

**APPLICATION FOR ARCHITECTS & ENGINEERS
PROFESSIONAL LIABILITY INSURANCE**

This application is for a claims made insurance policy. Except as otherwise provided, the policy will cover only claims first made against the applicant and reported to the insurer during the policy period.

Please Note – The Limit of Liability available to pay damages shall be reduced and may be completely exhausted by payment of claims expenses. Damages and claims expenses shall be applied against the Deductible / Self Insured Retention.

APPLICANT’S INSTRUCTIONS

1. Please complete all questions in full and in block capitals or type.
2. If you need more space, continue on Supplement 1 and indicate question number.
3. Please complete the additional supplements where required.
4. This application, and all supplement forms, must be signed and dated by a principal of the firm.

Section 1. The Applicant

1.1 Name of Applicant _____

1.2 Mailing Address

1.3 Telephone _____ E-Mail _____

1.4 Requested insurance

Inception Date			
Expiry Date			
Limit Each Claim		Aggregate Limit	
Deductible / Self Insured Retention		Retroactive Date	

1.5 Is any Professional Liability insurance in favour of the Applicant currently in force?

Yes / No

If yes, please indicate Professional Liability insurance carried for the past year

Inception Date			
Expiry Date			
Limit Each Claim		Aggregate Limit	
Deductible / Self Insured Retention		Retroactive Date	
Premium			

1.6 Gross Billings:

This Year(est) USD _____ Last Year USD _____

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1.7 Date Applicant _____
established
If less than 1 year, please complete Supplement 1 and provide the resumes of the Principals

1.8 Is the Applicant non-profit making?
Yes / No (If yes, please complete Supplement 1 and include details)

1.9 Does the Applicant subcontract work to others?
Yes / No (If yes, please complete Supplement 1 and include details)

1.10 Does the Applicant have clearly defined procedures to ensure the quality of work that is undertaken?
Yes / No

1.11 Has the name of the Applicant changed, has any other firm or organisation been merged or amalgamated with or into the Applicant, has the nature or size of the Applicant changed significantly in the past 12 months, or is any such change pending?
Yes / No (If yes, please complete Supplement 1 and include details)

1.12 Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?
Yes / No (If yes, please complete Supplement 1 and include details)

1.13 Does the Applicant use a written contract:
Always More than 25% Less than 25% Never

Section 2. Architect and Engineer Risk Details

2.1 Professional Services

Please identify the nature and types of professional services the Applicant is engaged in and indicate the percentage of gross revenues derived from each. *(Total must equal 100%)*

Service	%
a. Design with construction review	
b. Design without construction review	
c. Construction review without design	
d. Project or construction management	
e. Feasibility, economic or other studies	
f. Boundary surveying	
g. Subsurface soils testing, soils analysis, ground testing	

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h. Material testing	
i. Foundation design	
j. Interior design/Space planning	
k. Forensic/Expert witness	
l. Other (please specify)	

2.2 Professional Disciplines (Total must equal 100%)

Disciplines	%	Disciplines	%
Architecture		Landscape Architecture	
Civil Engineering		Land Surveying	
Mechanical Engineering		Construction Management	
Electrical Engineering		Process Engineering	
Structural Engineering		Chemical Engineering	
Soils Engineering		Environmental *	
Laboratory Testing		Hydrogeology/Geology	
HVAC Engineering		Interior Design	
Marine/Coastal Engineering		Land Use Planning	
Nuclear Engineering		Design/Build **	
Mining Engineering		Other (Please specify)	

* If yes, Supplement 2 must be completed

** If yes, Supplement 3 must be completed

2.3 Projects

Please indicate types of projects as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

Projects	%	Projects	%
a. Schools, colleges or public buildings		m. Water systems *	
b. Hospitals, retirement homes or convalescent hospitals		n. Bridges, trestles or tunnels *	
c. Hotels, motels or resort properties		o. Land reclamation design *	
d. Condominiums *		p. Structures for offshore use *	
e. Garages, theatres or grandstands		q. Harbours, jetties, docks or piers *	
f. Shopping centres		r. Machine design/mechanical design	
g. Office/mercantile/commercial building		s. Earth dams/reservoirs	
h. Public utilities or industrial buildings		t. Pipelines *	
i. Single family residential subdivisions *		u. Petrochemical *	
j. Custom single family residential		v. Mines and quarries *	
k. Apartments and other multi-unit residential		w. Nuclear projects *	

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l. Sewage or waste disposal systems *	x. Other (please specify) *	

Where Projects are marked * please complete Supplement 1 and provide details

2.4 Please indicate percentage of the Applicant’s Gross Billings attributable to the following types of clients. *(Total must equal 100%)*

Client Type		%
a.	Government or Public Entities Federal State, County or Local	
b.	Owners acting as their own builders	
c.	Turnkey contractors	
d.	Design/Build contractors	
e.	Other contractors	
f.	Developers *	
g.	Financial and lending institutions	
h.	Other design professionals	
i.	Other (please specify) *	

Where marked * and % > 10% please complete Supplement 1 and provide details

2.5 During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in **ANY** of the following?

- a. Actual construction, fabrication, or erection.
- b. Development, sale or leasing of computer software.
- c. Real Estate development.
- d. Manufacture, sale, leasing or distribution of any product, process or patented production process.
- e. Design of a building, component or system which might be used on more than one project.

Yes / No

(If yes, please complete Supplement 1 and include details)

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2.6 Has the Applicant entered into any Joint Ventures?

Yes / No

If yes, is Joint Venture coverage required?

Yes / No

(Please complete Supplement 4 and include details)

2.7 Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?

Yes / No

If yes, is coverage for Equity interest required?

Yes / No

(Please complete Supplement 5 and include details)

2.8 Does the Applicant have any abandoned projects?

Yes / No

(If yes, please complete Supplement 1 and include details)

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Section 3. Loss History

3.1 Has Professional Liability insurance ever been declined, cancelled, had special terms imposed or renewal thereof refused?

Yes / No (If yes, please complete Supplement 1 and include details)

3.2 Has the Applicant or any Director, Officer, Employee Or Partner, who has provided or will provide professional services on behalf of the Applicant, been subject to disciplinary action as a result of professional activities?

Yes / No (If yes, please complete Supplement 1 and include details)

3.3 Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years?

Yes / No (If yes, please complete Supplement 1 and include details)

If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances will be excluded from the proposed insurance.

3.4 Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes / No (If yes, please complete Supplement 1 and include details)

3.5 Is the applicant aware or does the applicant have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?

Yes / No (If yes, please complete Supplement 1 and include details)

If such knowledge or information exists, any claims arising from such acts or circumstances will be excluded from the proposed insurance.

All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

This application does not bind the applicant to buy, or the company to issue, the insurance, but it is agreed that this application shall be the basis of the contract.

The applicant further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify their broker of such changes, and the applicant notes that in this event any outstanding quotations and/or authorisation or agreement to bind the insurance may be withdrawn or modified.

Notice: In certain States, 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. In New York, a person who commits such crime shall be subject to a civil penalty not to exceed USD 5000 and the stated value of the claim for each such violation.

I have read the foregoing application of insurance including supplements and warrant that, after enquiry,

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to the best knowledge of all persons to be insured, the responses provided on behalf of the applicant are true and correct, and no material facts have been omitted.

Applicant's Signature _____

Date _____ 20 ____

Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant

**SUPPLEMENT 1 – ARCHITECTS & ENGINEERS
PROFESSIONAL LIABILITY INSURANCE**

Name of _____ Date: _____
Applicant:

Branch Office
Addresses:

1. Please indicate the % of the Applicant’s Gross billings derived from projects outside the USA and Canada. ____%

2. Were more than 20% of the Applicant’s revenues during the last financial year derived from a single client or contract.

Yes / No

3. Staffing

Total Number of
a) staff: _____

No of staff	Last year	This year
Principals / Partners / Directors	_____	_____
Other Licenced Professionals	_____	_____
Other Staff	_____	_____
Please indicate the Applicant’s staff turnover (%)	_____	

b) Please provide the following: _____

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Name of Principals & Qualified Employees	Professional Qualifications/ Designations	Number of years in practice	Number of years with Applicant

4. Please list Professional Associations to which the Applicant belongs:

5. Subcontracting

Does the Applicant subcontract to others:

Yes / No

If yes please complete the sections below

a) Please indicate types and percentages of work the Applicant subcontracts to others:

Architecture		Soils	
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**SUPPLEMENT 1 – ARCHITECTS & ENGINEERS
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Civil		Structural	
Mechanical		HVAC	
Electrical		Other (please specify)	

b) Please describe the process by which the Applicant selects subcontractors and subconsultants:

c) Are written contracts used for all subcontractors and subconsultants?

Yes / No

d) Do the Applicant's contracts with subcontractors and subconsultants contain indemnification and hold harmless provisions?

Yes / No

e) Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants?

Yes / No

f) Is the Applicant named as an Additional Assured under all subcontractor and subconsultant General Liability policies?

Yes / No

6. Please provide percentage revenue derived from following. *Total must equal 100%*

Federal Government: _____% Corporation
s: _____%

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State/Municipal
 Entities: _____% Individuals: _____%
 Non-Profit
 Organizations: _____%

7. Please indicate the percentage of the Applicant's billings derived from work performed on a "Fast Track" basis; i.e. those projects in which construction begins before design is complete. _____%

Please indicate the Applicant's five largest jobs/projects during the past three years:

Name & Location:	Client Owner:	Project Type:	Professional Services:	Fees:	Construction Values:	Completion Date:

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9. Claims and Circumstances

This section is to be completed if the applicant is currently or has been involved in any claim or suit during the last 10 years.

If space is insufficient to answer any question fully, please use separate sheet. *Do not attach copies of summons and complaint.*

Please note this supplement is for underwriting information and does not constitute notice of claim. If you wish to notify a claim on your current or expiring policy please check the claims provisions of your policy and/or seek advice from your broker.

Please leave no blanks

Full name of individual(s) and name of firm involved in the claim:

- a) _____
- b) _____
- c) _____

Additional Defendants:

- a) _____
- b) _____
- c) _____

Full name of claimant:

Date of alleged error:

To what insurance company was this claim reported?

Date reported:

Present status of claim (circle one): Open In Suit Closed

If pending, please indicate:

- a) Amount asked in summons: USD _____
- b) Claimant's Settlement demand: USD _____
- c) Defendant's offer for settlement: USD _____
- d) Total amount paid in defense costs to date: USD _____
- e) Total damages paid/outstanding: USD _____

If closed, please indicate amounts paid in:

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Indemnity USD _____

Cost
s USD _____

Description of claim, including likelihood of settlement if pending: (Please provide enough information to allow an evaluation). DO NOT ATTACH SUMMONS & COMPLAINT

a) Allegation upon which Claimant bases claim:

b) Description of events:

10. Additional Information (Please use additional sheets if necessary)

**SUPPLEMENT 1 – ARCHITECTS & ENGINEERS
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Additional Information (continued)

**SUPPLEMENT 1 – ARCHITECTS & ENGINEERS
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I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

Applicant's _____
Signature

Date _____ 20_____

Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant

**SUPPLEMENT 2 – ARCHITECTS & ENGINEERS
PROFESSIONAL LIABILITY INSURANCE**

ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE

This Supplement to the Application for Architects and Engineers is to be completed by firms providing professional services on environmental projects, unless unchanged from last year.

Name of _____
Applicant:

Date: _____

Please indicate Gross Billings attributable to each of the following.

		Gross Billings (Amounts in USD 000's)		
1.	ENVIRONMENTAL SERVICES	Last Fiscal Year	Projected Current Fiscal Year	Percentage to be Subcontracted
	a) Preparation of environmental studies and reports	_____	_____	_____
	b) Phase I & Phase II remedial action investigations, feasibility studies, inspections and audits	_____	_____	_____
	c) Remedial design with supervisory services	_____	_____	_____
	d) Remedial design without supervisory services	_____	_____	_____
	e) Environmental project management	_____	_____	_____
	f) Preparation of environmental permit applications	_____	_____	_____
	g) Laboratory analysis and testing	_____	_____	_____
	h) Soil, air and water sampling/testing	_____	_____	_____
	i) Training and education	_____	_____	_____
	j) Preparation of manuals and other publications	_____	_____	_____
	k) Underground storage tank management	_____	_____	_____
	l) Other (please specify) _____	_____	_____	_____
	TOTAL ENVIRONMENTAL	_____	_____	_____
2.	ASBESTOS CONSULTING SERVICES			
	a) Air monitoring	_____	_____	_____
	b) Sampling and testing	_____	_____	_____
	c) Abatement design	_____	_____	_____
	d) Abatement project management	_____	_____	_____
	e) Other (please specify) _____	_____	_____	_____

**SUPPLEMENT 2 – ARCHITECTS & ENGINEERS
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TOTAL ASBESTOS _____

3. Does the Applicant contract or sub-contract to provide hands-on remediation services?

Yes / No

4. **SERVICES**

(Amounts in USD 000's)

PROFESSIONAL	Work Performed By The Applicant	Work Performed By Others
a) Project management	_____	_____
b) Sampling/analysis	_____	_____
c) Monitoring System design/installation	_____	_____
d) Tank testing/monitoring	_____	_____
e) Tank design/installation	_____	_____
f) Other (please specify) _____	_____	_____
TOTAL PROFESSIONAL	_____	_____

(Amounts in USD 000's)

REMEDIAL ACTION	Work Performed By The Applicant	Work Performed By Others
a) Hazardous materials clean up/soil removal	_____	_____
b) On-site hazardous waste treatment	_____	_____
c) Groundwater treatment/recovery	_____	_____
d) Mobile incinerators	_____	_____
e) Barrier construction/slurry walls/liners	_____	_____
f) Hazardous materials emergency response/clean up	_____	_____
g) Tank removal	_____	_____
h) Other (please specify) _____	_____	_____
TOTAL REMEDIAL ACTION	_____	_____

(Amounts in USD 000's)

TRANSPORTATION	Work Performed By The Applicant	Work Performed By Others
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**SUPPLEMENT 2 – ARCHITECTS & ENGINEERS
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- a) Hazardous waste _____
- b) Non-hazardous waste _____
- c) Other (*please specify*) _____

TOTAL TRANSPORTATION _____

(Amounts in USD 000's)

DRILLING	Work Performed By The Applicant	Work Performed By Others
a) Operating oil/gas wells	_____	_____
b) Oil/gas drilling	_____	_____
c) Remedial monitoring wells	_____	_____
d) Other (<i>please specify</i>) _____	_____	_____

TOTAL DRILLING _____

5. SUBCONTRACTORS

Please list all the Applicant's remedial action subcontractors and indicate the services they provide:

Subcontractors	Type of Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Are all subcontractors hired under written contract?

Yes / No

If yes, please provide a copy of the Applicant's subcontractor contract.

7. Please describe in detail the Applicant's procedures for qualifying subcontractors:

**SUPPLEMENT 2 – ARCHITECTS & ENGINEERS
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8. Please describe the extent of the Applicant’s supervision of subcontractors:

9. **PERMITS, RIGHTS, AUTHORITIES**

a) List all permits held with Federal, State, County or Municipal governments, including permit numbers and expiration dates:

Permit	Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) What percentage of subcontractors work under **their own** permits, rights or authority?

_____ %

c) What percentage of subcontractors work under the **Applicant’s** permits, rights or authority?

_____ %

d) Does the Applicant check required permits for subcontractors?

Yes / No

10. **INSURANCE**

a) Is the Applicant named as an Additional Insured on the subcontractors’ General Liability and Pollution Legal Liability insurance policies?

Yes / No

b) Does the Applicant require certificates of insurance from subcontractors?

Yes / No

c) What minimum limits does the Applicant require?

Workers Compensation: _____

General Liability: _____

Pollution Legal Liability: _____

d) What is the Applicant’s procedure for monitoring certificates of insurance?

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11. Additional Information (Please use additional sheets if necessary)

I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

**SUPPLEMENT 2 – ARCHITECTS & ENGINEERS
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Applicant's _____
Signature

Date _____ 20____

Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant

**SUPPLEMENT 3 – ARCHITECTS & ENGINEERS
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DESIGN/BUILD COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery.

Name of _____
Applicant:

Date: _____

Please indicate Gross Billings attributable to each of the following.

1. CONSTRUCTION VALUES/PROFESSIONAL FEES

Gross Billings (Amounts in USD 000's)

	Last Fiscal Year 20____		Projected Current Fiscal Year 20____	
	Construction Values	Professional Fees	Construction Values	Professional Fees
a) Design and Construction	_____	_____	_____	_____
b) Design Only - No Construction	_____	_____	_____	_____
c) Construction Only – No Design	_____	_____	_____	_____
d) Construction Management Other <i>(please specify)</i>	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
TOTAL ALL OPERATIONS	_____	_____	_____	_____

2. DESIGN/BUILD SERVICES

Please describe relationship between the design firm and construction firm:

3. Please describe construction observation services performed by design firm:

**SUPPLEMENT 3 – ARCHITECTS & ENGINEERS
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4. Please list by attachment the 10 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates.

5. What is the Applicant's current bonding capacity? USD _____

6. Has a surety company ever declined to offer a bond?
Yes / No *If yes, please provide details by attachment*

LIABILITY ISSUES

For all "yes" responses to questions 7 – 10 , please provide details by attachment. Include project name and indicate if circumstance has been reported to the insurance carrier.

7. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?
Yes / No

8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds USD 10,000?
Yes / No

9. Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them?
Yes / No

10. Has the Applicant or any subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds USD 10,000?
Yes / No

11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	CGL	Umbrella
Company	_____	_____
Term	_____	_____
Limit	_____	_____
Deductible	_____	_____

12. Please detail by attachment the Applicant's Commercial General Liability loss history for the past year.

13. Additional information (Please use additional sheets if necessary)

**SUPPLEMENT 3 – ARCHITECTS & ENGINEERS
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Additional information (continued)

I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

Applicant's
Signature _____

Date _____ 20_____

**SUPPLEMENT 3 – ARCHITECTS & ENGINEERS
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Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant

**SUPPLEMENT 4 – ARCHITECTS & ENGINEERS
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JOINT VENTURE INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest.

Use a separate Supplement for each Equity Interest Project

Name of Applicant: _____ Date: _____

JOINT VENTURE

1. Name of Joint Venture: _____

2. Name and addresses of all firms comprising Joint Venture:

(Please submit a copy of the Joint Venture Agreement between the member firms).

PROJECT INFORMATION

3. Name and location of project:

4. Project description and services the Applicant is to perform:

CONSTRUCTION VALUES/FEES

5. Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase:

	Beginning Dates	Completion Dates	Gross Receipts (USD)
Schematic Design Phase:	_____	_____	_____
Design Development Phase:	_____	_____	_____
Construction Documentation Phase:	_____	_____	_____
Bidding/Negotiation Phase:	_____	_____	_____
Construction Administration	_____	_____	_____

**SUPPLEMENT 4 – ARCHITECTS & ENGINEERS
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Phase:

- 6. Total estimated construction value of the project: USD _____
- 7. Total estimated gross receipts from project to Joint Venture: USD _____
- 8. Total estimated gross receipts from project received by applicant to date: USD _____
- 9. Total estimated gross receipts from project to Applicant in next 12 months: USD _____

LIABILITY ISSUES

- 10. Has any insurer declined to provide, cancelled or refused to renew any similar insurance for any member firm participating in the Joint Venture?
Yes / No *If yes, please explain in detail.*

- 11. Is the Applicant aware of any circumstance which may result in any claim against the Applicant or any member firm, with respect to this Joint Venture project?
Yes / No *If yes, please explain in detail.*

- 12. Has any claim or suit ever been made against the Applicant, or against any other member firm, with respect to this Joint Venture project?
Yes / No *If yes, please explain in detail.*

- 13. Indicate the Professional Liability insurance currently in force by each member firm of the Joint Venture: including NAMED INSURED, COMPANY, TERM, LIMIT, and DEDUCTIBLE

- 14. Describe nature of work the Joint Venture subcontracts to others:

**SUPPLEMENT 4 – ARCHITECTS & ENGINEERS
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15. Does the Joint Venture require certificates of insurance from its subcontractors?

Yes / No

16. Additional information (Please use additional sheets if necessary)

I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

Applicant's _____
Signature

Date _____ 20_____

**SUPPLEMENT 4 – ARCHITECTS & ENGINEERS
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Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant

**SUPPLEMENT 5 – ARCHITECTS & ENGINEERS
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EQUITY INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest.

Use a separate Supplement for each Equity Interest Project

Name _____ of _____
Applicant: _____ Date: _____

PROJECT INFORMATION

1. Name of project: _____

2. Project description and services the Applicant is to perform:

3. Please indicate the following:

	Beginning Dates	Completion Dates
Design Phase	_____	_____
Construction Phase	_____	_____

4. Total construction value: USD _____

5. Total gross receipts to all design professionals: USD _____

6. Total gross receipts to Applicant: USD _____

EQUITY INTEREST

7. Give full name of all parties having an Equity Interest in the project. Please indicate percentage of ownership for each party.

Name	Percentage Ownership (Total must equal 100%)
_____	_____
_____	_____
_____	_____
_____	_____

**SUPPLEMENT 5 – ARCHITECTS & ENGINEERS
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8. Was Equity Interest taken in lieu of gross receipts?
Yes / No *If yes, please provide details by attachment.*

GENERAL INFORMATION

9. Does the Applicant or any subsidiary, parent or related entity, engage in construction, manufacturing or fabrication in connection with this project?
Yes / No *If yes, please explain in detail.*

10. Do any of the parties named in Question 7, including their owners, officers or employees, engage in construction, manufacturing or fabrication in connection with this project?
Yes / No *If yes, please explain in detail.*

11. Has any claim or suit ever been made against any of the parties named in question 7?
Yes / No *If yes, please explain in detail.*

12. Is the Applicant aware of any circumstance which may result in any claim against the Applicant, or any other party named in Question 7?
Yes / No *If yes, please explain in detail.*

**SUPPLEMENT 5 – ARCHITECTS & ENGINEERS
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13. Additional information (Please use additional sheets if necessary)

I understand the information submitted herein becomes part of the Renewal Application for Professional Liability Insurance and is subject to the same representations and conditions.

Applicant's _____
Signature

Date _____ 20_____

**SUPPLEMENT 5 – ARCHITECTS & ENGINEERS
PROFESSIONAL LIABILITY INSURANCE**

Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant