

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

- 1. Name of applicant: (Include all dba's and subsidiaries seeking coverage under the policy for which you are applying.)
2. Address: Street City State Zip Code
3. Addresses of all branch offices:
4. Internet Address:
5. When was firm established: (Month) / (Day) / (Year)
6. Is firm: Sole Proprietorship Partnership Corporation Other
7. Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place?
8. Staff: 1. Principals, Partners, Officers and Directors: 2. Architects, Landscape Architects 3. Land Surveyors, Engineers 4. Information Technology 5. Draftsmen, Programmers and other Technical Personnel 6. Clerical, Accounting, Non- Technical 7. Total Staff
9. States in which a professional license is held and percentage of work in each state:
10. Foreign work? Yes No. If Yes, please give details on projects and which countries:
11. Have any of the principals, officers or partners listed in item 8 ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No. If Yes, please provide details:
12. To what professional associations does the applicant belong?
13. Does the applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, or fabrication? Yes No If Yes, please provide 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 provide details by separate attachment.
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. 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	_____ %
Communication Engineering	_____ %	Naval/Marine Engineering	_____ %
Construction/Project Management	_____ %	Process Engineering	_____ %
Electrical Engineering	_____ %	Soil/Geotech Engineering	_____ %
Environmental Engineering	_____ %	Structural Engineering	_____ %
HVAC Engineering	_____ %	Other (please specify)	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %	_____	_____ %
		Total	100%

17. 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 services	_____ %
c. Design & Observation	_____ %
d. Construction/Project Management	_____ %
e. Construction observation without design	_____ %
f. Inspection services on existing structures	_____ %
g. Inspections of home/commercial properties for prospective buyers or lenders	_____ %
h. Design, manufacture, sale or distribution of any product or process	_____ %
i. Development, sale or leasing of computer software to others	_____ %
j. Other _____	_____ %
	Total
	100%

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

Airport Runways/Taxiways	_____ %	Nuclear Facilities	_____ %
Amusement Rides	_____ %	Office Buildings	_____ %
Apartments	_____ %	Parking Structures	_____ %
Bridges	_____ %	Petrochemical/Refineries	_____ %
Churches	_____ %	Pools	_____ %
Condominiums	_____ %	Power Plants	_____ %
Convention Centers	_____ %	Roads/Highways	_____ %
Custom Residential	_____ %	Schools/Colleges	_____ %
Dams	_____ %	Sewage Systems	_____ %
Environmental Impact Statements	_____ %	Sewage Treatment Plants	_____ %
Foundation or Shoring Projects	_____ %	Shopping Centers/Retail	_____ %
Harbors/Piers/Ports	_____ %	Site Development	_____ %
Hospital/Healthcare	_____ %	Superfund/Pollution	_____ %
Hotels/Motels	_____ %	Tract Homes/Subdivisions	_____ %
Industrial Waste Treatment	_____ %	Traffic Planning	_____ %
Jails/Justice	_____ %	Tunnels	_____ %
Landfills	_____ %	Warehouses	_____ %
Libraries	_____ %	Water Systems	_____ %
Manufacturing/Industrial	_____ %	Water Treatment Plants	_____ %
Mass Transit	_____ %	Other _____	_____ %
Pulp/Paper/Lumber	_____ %	Total	100%

19. TYPES OF CLIENTS

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

20. Does the applicant foresee any substantial changes in the percentages of items 16-19 during the next twelve months?

_____ Yes _____ No If Yes, please provide details: _____

21. Please complete this table with your revenue/billing information. Please note, a. should match the total of b., c., and d. Also, for the purpose of this question only, *design* includes consulting and related professional services and *construction* includes fabrication and installation.

	Estimate for Next 12 Months	Past 12 Months
a. Total Gross Billings for ALL operations including <i>design</i> and <i>construction</i>	\$ _____ Domestic \$ _____ Foreign	\$ _____ Domestic \$ _____ Foreign
b. Total Gross Billings for ONLY <i>design</i> projects where you provide NO <i>construction</i> services	\$ _____ Domestic \$ _____ Foreign	\$ _____ Domestic \$ _____ Foreign
c. Total Gross Billings for ONLY <i>construction</i> services where you provide NO <i>design</i> work	\$ _____ Domestic \$ _____ Foreign	\$ _____ Domestic \$ _____ Foreign
d. Total Gross Billings for projects that involve BOTH <i>construction</i> services AND <i>design</i> work	\$ _____ Domestic \$ _____ Foreign	\$ _____ Domestic \$ _____ Foreign
e. Total Construction Values on all projects	\$ _____ Domestic \$ _____ Foreign	\$ _____ Domestic \$ _____ Foreign

22. What percentage of the applicant's practice involves subcontracting of work to others _____%

a. What type of work is subcontracted? _____

b. Is evidence of insurance required from subcontractors? _____ Yes _____ No

c. Do subcontractors hold the applicant harmless by contract? _____ Yes _____ No If Yes, attach a sample copy.

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

24. Does the applicant work with other firms in Joint Ventures? _____ Yes _____ No If Yes, please provide details.
BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.

25. Does the applicant offer Mold or Contaminants Inspection Services? _____ Yes _____ No If Yes, please provide details.
BASIC POLICY EXCLUDES COVERAGE FOR MOLD AND CONTAMINANTS

26. Please detail Professional Liability Coverage for the last five years beginning with the most current coverage:

<u>Insurance Company</u>	<u>Limits</u>	<u>Deductible</u>	<u>Policy Period</u>	<u>Premium</u>	<u>Retro Date</u>
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27. Date UNINTERRUPTED insurance began: _____

28. Does the applicant carry Commercial General Liability coverage? _____ Yes _____ No **If Yes, please attach a copy of the declarations page of the policy.**

29. 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 provide details:** _____

30. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 8? _____ Yes _____ No **If Yes, please complete the Supplemental Claim Information Form at the end of this application for each and every claim. Please attach five years of currently valued company loss runs to this application.**

31. 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 result in a claim being made against them? _____ Yes _____ No **If Yes, please provide details including whether or not the circumstance has been reported to any of your insurance carriers.** _____

32. Does the applicant have a Risk Management and Risk Control Program in place? _____ Yes _____ No
Who is responsible for that Program? _____ Title _____

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statement and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Date: _____ Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)

Please attach the following information with this application:

- a. A list of your last five jobs including project name; type of structure; services performed; and contract amount
- b. A copy of the firm's brochures or marketing materials.
- c. Five years of currently valued company loss runs.
- d. Resumes on the principals and professional staff.

SUPPLEMENTAL CLAIM INFORMATION FORM
(Complete one form for each claim)

1. **Name of applicant/named insured:** _____

2. **Name of other parties or defendants named in suit:** _____

3. **Data of alleged error or occurrence, or contact date:** _____

4. **Data claim was made:** _____

5. **Name of claimant:** _____

6. **Name of Insurance Company handling your claim:** _____

7. **Present status of claim or final disposition:** _____

Circle One: **CLOSED** **OPEN**

8. **Defense costs paid to date inclusive of any deductible:** _____

9. **If closed, total loss paid, inclusive of any deductible:** _____

If claim is open or pending, what are the insurers reserves?

Defense: _____ **Loss:** _____

10. **Description of case and events including allegations and assessment of liability:** _____

11. **Claimants last settlement demand:** _____

Date

Signature of Authorized Representative