

Is the Firm involved in Foreign Work? Yes No. *If Yes, please give full details:*

Is the Firm controlled, owned or associated with or does the Firm own or control any other firm, corporation or company? Yes No. *If Yes, please give full details on a separate sheet of paper.*

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 on a separate sheet of paper – make sure to provide dates.*

Have any of the Principals, Officers or Partners ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No. *If Yes, please give full details on a separate sheet of paper.*

THE FIRM’S FEE’S, AREAS OF PRACTICE AND PROJECTS

Practice Gross Billings:

Next 12 months:	\$ _____	Construction Values:	\$ _____
Current Year: Gross Billings:	\$ _____	Construction Values:	\$ _____
1st Prior Year: Gross Billings:	\$ _____	Construction Values:	\$ _____
2nd Prior Year: Gross Billings:	\$ _____	Construction Values:	\$ _____

	Current Year Gross Billings	Current Year Construction Values	1st Prior Year Gross Billings
Projects Which Have Been			
Permanently Abandoned	\$ _____	\$ _____	\$ _____
Feasibility Studies	\$ _____	\$ _____	\$ _____
Master Plans, Reports	\$ _____	\$ _____	\$ _____
Separate Project Policies	\$ _____	\$ _____	\$ _____
Direct Reimbursables			
All Other Billings	\$ _____	\$ _____	\$ _____
TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____

***For Separate Project Policies, PLEASE PROVIDE on a separate sheet please provide the name, location and current status of each project. If the Firm is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.**

Design/Build Fees

	Next 12 months Construction Values	Current Year Construction Values	1st Prior Year Construction Values
All Operations	\$ _____	\$ _____	\$ _____
Design/Construction	\$ _____	\$ _____	\$ _____
Design Only	\$ _____	\$ _____	\$ _____
Construction Only	\$ _____	\$ _____	\$ _____
TOTAL D/B FEES:	\$ _____	\$ _____	\$ _____

The Firm's Activities:

Provide % of gross billings for the last reporting period (12 months), whether or not collected, including fees paid to consultants.

Services	% of Gross Billings or Construction Values
Feasibility Studies, reports where no design is completed	_____ %
Design only, with no construction phase duties	_____ %
Design, with observation of construction	_____ %
Observation of construction only	_____ %
Construction management only	_____ %
Design with construction responsibility (construction subcontracted)	_____ %
Construction with design responsibility (design subcontracted)	_____ %
Other (describe): _____	_____ %

The Firms Area's of Practice:

Specify as a percentage of the Firm's Gross Billings. **(Total must equal 100%)**

Acoustical Engineering	%	Landscape Architecture	%
Architecture	%	Land Surveying	%
Chemical Engineering	%	Land Use Planning	%
Civil Engineering	%	Machine Equipment Design	%
Communications Engineering	%	Mining Engineering	%
Construction / Project Management	%	Mechanical Engineering	%
Electrical Engineering	%	Naval/Marine/Coastal Engineering	%
Environmental Engineering	%	Nuclear Engineering	%
Green Design	%	Process Engineering	%
HVAC Engineering	%	Soils/Geotech Engineering	%
Hydrogeology/Geology	%	Structural Engineering Other	%
Interior Design	%	Other	%
Laboratory Testing	%		%

* Please describe Other: _____

The Firms Projects:

Please indicate types of projects as a percentage of the Firm's Gross Billings.

(Total must equal 100%)

Airports – runways/terminals	%	Petrochemical/Refineries	%
Apartments	%	Process Plants	%
Bridges , Trestles & Tunnels	%	Roads/Highways	%
Churches	%	Schools/Colleges	%
Communication Towers	%	Sewage Lines	%
Convention Centers	%	Sewage Treatment Plants	%
Condominiums	%	Shopping Centers/Retail	%
Correctional Facilities/ Prisons	%	Single Family (Custom Homes)	%
Dams	%	Site Development	%
Gas Pipelines	%	Tract Homes/Subdivisions	%
Harbors, jetties, docks or piers	%	Warehouses	%
Hospital/Healthcare	%	Water Lines	%
Hotels/Motels	%	Water Treatment Systems	%
Landfills	%	Other – please provide details *	%
Libraries	%		%
Manufacturing/Industrial	%		%
Machine design/mechanical design	%		%
Nuclear Facilities	%		%
Office Buildings	%		%
Parking Structures	%		%

- Please describe Other: _____

Other Firm Activities:

Is your Firm or any subsidiary, Parent or other Organization related to your Firm engaged in:
Actual construction, fabrication or erection? Yes No
Development, sale or lease of computer software to others? - Yes No
Real estate development? Yes No
Manufacturing, sale, leasing or distribution of any product? Yes No

If "Yes," to any question above, please use a separate sheet to provide full details, including a description of the services/ products provided, construction value involved and fees received.

Is the Firm controlled, owned and/or associated with any other firm, corporation or company or does your Firm own or control any other entity? Yes No

If "Yes," use a separate sheet to provide full details.

Other than the Firm firm, does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have more than a twenty percent (20%) combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? Yes No

If "Yes," use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

Does your Firm render services on behalf of any other entity in which any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person is a Partner, Officer, Director, Shareholder or employee? Yes No

If "Yes," use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

The Firm's Joint Ventures:

Does your Firm participate in joint ventures?..... Yes No

If "Yes," on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities. Also include your fees and the associated construction values for each Joint Venture.

Does your Firm obtain insurance certificates of professional liability from Joint Venture Partners? Yes No *If "No," please explain:* _____

The Firm's Risk Management/Loss Prevention:

Does your Firm follow written in-house quality control procedures? Yes No
Are all staff members familiar with these procedures? Yes No

Does your Firm use an automated master specification system such as MASTERSPEC @ or SPECTECH System Yes No

Does your Firm use a computer assisted drafting program?..... Yes No
If so, what percentage of design is done using the CAD/CAM program? _____ %

Does your Firm have an in-house program of continuing education for professional employees?
..... Yes No

How many professional employees of your Firm have attended at least six hours of continuing education in the past 12 months? _____

Does your Firm use written contracts on every project?..... Yes No
If "No," provide the percentage of the projects where oral agreements were used: _____ %

Does your Firm seek a limitation of liability clause in contracts with clients? Yes No
If so, what percentage of your contracts contain such a clause? _____ %

Specify the approximate percentage of your Firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____ %

If non-standard contracts or modified AIA or EJCDC contracts or "letter agreements" are used, are they reviewed by the Firm's legal counsel for liability implications prior to signing? Yes No

Does your Firm have procedures for monitoring or collecting outstanding fees? Yes No

Does your Firm have a pre-screening methodology for potential clients?..... Yes No

Does your Firm negotiate into its contracts a provision for alternative dispute resolution such as mediation?..... Yes No
If so, what percentage of your contracts contain such a provision? _____ %

What percentage of your work is sublet to others? _____ %

What type of work is sub-let to others? _____

Are certificates of insurance requested from all sub-consultants? ____ Yes ____ No.

What percentage of your billings during the last twelve months can be attributed to services performed by sub-consultants that did not have professional liability insurance _____%.

NEW APPLICANTS PLEASE COMPLETE THE CLAIMS QUESTIONS BELOW (RENEWAL APPLICANTS – PLEASE SKIP THIS SECTION AND PROCEED DIRECTLY TO THE SIGNATURE SECTION OF THE APPLICATION)

Have any claims been made or legal action been brought in the past ten years (or made and are still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The policy of insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified

PLEASE PROVIDE 10YEARS OF UPDATED LOSS RUNS AND COMPLETE THE FOLLOWING:.

Current General Liability Insurance Coverage.

Please identify your Firm's current General Liability

Insurance Company: _____

Limits: _____ Deductible: _____

Effective/Expiration Dates: _____

The Firm's Professional Liability Insurance History:

Retroactive date on current policy: _____

Date UNINTERRUPTED insurance began: _____

Please detail your Architects and Engineers Professional Liability coverage five year history:

Insurance Company	Policy Number	Limits	Deductible	Policy Period	Premium

Does your current policy have specific project excess coverage for any projects?..... Yes No
If "Yes," provide details: _____

Has your Firm, or any Principal, Partner, Officer or Director of any predecessor firms, **ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed?**..... Yes No
If "Yes," provide details: _____.

Has the Firm or any of its Principals, Partners, Officers or Directors **ever been subject to disciplinary action** by authorities as a result of their professional activities?
..... Yes No
If "Yes," please give full details: _____

Has any claim ever been made against the Firm, its Predecessors in business, any of the present Partners, Directors, or Officers of the Firm or **to the knowledge of the Firm against any past Partners, Officers or Directors of the Firm?**..... Yes No

Is your Firm (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) **aware of any circumstances, incidents, situations or accidents during the past ten (10) years which may result in claims being made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers or Directors?**..... Yes No

Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, Predecessor or any other Insured performed professional services, or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? Yes No

Does the Firm or any other party proposed for insurance **have knowledge of injury to people or damage to property during the past five years on or at projects where the Firm has rendered professional services?**..... Yes No
If "Yes" to any question above, complete Supplemental Claim Information Form.

Please provide the following:

- a. Sample contract used if other than standard AIA or EJCDC contract.
- b. Most current annual Financial Statement—if available.
- c. Company brochure describing services or Web site address.
- d. Principals' Resumes—if Firm has been in business for less than three years.
- e. List of five largest projects including construction values, gross billings and a description of the services provided for each project.

THE FIRM REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

The Firm acknowledges a continuing obligation to report to us as soon as practicable any material change in the facts and statements above, and in each supplementary application, for which Firm becomes aware after signing the application.

Completion of this form does not bind coverage. Firm's acceptance of Company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

FRAUD WARNING: 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.

DATED THIS _____ DAY OF _____, 20_____

SIGNATURE OF DIRECTOR/PARTNER/PRINCIPAL:

TITLE: _____

PRODUCER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Agent Name: _____

Agent Surplus Lines License Number: _____ (please attach of copy of your license for State in which the Firm is domiciled)