Is the Applicant engaged in any business or profession other than as described in question 7? If Yes, Yes No provide details: _____

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

- a. Construction, erection, fabrication, or installation? Yes No
- b. Manufacture, 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

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

Airport Runway/ Taxiways	%	Healthcare:	%	Recreation Centers	%
Airport Terminals	%	- Assisted Living Facilities	%	Residential:	%
Amusement Rides	%	- Clinics/Outpatient Facilities	%	- Apartments	%
Bridges	%	- Hospitals	%	- HUD- Multifamily	%
Casinos	%	- Mental Health Facilities	%	- Single Family Homes	%
Capitol Buildings/ Government Centers	%	Industrial Waste/ Sewage Treatment	%	- Subdivisions	%
Churches/Religious	%	Landfills	%	- Townhomes	%
Communication Towers	%	Libraries	%	Restaurants	%
Condominiums:	%	Manufacturing/Industrial	%	Roads/Highways incl. Hwy. Overpass	%
- Residential	%	Military Bases/Military Housing	%	Schools/Colleges	%
- Mixed Use	%	Mining	%	Sewer/Water Lines	%
Correctional Facilities/Prisons	%	Municipal Buildings	%	Shopping Centers/Retail	%
Courthouse-Federal/State	%	Nuclear Facilities	%	Site Development	%
Convention Centers/Arenas/Stadiums	%	Office Buildings/Banks	%	Stadiums/Arenas	%
Dams	%	Offshore Platforms	%	Superfund/Pollution	%
Dormitories	%	Parks/Playgrounds	%	Television Stations	%
Embassies	%	Parking Structures (all)	%	Traffic Planning/Studies	%
Environmental Remediation	%	Petrochemical Refineries (all)	%	Tunnels	%
Environmental Impact Statements	%	Pools	%	Warehouses/Distributions Centers	%
Fire/Police Stations	%	Power Plants	%	Water Treatment Plants	%
Gas/Oil Pipelines	%	Portable Water Systems	%	Windfarms	%
Golf courses	%	Railroad/Rapid Transit/Mass Transit	%	Wineries	%
Harbors/Piers/Ports	%	Real Estate Development	%	Zoos	%
Other:	%	Other:	%	Other:	%

11. In the last twelve months has the applicant provided professional services on any type of residential condominium project? If Yes, provide details including dates of service, numbers and total construction values for these projects: Yes No

12. Is the applicant aware of any facts or circumstances or any allegations or contentions of any incident not previously reported to the Company which may result in a claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was formerly employed by, associated with or had an interest in? If yes, attach a separate sheet providing full details. Yes No

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.

<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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</p>

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 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 by and dated by an authorized officer, partner or principal of the Applicant.