



**APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE
(CLAIMS-MADE BASIS. PLEASE READ THE POLICY CAREFULLY.)**

IMPORTANT NOTICE

THIS APPLICATION IS FOR A CLAIMS-MADE INSURANCE POLICY. CLAIM EXPENSES WILL REDUCE THE LIMIT OF LIABILITY. THE DEDUCTIBLE APPLIES TO BOTH DAMAGES AND CLAIM EXPENSES.

1. a. Name of Applicant/Firm: _____
- b. Principal Business Address: _____
 City: _____ County: _____ State: _____ ZIP Code: _____
 Business Phone: _____ Fax: _____ Internet address: _____
- c. **Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.**
2. a. Applicant's practice is: Full-time (more than 30 hours/week) Part-time
- b. Date current firm was established: _____
- c. If the firm is less than two years old, attach a resume for the principal(s).
- d. If part-time, specify other employment: _____
3. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Total Staff (include branch offices): Indicate part-time by ½

	Officers, partners, owners	Employees
Licensed architects	_____	_____
Licensed engineers	_____	_____
Technical staff	_____	_____
Administrative staff	_____	_____

5. List professional society memberships:
- AIA NSPE ACEC ASLA ASCE ASME
- ASID ASGCA Other (please specify): _____

6. What percentage of professional employees have participated in continuing education programs within the last two years? _____ %

7. a. Does the firm currently carry professional liability insurance? Yes No
 If "yes", provide details of insurance history below:

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Retroactive date on current policy: _____

8. Is the firm covered by any professional liability specific project policy? Yes No

If "yes", provide the name and address of project, name of insurance company and term of policy: _____

9. Does the firm carry general liability insurance?..... Yes No

10. Specify the services provided by the firm: (Note: Total must equal 100%)

Architecture	_____%	Civil Engineering	_____%
Interior Design	_____%	Land Surveying	_____%
Landscape Architecture	_____%	Traffic Engineering	_____%
Golf Course Architecture	_____%	Communication Engineering	_____%
Electrical Engineering	_____%	Environmental Engineering	_____%
Mechanical Engineering	_____%	Structural Engineering	_____%
HVAC Engineering	_____%	Process Engineering	_____%
Other (specify):	_____		_____%

11. If the firm's practice includes fees passed through to consultants for architectural, engineering or surveying services:
 a. Specify the types of services provided by consultants: _____

b. Percentage of consultants that carry professional liability insurance: _____%

c. Consultant's fees should be specified in question 12.d.

12. Specify annual revenues:

	Second Past Fiscal Year	Last Complete Fiscal Year	Projection for Current Year
	From _____ (mo/yr)	From _____ (mo/yr)	From _____ (mo/yr)
	To _____	To _____	To _____
a. Projects insured separately	\$ _____	\$ _____	\$ _____
b. Joint Venture projects	\$ _____	\$ _____	\$ _____
c. Fees from abandoned projects	\$ _____	\$ _____	\$ _____
d. Fees passed through to consultants	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All other professional services	\$ _____	\$ _____	\$ _____
g. ANNUAL TOTAL REVENUES	\$ _____	\$ _____	\$ _____

13. Indicate the services provided by the firm: (Note: must total 100%):

a. Feasibility studies.....	_____	%
b. Design only, no construction phase services.....	_____	%
c. Design with observation of construction.....	_____	%
d. Design with construction management services*.....	_____	%
e. Construction management without design*.....	_____	%
f. Complete responsibility for construction, including design**.....	_____	%
g. Other (specify):_____	_____	%

*Complete the Construction Management Information Sheet.

**Complete the Design/Build Information Sheet.

14. Indicate the types of projects undertaken (Note: must total 100%):

Airports	_____%	Environmental Impact Statements	_____%	Religious	_____%
Apartments	_____%	Highways/Roads	_____%	Sewer/Water Lines	_____%
Bridges less than 500 feet	_____%	Hospitals	_____%	Shopping Centers	_____%
Bridges greater than 500 feet	_____%	Hotels/Motels	_____%	Site Development	_____%
Condominiums	_____%	Industrial	_____%	Subdivisions/Tract Housing	_____%
Convention Centers	_____%	Marine/Naval	_____%	Subsidized Housing	_____%
Correctional Facilities	_____%	Mass Transit Lines	_____%	Tunnels	_____%
Custom Homes	_____%	Municipal Water Systems	_____%	Warehouses	_____%
Dams	_____%	Office Buildings	_____%	Wastewater Treatment	_____%
Educational	_____%	Parking Garages	_____%		
Other (specify): _____					_____%

15. Indicate the types of clients (Note: must total 100%):

Commercial	_____%	Institutional	_____%
Contractors	_____%	Lending Institutions	_____%
Design Professionals	_____%	Owners who act as builders	_____%
Developers	_____%	Other (specify):	
Governmental	_____%	_____	_____%
Industrial	_____%		

16. What percentage of annual billings comes from your largest single client? _____%

17. Has the firm participated in any of the following projects or services in the last 10 years?

Projects constructed outside the U.S.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear or Atomic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides or Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refinery or Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Testing or Abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phase I, II or III Site Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runways or Taxiways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Testing or Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stadiums or Arenas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Soils Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Machinery, Equipment or Product Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	Superfund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "yes", please provide details of the project(s), including project named, location, client, billings, constructions values and completion date.

18. Does the firm or any enterprise financially related to the firm or its principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation..... Yes No

Manufacture, sale or distribution of any product or process..... Yes No

Real estate development..... Yes No

If "yes", provide full details.

19. Has the firm ever provided any professional services on projects for which the firm or a related person or enterprise has acted as a general contractor by providing or subletting construction?..... Yes No

If "yes", provide full details or complete the Design/Build Information Sheet.

20. a. Does the firm wholly or partly own, manage or control any other enterprise?..... Yes No

If "yes", provide full details.

b. Is the firm wholly or partly owned, managed or controlled by any other enterprise?..... Yes No

If "yes", provide full details.

21. Does the firm provide professional services for any client in which any member of the firm or their relatives own a financial interest or serves as an officer, director, trustee or partner?..... Yes No

If "yes", provide the name of the client, project, percentage of equity interest, nature of relationship, gross billings for the last year and type of services.

22. Has the firm participated in a Joint Venture in the last five years?..... Yes No

If "yes", please attach a Joint Venture Information Sheet or statement providing full details for each joint venture project.

23. a. Does the firm use written contracts on every project?..... Yes No

b. If "no", please indicate the percentage of projects during the last 12 months that used verbal contracts: _____% Describe circumstances under which verbal agreements are used: _____

c. What percentage of professional services are rendered under AIA or EJCDC standard forms of agreement? _____%

d. When non-standard contracts including "letter agreements" and modified AIA or EJCDC contracts are used, are they reviewed by the firm's legal counsel prior to signing?..... Yes No

24. a. Has the firm adopted a policy against suing for fees?..... Yes No
- b. Please indicate the number of suits filed for the collection of fees during the last two years: _____
25. Have any claims involving professional services been made against the firm or any predecessor firm in the last ten years?..... Yes No
- If "yes", complete a Claim/Circumstance Information Sheet or attach full details, including actions taken to prevent similar claims in the future.
26. Has the firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five years? Yes No
- If "yes", complete a Claim/Circumstance Information Sheet or attach full details.
27. After inquiry, is any member of the firm or a predecessor firm aware of any circumstance that could possibly result in a professional liability claim being made against them? Yes No
- If "yes", complete a Claim/Circumstance Information Sheet or attach full details.
28. Has any member of the firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No
- If "yes", please attach a statement providing full details.
29. Attach a list of the firm's five largest completed projects. Include the project name, client, location, services rendered, billings, construction values and completion date.
30. Attach a list of the firm's five largest current projects; including the details requested in question 29.
31. Please attach any literature, including government forms, brochures or descriptive information which is sent to new or prospective clients, that describes the firm's capabilities and practice.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH 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 MAY BE A CRIME. IN SOME JURISDICTIONS, INSURANCE FRAUD MAY ALSO BE SUBJECT TO CRIMINAL AND/OR (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICABLE IN ARKANSAS, LOUISIANA, NEW MEXICO & WEST VIRGINIA

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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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 of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

APPLICABLE IN KENTUCKY

Any person who knowingly and with 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA & WASHINGTON

It is a crime to knowingly 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN NORTH CAROLINA

The Information contained in and submitted with this application will be physically attached to the policy and will become a part of any policy issued by the company. These provisions do not apply unless the application is physically attached to the policy.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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.

APPLICABLE IN OREGON

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

APPLICABLE IN PENNSYLVANIA

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 subjects such person to criminal and civil penalties.

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE. THE UNDERSIGNED IS AUTHORIZED BY AND ACTING ON BEHALF OF THE FIRM AND REPRESENTS THAT ALL STATEMENTS ARE TRUE, COMPLETE AND ACCURATE AND THAT THERE HAS BEEN NO SUPPRESSION OR MISSTATEMENT OF FACT AND AGREES THAT THIS APPLICATION SHALL BE THE BASIS OF COVERAGE.

THE APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL.

Signed _____ Date _____

(Please print name.)

Title _____

Licensed Insurance Agent _____

SIGNING THIS APPLICATION OR INCLUDING PREMIUM WITH ITS SUBMISSION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, signed and dated, original application will allow for prompt issuance of coverage should quotation be offered and accepted.