ExecutivePerils

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dba: Executive Perils Insurance Services

APPLICATION FOR ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY POLICY

(Claims Made Coverage)

1. Answer all questions. If the answer requires detail, please attach a separate sheet.

2. Application must be signed and dated by owner, partner or officer.

3. Attach copy of your firm’s brochure. THIS IS IMPORTANT.

4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

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| **1. APPLICANT INFORMATION** |
|  |
| a. Name of applicant: |  |
| (If partnership or corporation, show firm) |
| b. Address:  |
|  State Zip Code |  |  |
| c. Address of all Branches:  |
| 1. |
| 2.  |
|  |  |  |  |
| d. When was firm established?:  |  |  |  |
| e. Number of Employees: | Full time:   | Part time :  | Total:  |
| f. Is the firm: | **[ ]**  Corporation | [ ]  Partnership? | [ ]  Individual? | **[ ]** Other:  |
| g. During the past five years, has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? [ ]  Yes [ ]  No If yes, please give full details:: |
| h. Coverage Requested:  | Limits:  | Deductible:  |  |

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| **2. APPLICANT OPERATIONS** |
| A. Please indicate the approximate percentage of the professions in which your firm is engaged. Exclude services performed by subcontractors. (total to equal 100%) |
| Architects | **%** | Environmental Engineering  | **%** | Land Surveying | **%** |
| CMI Engineering | **%** | Landscape Architecture | **%** | Structural Engineering | **%** |
| Electrical Engineering | **%** | Interior Design  | **%** | Soil Engineering | **%** |
| Mechanical Engineering | **%** | Process Engineering | **%** | Testing Lab | **%** |
| HVAC Engineering | **%** | Construction Management | **%** |  |  |
| Other , please specify:  |
| B. Is the application involved in any of the following services? If “yes”, please explain below and indicate fees for current and/or next year(s):  |
| a. Environmental studies, reports, assessments or audits | [ ]  Yes [ ]  No | $ |
| b. Remedial investigations and studies | [ ]  Yes [ ]  No | $ |
| c. Waste site selection evaluation  | [ ]  Yes [ ]  No | $ |
| d. Preparation and submission of environmental permits | [ ]  Yes [ ]  No | $ |
| e. Hazardous and/or non-hazardous waste treatment, processing, incineration or disposal  | [ ]  Yes [ ]  No | $ |
| f. Asbestos abatement  | [ ]  Yes [ ]  No | $ |
|  |
| C..Please indicate the type and approximate percentage of work under each heading: Scope of Services (to equal 100%) |
| (I) Design with construction observation | **%** |
| (ii) Design without construction observation | **%** |
| (iii) Construction observation without design | **%** |
| (iv) Studies, reports and services not resulting in construction | **%** |
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| d. . Please indicate the type and approximate percentage of work under each heading: ( to equal 100%) |
| (i) Master planning | **%** |
| (ii) Foundation design | **%** |
| (iii)Geotechnical services | **%** |
| (iv) Alternations | **%** |
| (v) Machinery/product design | **%** |
| (vi) Forensic/expert witness  | **%** |
| (vii) Building inspection/certification | **%** |
| (viii) Other:  | **%** |
|  |  |
| e. Please indicate the type and approximate percentage of work under each heading: (need not equal to 100%) |
| (i) Single family dwellings | **%** | (xi)Parkirtg structures | **%** |
| (ii) Condominiums | **%** | (xii) Roads/highways | **%** |
| (iii) Apartments | **%** | (xiii) Bridges, dams, or tunnels | **%** |
| (iv) Hotels, motels or resorts | **%** | (xiv) Sewage or waste disposal systems | **%** |
| (v) High-rise buildings | **%** | (xv) Wastewater treatment plants | **%** |
| (vi) Educational facilities | **%** | (xvi) Power plants | **%** |
| (vii) Religious facilities | **%** | (xvii) Industrial/manufacturing | **%** |
| (viii) Commercial/shopping centers | **%** | (xviii) Petrochemical, chemical | **%** |  |
| (ix) Hospitals/heath care | **%** | (xix) Offshore & marine structures | **%** |
| (x) Recreational/sports facilities | **%** | (xx) Other: | **%** |
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|  |  |  |
| f. Does the Applicant foresee any substantial changes in the percentages of Items (c), (d) or (e) above during the next twelve months? [ ]  Yes [ ]  NoIf yes, please give details: |
|  |  |  |  |  |
| g. Fees and Construction Values **-** (For design firms only) |
|  |
|  | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
| Domestic Operations |  |  |  |
| (I) Construction values |  |  |  |
| (ii) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) |  |  |  |

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| g. Fees and Construction Values (CONTINUED) |  |  |  |
|  | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
|  |  |  |  |
| Foreign Operation |  |  |  |
| (iii) Construction Values |  |  |  |
| (iv) Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures) |  |  |  |
| h. . Construction values **-** For firms who both design and construct. |
|  | Estimate for Coming Year | Present 12 Months | Previous 12 Months |
| (i) All operations |  |  |  |
| (ii) Design/Construct |  |  |  |
| (iii) Design only **-** no construction |  |  |  |
| (iv) Construction only **-** no design |  |  |  |
|  |
| I.. What percentage of the Applicants practice involves any of the following |  |
| (i) Subletting of work to others? |  | **%** |  |
| type of work sublet?  |
| (ii) Is evidence of insurance from consultants? |  | [ ]  Yes [ ]  No |
| j. Equity Interest: |
|  Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDES COVERAGE FOR THESE PROJECTS)? | [ ]  Yes [ ]  No |
| k. Does any one contract or client represent more than 50% of annual work? | [ ]  Yes [ ]  No |
| If yes, please describe:  |
| l. Does the Applicant or any subsidiary, parent or otherwise related entity engagein actual construction, manufacturing, or fabrication? | [ ]  Yes [ ]  No |
| If yes, please give details:  |
| m. Is the Applicant controlled, owned or associated with any other Firm, Corporation or Company? | [ ]  Yes [ ]  No |
| If yes, please give details  |
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| n. Does the Applicant work with other firms in joint Ventures. |  | [ ]  Yes [ ]  No |
| BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES I VENTURES |  |  |  |  |
| **3. APPLICANT STAFF** |
| a. Name of Owner, Partner or Officer | Educational Qualifications |  Date and Place Acquired | How Long with Firm |
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| b.Total Personnel: (Including those listed in item 3 (a) above:  |  |
| (i) Number of Engineers, Surveyors & Architects |  |
| (ii) Number of Fieldmen (rodmen, chainmen, etc.) |  |
| (iii) Number of Draftsmen, Technicians |  |
| (iv) Number of clerical and acctng **.** employees |  |
|  |  |  |  |
| c. States in which licensed:  |
|  |  |  |  |
| d. Foreign Work? |  |  | **[ ]** Yes [ ]  No |
| If yes, please give full details:  |
|  |
| e. Have any of those listed in item 3(a) above ever been the subject of disciplinary action by authorities as a result of their professional activities? If yes, please describe:   | [ ]  Yes [ ] No |
|  |
| 1. What professional Associations does the Applicant:
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| --- | --- | --- | --- |
| g. Are any of the individuals named in item 3 (a) above owners, officers or employees of firms engaged in actual construction, manufacturing or fabrication? |  |  | **[ ]**  Yes [ ]  No |
| If yes, please give full details:  |
| **4. APPLICANT HISTORY** |
| a. Please detail Architects & Engineers Professional Liability Insurance during PAST FIVE YEARS: Show current policy and four prior years. |
| Insurance Company | Policy No. | Limits | Deductible | Policy Period |
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| b. Date UNINTERRUPTED insurance began: :  |
| c.Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? [ ]  Yes [ ]  No. If yes. please give details: |
| Insurance Company | Type of Coverage | Limits Bl /PD | Term |
|  |  |  |  |
| d. Has any application for Architects & 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 canceled or renewal refused? [ ]  Yes [ ]  No. If yes, please provide details:  |
| e. Has any claim ever been made against the firm or any persons named in item 1(a) or item 3(a)? [ ]  Yes [ ]  No If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition. |
| f. Is the applicant aware of any circumstances which may result in any claim against him, the firm, hispredecessors in business, or any of the present or past Partners or Officers? [ ]  Yes [ ]  NoIf yes, please give full details on the same basis as item 4(e) above.  |
| g.. Please attach list of 10 largest jobs in the last five years. Detail: 1) project name; 2) type of structure; 3) services performed; and 4) construction values. |
| \* NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY, WHICH PROVIDES COVERAGE ON A “CLAIMS MADE” BASIS FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.REPRESENTATION: I/WE REPRESENT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND THAT IT SHALL BE THE BASIS OF THE POLICY OF INSURANCE AND DEEMED INCORPORATED THEREIN, SHOULD THE COMPANY/UNDERWRITERS EVIDENCE ITS ACCEPTANCE OF THIS APPLICATION BY ISSUANCE OF A POLICY. I/WE AUTHORIZE THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO ANY INSURANCE COMPANY AND/OR UNDERWRITING MANAGER FOR THE COMPANY/UNDERWRITERS.ANY PERSON WHO KNOWINGLY AND WITH INTENT **TO DEFRAUD ANY** INSURANCE COMPANY **OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR A 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. |
|  |  |  |
| Name of Applicant |  | Title (Officer, partner, etc.) |
|  |  |  |
| Signature of Applicant |  | Date |
|  |  |  |  |
| SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE, BUT ONE COPY OF THIS APPLICATION WILL BE ATTACHED TO THE POLICY, IF ISSUED. |