

ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS ERRORS & OMISSIONS INSURANCE

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If coverage is issued, it will be on a claims-made basis.

Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant:

Address:

2.

Website:				
Please describe the p provide:	percentages of the following	g services the ap	oplicant provides	s or intends to

·	Last fiscal year	Current year	Number of licensed staff
Aerospace Engineering	%	%	
Architecture	%	%	
Chemical Engineering	%	%	
Civil Engineering	%	%	
Construction Management	%	%	
Electrical Engineering	%	%	
Environmental Engineering	%	%	
General Contracting	%	%	
HVAC Engineering	%	%	
Interior Designer	%	%	
Land Surveying	%	%	
Landscape Architecture	%	%	
Machine, Equipment, and/or Manufacturing	%	%	
Marine Engineering	%	%	
Mechanical Engineering	%	%	
Nuclear Engineering	%	%	
Process Engineering	%	%	
Soil Engineering	%	%	
Structural Engineering	%	%	
Other (please specify below)	%	%	

3. Please list the state(s) in which the applicant will be performing these services and the percentage of work in that state:

State	Percentage	State	Percentage
	%		%
	%		%
	%		%



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4. Please provide the gross billings for services listed below that were performed by the applicant:

	Last 12 months		Projected 12 months		
	Gross revenues	Construction values	Gross revenues	Construction values	
Design					
Design/Build					
Construction/ Contracting					
Total					

5. Please provide the approximate percentages of billings derived from the following services:

a.	Feasibility studies, reports and surveys not resulting in design	%
b.	Design without supervisory services	%
C.	Design and observation	%
d.	Construction/project management	%
e.	Construction observation without design	%
f.	Inspection of existing structures	%
g.	Inspections of homes/commercial properties for prospective buyers/lenders	%
h.	Manufacture, sale or distribution of any product or service	%
i.	Development, sale or leasing of any computer software or hardware	%
j.	Other - please specify:	%

6. Based upon billings, please provide the approximate percentages of the projects below that the applicant is engaged in.

the applicant is engaged			1		1
Airports	%	Landfills	Landfills % Schools/colleges		%
Amusement rides	%	Libraries	%	Sewage systems	%
Apartments	%	Manufacturing/industrial	%	Sewage plants	%
Arenas/stadiums	%	Mass transit	%	Retail structures	%
Bridges	%	Mines	%	Superfund/pollution	%
Condos/townhouses		Municipal buildings	%	Telecommunications	%
Residential	%	Nuclear/atomic	%	Theatres	%
Commercial	%	Office buildings	Office buildings % Tract homes		%
Convention centers	%	Parking structures % Tunnels		Tunnels	%
Dams	%	Petro/chemical % Underground storage tanks			%
Harbors/piers	%	Pools/playgrounds	%	Utilities	%
Hospitals/healthcare	%	Pre-engineered structures	%	Warehouses	%
Hotels/motels	%	Private dwellings	%	Wastewater treatment plants	%
Industrial waste treatment	%	Recreation	%	Water systems	%
Jails	%	Roads/highways	%		
Other – please specify:					%



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7. Please include a list of the applicant's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/client name	Nature of the services	Revenue obtained
. Does the applicant follow	in house quality control procedures?	YES NO
Does the applicant obtain employees?	n continuing education for professional	YES NO
	employees of the applicant have attended at ducation over the past 12 months?	least
. Does the applicant subcount for the second	ontract any professional services?	YES NO
0. What limits of liability wo	uld you like us to quote?	
\$500,000 \$1,00	00,000 \$2,000,000 Other:	
1. What deductible would	you like us to quote?	
\$5.000 \$1	10.000 \$25.000 Other:	

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Da	ate:			

Signature of person authorized to execute on behalf of the applicant:

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

A copy of this application should be retained for your records.