



ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE 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. Website Address: _____

4. Email Address: _____

5. Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture Other:

6. Date Established: _____

7. Address of Branches (if any): _____

8. Provide the following information:

	Number Employed	Number Registered
Principal, Partners, Officers & Directors		
Professionals Not Included Above		
Technical Personnel		
All Others		
Total Number Of Employees		

PROFESSIONAL SERVICES AND PROJECT INFORMATION

9. 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	\$	\$	\$	\$

10. What percentages of fees are paid to sub-consultants? _____

11. What percentages of your sub-consultants are insured for professional liability? _____

12. Do you obtain certificates of insurance from your sub-consultants? Yes No

13. 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:	%

14. Is the Applicant engaged in any business or profession other than as described in question 13? If Yes, Yes No
 provide details: _____

15. 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

16. 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	%
Feasibility Studies, Master Plans, Reports, Surveys	%	Construction Administration Services	%
Design without Supervisory Services	%	Manufacture, Sale or Distribution of any Product or Process	%
Design & Observation	%	Machinery Design	%
Machinery Design	%	Temporary Structures Design (Below Ground)	%
Inspection of Residential/Commercial Properties for Buyers/Lenders	%	Other:	%

17. Did the Applicant engage in any Design-Build projects during the last completed fiscal year? Yes No
 If Yes, complete a. and b. below:

- a. What percentage were: Led by Design Professional: _____% Led by Contractor: _____%
- b. What percentage of your Design-Build Entities has been formed as a Joint Venture, LP, or LLC? _____

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

19. 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)

20. 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:	%

21. In the past ten years 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

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

23. Does the Applicant perform credit checks on all clients? Yes No

24. Is management's approval required for all new clients? Yes No

25. Describe the Applicant's procedures for resolving disputes with clients over fees or charges:

26. 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

27. For what percentage range does the Applicant use the following:

_____ % Professional Association Contracts _____ % Client Drafted Contracts _____ % Firm's Own Standard Contract
 _____ % Purchase Order _____ % Client Contract _____ % Oral Agreement _____ % Other

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

29. 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. Contains specific payment terms? Yes No
- f. Disclaimers or limitations of liability? Yes No

30. What percentage of the Applicant's contracts contains a Limitation of Liability clause? _____

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

32. Has your firm ever participated in a peer review program? If Yes, describe it and provide the date(s) of the review: Yes No

33. Does your firm have an in-house program of continuing education for professional employees? If Yes, describe the program in the past twelve months: Yes No

HISTORICAL INFORMATION

34. 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

35. 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
36. 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
37. 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
38. 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
39. Has any member of the Applicant ever been the subject of complaint to or disciplinary action by authorities as a result of their professional activities? If Yes, provide details: 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

40. 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

41. What is the first date of continuous claims made coverage? _____

42. What is the current policy's Retroactive Date? _____

43. Has the Applicant ever had an application for professional liability insurance declined or had a Professional Liability policy cancelled or non-renewed by the Insurer? Yes No

44. Is there an Extended Reporting Period currently in force? Yes No

45. Does the applicant maintain General Liability Insurance? If Yes, specify below: Yes No

Insurance Carrier: _____ Effective Dates: _____ Limits: _____

46. Coverage Requested: _____ Limits: _____ Retention: _____

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 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.

INSURANCE AGENCY INFORMATION (WHOLESALE)

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Agent's License #: _____

INSURANCE AGENCY INFORMATION (RETAIL)

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Agent's License #: _____