

Application for Design Professional Liability Insurance

This insurance coverage you are applying for is written on a CLAIMS MADE AND REPORTED basis. Only claims which are first made against you and reported to the Company during the Policy Period are covered subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by Claim Expenses. Claim Expenses may also be applied against the Deductible. If you have any questions about the coverage, please discuss them with your insurance broker or agent.

Coverage Requests:

Limits: _____ Deductibles: _____

Limits: _____ Deductibles: _____

FIRM PROFILE

1. Firm Name: _____
 Address: _____
 City, State, Zip Code: _____
 E-Mail / Web-Page Address: _____
 Branch Offices: (*List Branch offices on separate sheet*)

2. Key Contact and/or Risk Manager:
 Name: _____ Title: _____ Telephone: _____ Email: _____

3. Date Firm was established: Month: _____ Day: _____ Year: _____

4. Firm is: Corporation; Partnership; Professional Corporation; Sole Proprietorship; Other _____

5. Has the name of your Firm ever changed, or been party to any acquisition, consolidation, dissolution or merger?
If "Yes" please detail changes on separate sheet in chronological order. Yes No

6. Total Staff	Architects	Engineers	Land Surveyors	Landscape Architects	All Other	TOTAL
Licensed Staff						
Unlicensed Staff						

7. Identify the primary state(s) in which you perform your professional services:

State:	%	State:	%	State:	%	State:	%	State:	%
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8. **Disciplinary Action.** Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No
If "Yes", please provide details on a separate sheet.

ACCOUNTING DATA

9. Provide Gross Billings derived from professional services for the past reporting period (12 months), whether or not collected, *including fees paid to consultants.* (Newly established firms should use an estimate for the Upcoming Year.)

	<u>Last 12 Months</u>	<u>Construction Values</u>
Total Revenues (gross billings)	\$ _____	\$ _____
➤ Revenues insured under separate project policies*	\$ _____	\$ _____
➤ Fees for Projects permanently abandoned*	\$ _____	NA
➤ Foreign Projects Billings*	\$ _____	\$ _____
➤ Non Professional Revenues	\$ _____	NA
➤ All other billings (ODC's, expenses, etc.)	\$ _____	\$ _____

Total Revenues for each of past 5 years:

\$ _____ 1st year prior \$ _____ 2nd year prior \$ _____ 3rd year prior \$ _____ 4th year prior \$ _____ 5th year prior

* *Provide details on a separate sheet*

10. Firm's Activities

Provide percentage of gross billings for the last reporting period (12 months), whether or not collected, *including fees paid to consultants*. (**Note:** *This section should total 100%*)

SERVICES	% of Gross Billings or Construction Values (see 9. above)
Feasibility Studies, reports where no design is completed:	
Design Only, with no construction phase duties:	
Design, with observation of construction:	
Observation of Construction only:	
Construction Management only:	
Design with Construction Responsibility: (Construction subcontracted)	
Construction with Design Responsibility (Design subcontracted):	
Other (Describe): _____	

PRACTICE DETAILS

11. Professional Services

Based on your Firm's net billings, please indicate the approximate percentage of services listed below which are performed by your Firm. *Do not include services of your consultants*. (**Note:** *This section should total 100%*)

Acoustical Engineering	%	Forensic Engineering	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geotechnical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying	%	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other (detail below)	%
Electrical Engineering	%	Mechanical Engineering	%		%
Environmental Engineering*	%	Naval/Marine	%		%

Note: *If Environmental Engineering or Consulting services are greater than 10% of the total billings or Environmental Contracting coverage is desired, complete the Environmental/Contractors Pollution Liability Supplemental application.*

12. Subcontracted Services

Does your firm subcontract professional services? Yes No

If "Yes," indicate the percentage of professional billings subcontracted and the types of professional service subcontracted: _____

Does your firm obtain certificates of professional liability insurance from your subconsultants? Yes No

If No, please explain: _____

13. Other Services

Based on your Firm's Gross Billings, indicate the approximate percentages of activities listed below in which your firm is involved. (Note: This section need not total 100%.)

Asbestos Related Work	%	Ground Testing/Soil Analysis	%	Services Provided for Real Estate Transfers	%
Building Design	%	Inspection Services	%	Site Development	%
Continuing Service	%	Instrumentation/Controls	%	Software Development/ Sales	%
Cost Estimating	%	Lead Related Work	%	Subsurface Soil Exploration/Drilling Operations	%
Destructive Testing	%	Machine/Equipment Design	%	Traffic/Transportation	%
Environmental Impact Statements	%	Pipelines	%	Underground Utility Locating	%
Fast Track, Turnkey or Prototype Projects	%	Product Design	%	UST	%
Foundations, Sheeting and Shoring Design	%	Residential Subdivisions	%	Wetland Delineation	%

14. A Project Type

Based on your Firm's gross billings, indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: This section should total 100%)

Airports	%	Landfills	%	Schools/Colleges	%
Amusement Rides	%	Libraries	%	Sewage Systems	%
Apartments	%	Manufacturing/Industrial	%	Shopping Centers/Retail	%
Arenas/Stadiums	%	Mass Transit	%	Superfund/Pollution	%
Bridges	%	Mines	%	Telecommunications	%
Condominium/Townhouses	%	Municipal Buildings	%	Theaters	%
Residential	%	Nuclear/Atomic	%	Tract Homes	%
Commercial	%	Office Buildings	%	Tunnels	%
Convention Centers	%	Parking Structures	%	Warehouses	%
Dams	%	Petro/Chemical	%	Wastewater Treatment Plants	%
Harbors/Piers/Ports	%	Pools/Playgrounds	%	Water Systems	%
Hospitals/Healthcare	%	Pre-engineered Buildings/Structures	%	Utilities	%
Hotels/Motels	%	Private/Residential Dwellings	%	Other: _____	%
Industrial Waste Treatment	%	Recreational	%	Other: _____	%
Jails	%	Roads/Highways	%	Other: _____	%

B. Has the Applicant undergone any substantial changes in the percentages of item 14.A. during the past 2 years or anticipate any significant changes in the next 12 months? Yes No
 If "Yes" please give details: _____

C. Largest Current Projects

On a separate sheet, attach a list of your ten largest projects in the past 2 years. Include type of structure, services performed, construction values, professional fees and project location.

D. Condominiums/Townhouses

In the past ten years has your firm, predecessor or any other insured provided any professional services related to Residential Condominiums and/or Townhouses? Yes No

If yes, please complete the following: Total Number of Condominium/Townhouse projects _____
 Approximate Total Construction Value: \$ _____

15. Firm's Clients

A. Please indicate the approximate percentage of your Firm's Gross Billings in Item 9. that were derived from the following client categories: (**Note: This section should total 100%**)

Attorneys	%	Government Local	%	Owners (who act as their own builder)	%
Commercial	%	Institutional	%	Real Estate Developers	%
Contractors	%	Industrial	%	Other: (specify)	%
Government Federal	%	Lending Institutions	%		
Government State	%	Other Design Professionals	%		

B. What percentage of your firm's business is from repeat clients? _____%

C. Does any one contract or client represent more than 25% of annual work? Yes No

If "Yes" provide details: _____

16. Is your firm or any subsidiary, Parent or other Organization related to your Firm, engaged in:

A. Actual construction, fabrication or erection? Yes No

B. Development, sale or lease of computer software to others? Yes No

C. Real estate development? Yes No

D. Manufacturing, sale, leasing or distribution of any product? Yes No

If any answers for A - D are "Yes", use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

17. Are any of the Principals, Partners, Directors or Employees of your Firm involved in any activities described in Item 16? *If "Yes", provide details on a separate sheet.* Yes No

18. Affiliation With Other Firms

Is your Firm controlled, owned or associated with any other firm, corporation, or company, or does your Firm own or control any other entity? *If "Yes", provide details on a separate sheet.* Yes No

19. Does your Firm render services on behalf of any entity in which any Principal, Partner, Officer or Director of your Firm, or an immediate family member of such Person is a Principal, Partner, Officer, or Director? *If "Yes", provide details on a separate sheet.* Yes No

EQUITY OWNERSHIP

20.A. Does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are rendered by your Firm? Yes No

B. Does your Firm seek coverage for these projects? Yes No
If "Yes" and greater than 20%, provide details on a separate sheet.

JOINT VENTURES

21.A. Does your Firm participate in joint ventures? *If "Yes", on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities.* Yes No

B. Does your Firm obtain insurance certificates of professional liability from Joint Venture Partners? If "No", please explain below: Yes No

RISK MANAGEMENT/LOSS PREVENTION

22. A. Does your firm follow written in-house quality control procedures? Yes No

B. Does your firm use a computer assisted drafting program? Yes No
 If "Yes", what percentage of design is done using the CAD program? _____%

C. Does your firm have an in-house program of continuing education for professional employees? Yes No

D. Does your firm use written contracts on every project? Yes No
 If "No", provide the percentage of the projects where oral agreements were used: _____%

- E. Does your firm seek a limitation of liability clause in contracts with clients? Yes No
If so, what percentage of your contracts contain such a clause? _____%
- F. Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____%
- G. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by the firm's legal counsel for liability implications prior to signing? Yes No
- H. Does your firm negotiate into its contracts a provision for alternative dispute resolution such as mediation? If "Yes", what percentage of your contracts contain such a provision? _____% Yes No

23. **Professional Associations.** Please list your firm's and/or principals' KEY professional associations:

24. **Current General Liability Insurance Coverage.** Please identify your firm's current General Liability Insurance Coverage.

Insurance Company: _____

Limits: _____ Deductible: _____

25. **Professional Liability Insurance History**

- A. Retroactive date on current policy: _____
- B. Does your current policy have specific project excess coverage for any projects? Yes No
If "Yes", provide details on a separate sheet.
- C. Do you currently have First Dollar Defense Coverage? Yes No
- C. Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed? Yes No
If "Yes", provide details on a separate sheet. (Note: Not Applicable in Missouri.)

26. Please detail your Architects and Engineers Professional Liability coverage five-year history:

COMPANY	TERM	LIMITS	DEDUCTIBLE	PREMIUM

CLAIMS INFORMATION

- A. Has any claim been made or legal action been brought in the past 10 years (or made earlier and still pending) against your firm, its Predecessors, or any past or current Principal, Partner, Officer or Director of your firm? Yes No
If "Yes", please supply on a SEPARATE SHEET details of the claim such as date, allegation, plaintiff, paid indemnity, reserve, deductible, insurer's evaluation of claim, etc.
- B. Is your Firm (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims or demands being made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers or Directors? Yes No
If "Yes", provide details on a separate sheet.
- C. Is your Firm aware of any deficiencies or alleged deficiencies in work where your firm, predecessor or any other Insured performed professional services or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? Yes No
If "Yes", provide details on a separate sheet.
- D. Does the Applicant or any other party proposed for insurance have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? Yes No
If "Yes," provide details on a separate sheet.

28. Please provide the following:
- A. Financial statement.
 - B. Insurance Company Loss Runs for the past ten years.
 - C. Company brochure describing services.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

I/We hereby warrant that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

DATED this _____ day of _____, 20_____

 Signature of Director/Partner/Principal _____
 Date

 Name and Title of Director/Partner/Principal (printed or typed)

Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____