

**Renewal Application** 

Name of applicant:

Address:

3.

State

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.

Website:			
Please describe the percentages of the follow provide:	ing services the a	pplicant provid	les or intends t
	Last fiscal year	Current year	Number of licensed staff
Aerospace engineering	%	%	
Architecture	%	%	
Chemical engineering	%	%	
Civil engineering	%	%	
Construction management (agency)	%	%	
Construction management (at risk)	%	%	
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)	%	%	

 %

 %

 %

 %

 %

State

Percentage

Please list the state(s) in which the applicant will be performing these services and the

Percentage

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percentage of work in that state:



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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	\$	\$	\$	\$	
Actual construction/ fabrication/erection	\$	\$	\$	\$	
Construction management	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

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5.	Please	proviae th	e approximate	percentages	ot billings	aerivea i	from the	tollowing	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.

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Airports	%	Landfills		Schools/colleges	%
Amusement rides	%	Libraries	%	Sewage systems	%
Apartments	%	Manufacturing/industrial	%	Sewage plants	%
Arenas/stadiums	%	Mass transit	Mass transit % Retail structures		
Bridges	%	Mines % Superfund/pollution			%
Condos/townhouses:		Municipal buildings	%	Telecommunications	%
Residential	%	Nuclear/atomic	%	Theatres	%
Commercial	%	Office buildings	%	Tract homes	%
Convention centers	%	Parking structures	%	Tunnels	%
Dams	%	Petro/chemical	%	Underground storage tanks	%
Harbors/piers	%	Pools/playgrounds	%	Utilities	%

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Project/client name

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:					%

Revenue

obtained

7. Please include a list of applicant firm'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.

Nature of the services

									Ψ	
									\$	
									\$	
									\$	
									\$	
8.	Does the application	ant follow in	-house qual	ity control	procedures?		Yes		No [	
	Does the application of the complex control o	ant obtain c	ontinuing ed	ucation fo	r professional		Yes		No [	
	How many profe least six hours of									
9.	Does the applicant subcontract any professional services?  Yes  N					No [				
	If Yes, please explain:									
10.	Limit of liability	desired:								
	\$500,000		\$1,000,000		\$2,000,000		Other	\$		
11.	Deductible desi	red:								
	\$5,000		\$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 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 judgment or settlement to the extent that such exceeds the limit of liability.

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

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,	r inquiry, the above statements and particulars are true and I have not ted any material fact and that I agree that this application shall be the basis of Inderwriters.
Name of applicant:	

Signature of person authorized to execute on behalf

Date:

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

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This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

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

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

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