
**APPLICATION FOR ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)**

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions: leave no blank spaces.
- c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

1. Name of Applicant: _____
(If partnership or corporation, show firm)

2. Address: _____
Street City State Zip Code

3. Address of all Branch Offices: _____

4. When was the firm established: _____/_____/_____

5. Is firm: Sole Proprietorship Partnership Corporation Professional Corporation

6. 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 (including dates):

7. Number of Total Staff:

- | | | |
|----|---|-------|
| 1. | Principals, Partners, Officers and Directors: | _____ |
| 2. | Architects, Engineers, Surveyors, Site
Representatives, Landscape Architects,
Draftsmen and other Technical Personnel | _____ |
| 3. | Clerical and Accounting Employees | _____ |
| 4. | Total Staff (1+2+3) | _____ |

On a separate sheet, please provide full name and professional qualifications (registrations and degrees, date and place acquired; resumes are acceptable) of all principals, partners or officers of the current firm(s).

8. States in which a Professional License is held: _____

9. Foreign Work? Yes No. If Yes, please give full details: _____

10. Have any of the Principals, Officers or Partners listed in item 7 ever been subject to disciplinary action by authorities as a result of their professional activities? ____ Yes ____ No. If Yes, please give full details: _____

11. To what Professional Associations does the Applicant belong? _____

12. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

13. Are any principals, officers, directors or employees of the Applicant engaged in actual construction , erection, manufacturing, fabrication or real estate development? ____ Yes ____ No. If Yes, please give details: _____

14. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? ____ Yes ____ No. If Yes, please give details: _____

15. Does the Applicant provide professional services on projects in which any principal, officer, director or shareholder or an immediate family member of such person retains any ownership interest? ____ Yes ____ No. If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

16. Does the Applicant ever perform services on a salaried or annual retainer basis or act in the capacity of an employee or official of any governmental body? ____ Yes ____ No. if Yes, please give details: _____

17. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:
(Total Must Equal 100%)

Acoustical Engineering	____ %	Land Surveying	____ %
Architecture	____ %	Laboratory Testing	____ %
Asbestos Inspection, Testing or Abatement Design	____ %	Machine/Equipment Design	____ %
Chemical Engineering	____ %	Mechanical Engineering	____ %
Civil Engineering	____ %	Mining Engineering	____ %
Construction/Project Management	____ %	Naval/Marine Engineering	____ %
Communication Engineering	____ %	Process Engineering	____ %
Electrical Engineering	____ %	Soil/Geotech Engineering	____ %
Environmental Engineering	____ %	Structural Engineering	____ %
HVAC Engineering	____ %	Other (please specify)	____ %
Interior Design	____ %	_____	____ %
Landscape Architecture	____ %	_____	____ %

18. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

- a. Feasibility studies, reports, surveys where applicant is not involved in design _____ %
- b. Design without supervisory/ observation services _____ %
- c. Design & Observation _____ %
- d. Construction/Project Management _____ %
- e. Construction observation without design _____ %
- f. Inspection services on existing structures _____ %
- g. Inspections of homes/commercial properties for prospective buyers or lenders _____ %
- h. Manufacture, sale or distribution of any product or process _____ %
- i. Development, sale or leasing of computer software to others _____ %
- j. Other _____ %

19. Please indicate the approximate percentage of billings derived from each project type: (Total Must Equal 100%)

- | | | | |
|----------------------------------|---------|------------------------------|---------|
| Airport Runways/Taxiways | _____ % | Office Buildings | _____ % |
| Amusement Rides | _____ % | Offshore Platforms | _____ % |
| Apartments | _____ % | Parking Structures | _____ % |
| Bridges | _____ % | Petrochemical/Refineries | _____ % |
| Churches | _____ % | Pools | _____ % |
| Clean Rooms/ Labs | _____ % | Power Plants | _____ % |
| Communication Towers | _____ % | Process Plants | _____ % |
| Condominiums Convention Centers | _____ % | Roads/Highways | _____ % |
| Condominiums | _____ % | Schools/Colleges | _____ % |
| Correctional Facilities/ Prisons | _____ % | Sewage Systems | _____ % |
| Dams | _____ % | Sewage Treatment Plants | _____ % |
| Environmental Impact Statements | _____ % | Shopping Centers/Retail | _____ % |
| Foundation or Shoring Projects | _____ % | Single Family (Custom Homes) | _____ % |
| Gas Pipelines | _____ % | Site Development | _____ % |
| Harbors/Piers/Ports | _____ % | Stadiums/ Arenas | _____ % |
| Hospital/Healthcare | _____ % | Superfund/Pollution | _____ % |
| Hotels/Motels | _____ % | Tract Homes/Subdivisions | _____ % |
| Industrial Waste Treatment | _____ % | Traffic Planning | _____ % |
| Landfills | _____ % | Tunnels | _____ % |
| Libraries | _____ % | Warehouses | _____ % |
| Manufacturing/Industrial | _____ % | Water Systems (Potable) | _____ % |
| Mass Transit | _____ % | Waste Water Systems | _____ % |
| Nuclear Facilities | _____ % | Other _____ | _____ % |

20. TYPES OF CLIENTS

- | | | | | | |
|--------------------|---------|--------------------|---------|------------------------|---------|
| Commercial | _____ % | Federal Government | _____ % | Real Estate Developers | _____ % |
| Contractors | _____ % | State Government | _____ % | Other | _____ % |
| Other Design Prof. | _____ % | Local Government | _____ % | _____ | _____ % |
| Institutional | _____ % | Industrial | _____ % | | |

21. Does the Applicant foresee any substantial changes in the percentage of items 17-20 during the next twelve months?
 ____ Yes ____ No. If Yes, please give details: _____

22. Gross Billings and Construction Values -
 IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24.

Dates:	Present 12 months From _____ To _____	Previous 12 months From _____ To _____
Domestic Operations:	Total Gross Billings/Construction Values/Total Gross Billings/Construction Values	
a. Joint Venture Projects Applicant's Portion Only	\$ _____	\$ _____
b. Projects Insured Under Separate Project Policies	\$ _____	\$ _____
c. Projects Which Have Been Permanently Abandoned	\$ _____	\$ _____
d. Feasibility Studies, Master Plans, Reports	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____
f. All Other Billings	\$ _____	\$ _____
TOTAL GROSS BILLINGS	\$ _____	\$ _____

For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant 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.

23. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ _____ Construction Values: \$ _____

24. DESIGN/BUILD - CONSTRUCT VALUES (Show PROFESSIONAL FEES for 24 c and e.)
 COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

Dates:	Estimate for Coming Year From _____ To _____	Present 12 months From _____ To _____	Previous 12 months From _____ To _____
a. All Operations	\$ _____	\$ _____	\$ _____
b. Design/Construct (including At-Risk CM)	\$ _____	\$ _____	\$ _____
c. Design Only - No Construction	\$ _____	\$ _____	\$ _____
d. Construction Only - No Design	\$ _____	\$ _____	\$ _____
e. Const. Management-Agency	\$ _____	\$ _____	\$ _____

25. Does any one contract or client represent more than 50% of annual work? ____ Yes ____ No. If Yes, please give details: _____

26. Does the Applicant work with other firms in Joint Ventures? ____ Yes ____ No If Yes, please describe. _____

27. Please provide details of your current Architects and Engineers Professional Liability Insurance Coverage.

Insurance Company	Policy Number	Limits	Deductible
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Expiring Premium: \$ _____ Expiration Date: _____

Present Policy Retroactive Date: _____

28. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

Insurance Company	Policy Number	Limits	Deductible	Policy Period

29. Date UNINTERRUPTED insurance began: _____

30. Is the Applicant currently insured under a Comprehensive General Liability, Contractor Pollution Liability and/or Umbrella Policy? Yes No. If Yes, please give details:

Insurance company	Type of Coverage	Limits		Effective	
		BI	PD	From	To

31. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes No. If Yes, please give details: _____

32. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 7? Yes No. If Yes, please attach details stating: (a) date when claim was made; (b) date the act giving rise to the claim was committed; (c) name of the claimant; (d) nature of the claim; (e) amount involved including reserves; (f) final disposition.

33. After the inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? Yes No. If Yes, attach a statement giving full details.

34. Has the Applicant, any predecessor in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? Yes No. If Yes, attach a statement giving full details.

35. Coverage requested: Limit _____ Deductible _____
 Limit _____ Deductible _____

36. Does your firm have a written in-house quality control procedure? Yes No. If Yes, please attach a copy and specify the date that it was last revised or updated.

37. Does your firm subscribe to MASTERSPEC? ____ Yes ____ No. What percentage of your projects incorporate specifications based upon or derived from MASTERSPEC ____ %?

38. What percentage of your professional services are performed under written contracts? _____ %

Type of Contract Used

- (a) AIA or EJDC standard forms of agreement between owner and architect or engineer _____ %
- (b) Firms Standard Form (attach copy) _____ %
- (c) Client Drafted Agreement _____ %
- (d) Client Purchase Order _____ %
- (e) Letter Agreement (firm or client drafted) _____ %

Are all contracts or agreements reviewed by your legal counsel before they are executed?

____ Yes ____ No. Explain: _____

39. What percentage of your professional services are performed under Gross Maximum Price (GMP) or Guaranteed Cost contracts? _____. If any, please attach sample contracts.

40. What percentage of your work is sub-let to others? _____

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

42. Are certificates of insurance requested from all sub-consultants? ____ Yes ____ No. If Yes, describe your system for maintaining current and complete files in this respect. _____

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 ____ %.

43. Has your firm participated in a peer review program? ____ Yes ____ No. If Yes, please describe it and provide the date(s) of the review. _____

45. Does your firm have an in-house program of continuing education for professional employees? ____ Yes ____ No. If Yes, describe the program and give percentage of professional staff that have participated in the program in the past twelve months: _____

46. Please list the topics for a Risk Management Seminar in which your firm would be interested: _____

47. Please attach:

- a. a list 10 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
- b. a copy of the firm's brochure.
- c. a copy of the firm's latest financial statement, annual report or 10-K.
- d. a copy of a sample client contract

I/We warrant that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy issued.

Date: _____ Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)