

IRONSHORE INSURANCE COMPANIES

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Architects & Engineers Professional Liability Insurance Renewal Application

THE APPLICANT IS APPLYING FOR A CLAIMS MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

APPLICATION COMPLETION INSTRUCTIONS

- A. Please answer all the questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.
- B. If a question is not applicable, state N/A. If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number the exhibit corresponds to.
- C. The application must be signed and dated by an authorized officer, partner or principal of the Applicant.

PLEASE ALSO ATTACH THE FOLLOWING:

- A. Biographical sketches or resumes of new principals, officers and professional staff.
- B. Copy of the Internal Control and/or Quality Control procedures if they have changed during the last **Policy Period**.
- C. Applicable Supplemental Application.

APPLICANT INFORMATION

1. Applicant Name (as it should appear on the policy, if written):

2. Address:

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3. Website Address(es): _____

4. Indicate the total number licensed professionals in each of the following positions:

Principals, Partners, Officers	Architects	Engineers	Landscape Architects	Land Surveyors	Other

5. Provide the following information:

Full Name of ALL Principals, Partners, Officers, and Key Professionals	Professional Qualifications	Date Qualified	How Long In Practice	How Long As Partner Principal

6. Does the Applicant use independent contractors or subcontractors? If yes:

Yes No

a. What is the estimated percent of the time they are used? _____ %

b. Describe the services they perform:

c. Is evidence of professional liability coverage required of all sub-consultants?

Yes No

PROFESSIONAL SERVICES AND PROJECT INFORMATION

7. Provide fiscal year and gross revenues for the Applicant. If newly established, indicate anticipated gross revenues for current and next projected year:

Fiscal Year End Date:	Fiscal Year	Gross Revenues		
		U.S.	International	Total
	Past Year	\$	\$	\$
	Current Year	\$	\$	\$
	Next Projected Year	\$	\$	\$

8. Provide Design/Build Construct Values for the Applicant. Please complete **only** if firm is doing Design/Build work.

	Next Projected Year	Current Year	Past Year
a. All Operations	\$	\$	\$
b. Design/Construct	\$	\$	\$
c. Design Only – No Construction	\$	\$	\$
d. Construction Only – No Design	\$	\$	\$

9. Provide a percentage breakdown of current revenues for each Professional Service listed below:

Professional Services	%	Professional Services	%
Architecture	%	Engineering – Oil/Gas Well	%
Construction Management	%	Engineering – Structural	%
Engineering – Aerospace	%	Engineering – Transportation	%
Engineering – Chemical	%	Environmental / Hazardous Waste Abatement	%
Engineering – Civil	%	Forensic Investigation / Expert Witness	%
Engineering – Electrical	%	Interior Design	%
Engineering – Fire Protection	%	Laboratory Testing	%
Engineering – Forensic	%	Land Surveying	%
Engineering – Geotechnical	%	Landscape Architecture	%
Engineering – HVAC	%	Machinery/Equipment Design	%
Engineering – Marine	%	Management Consulting	%
Engineering – Mechanical	%	Other:	%
Engineering – Mining	%	Other:	%
Engineering – Nuclear	%	Other:	%
Engineering – Process	%	Other:	%

Yes No

10. Is the Applicant engaged in any business or profession other than as described in question 9? If Yes, please describe:

11. Does the Applicant or any enterprise financially related to the Applicant engage in any of the following? If yes to any, please provide details:

- a. Construction, erection, fabrication, or installation? Yes No
- b. Manufacturer, sale or distribution of any goods, products or process? Yes No
- c. Real estate development? Yes No
- d. Asbestos testing/detecting/abatement? Yes No
- e. Pollution control systems? Yes No

12. Include a list of Applicant's five (5) largest jobs or projects for the past two years:

Name of Client/Project	Location – City, State Country	Description of Services Performed	Gross Revenues by Fiscal Year		
			Past	Current	Next Projected
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

13. Provide a percentage breakdown of current revenues for each type of Project listed below:

Airport Facilities (except terminals)	%	Hotels/Motels	%	Potable Water Systems	%
Airport Terminals	%	Houses/Single Family Residential	%	Real Estate Development	%
Amusement Rides	%	Industrial Waste Treatment	%	Recreation/Sports	%
Apartments	%	Jails/Justice	%	Roads/Highways	%
Assisted Living Facilities	%	Landfills/Solid Waste Facilities	%	Schools/Colleges	%
Bridges	%	Libraries	%	Shopping Centers/Retail/Restaurants	%
Churches/Religious	%	Manufacturing/Industrial	%	Storm Water Systems	%
Condos/Co-ops	%	Mass Transit	%	Tunnels	%
Convention Centers/Arenas/Stadiums	%	Multi-family Residential excl. Condos	%	Warehouses	%
Dams	%	Nuclear/Atomic	%	Water/Sewer Pipelines	%
Dormitories	%	Office Buildings/Banks	%	Water/Wastewater Treatment	%
Environmental Remediation	%	Parking Structures	%	Utilities (Gas, Electric, Steam)	%
Harbors/Piers/Ports	%	Parks/Playgrounds/ Pools	%	Other :	%
Hospitals/Health Care	%	Petro/Chemical	%	Other :	%

RISK MANAGEMENT INFORMATION

14. For what percentage range does the Applicant:

- a. Use a written contract or agreement describing the services to be provided to the client?
 - 0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

If less than 100%, explain how the Applicant documents each parties duties and rights:

- b. Use AIA or EJDC standard forms of agreement:
 - 0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%
- c. Modify a standard contract or agreement:
 - 0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

15. Have the Applicant’s contracts, engagement and/or proposal letters been reviewed and approved by legal counsel? Yes No

16. Who has the authority to amend or change standard limitations of liability either prior to execution or after execution of contracts, engagement and/or proposal letters, and what additional review is made prior to implementation?

17. Do the Applicant’s written contracts or agreements contain:

- a. Hold harmless or indemnity agreements to Applicant’s favor? Yes No
- b. Hold harmless or indemnity agreements to client’s favor? Yes No
- c. Guarantees or warranties? Yes No
- d. A definition of the responsibilities of each party? Yes No
- e. Contain specific payment terms? Yes No
- f. Disclaimers or limitations of liability? Yes No

18. Does the Applicant obtain written approval from clients upon completion of services performed? Yes No

19. Does the applicant maintain General Liability Insurance? Yes No

If Yes, please specify:

	Insurance Carrier	Limit	Expiration Date
	_____	_____	_____

The undersigned Applicant represents that the statements set forth in this application and its attachments and other materials submitted to the Insurer are true and correct.

Signing of this application does not bind the Applicant or the Insurer. In the event there is any material change in the answers to the questions herein prior to the issuance date of the Policy that would render this application form inaccurate or incomplete, the Applicant will notify the Insurer in writing, and, if necessary, any outstanding quotation may be modified or withdrawn.

FRAUD Warnings

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

ARKANSAS, LOUISIANA AND NEW MEXICO: 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.

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.

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.

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 in the third degree.

KENTUCKY: Any person who knowingly and with the 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.

KANSAS: IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

MAINE: It is a crime to 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.

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.

OHIO: Any person who, with intent to defraud or knowing that he 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.

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.

PENNSYLVANIA: Any person who knowingly and with the 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.

PUERTO RICO: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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 include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

Signature: _____

Print Name: _____

Title: _____

Date: _____

The application must be signed by and dated by an authorized officer, partner or principal of the Applicant.