



9. PROFESSIONAL ACTIVITIES AND SPECIALITY (Attach narrative description if necessary)

a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Please attach separately lists of:

- (i) Five largest projects and description of work performed at each;
- (ii) Names of partners, key employees, etc. and their professional qualifications including resumes.

c. Please attach copies of:

- (i) Advertisements, brochures, descriptive literature;
- (ii) Sample contract between you and your clients outlining services to be rendered;
- (iii) Latest financial data (Annual Report or Balance Sheet).

10. TOTAL PERSONNEL: including those listed in 9.b.(ii) \_\_\_\_\_

- |                         |       |   |       |
|-------------------------|-------|---|-------|
| a. Number of Engineers  | _____ | e. Number of Fieldmen                     | _____ |
| b. Number of Surveyors  | _____ | (rodmen, chairmen, etc.)                  |       |
| c. Number of Architects | _____ | f. Number of Draftsmen                    | _____ |
| d. Number of Inspectors | _____ | g. Number of Technical Employees          | _____ |
|                         |       | Number of Clerical & Accounting employees |       |

11. States in which licensed? \_\_\_\_\_

12. Please indicate the approximate percentages of the professions in which your firm is engaged:

- |                    |         |                 |         |
|--------------------|---------|-----------------|---------|
| Architects         | _____ % | Electrical Eng. | _____ % |
| Build. Designers   | _____ % | HVAC Eng.       | _____ % |
| Civil Eng.         | _____ % | Land Surveyors  | _____ % |
| Design/Const.      | _____ % | Mechanical Eng. | _____ % |
| Environmental Eng. | _____ % | Interior Design | _____ % |
| Naval / Marine     | _____ % | Const. Mgmt.    | _____ % |
| Process Eng.       | _____ % | Soil Eng.       | _____ % |
| Struct. Eng.       | _____ % |                 |         |

Others not shown please specify: \_\_\_\_\_  
\_\_\_\_\_

13. Has the Applicant ever provided any service other than noted under Question 9.?  Yes  No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Does the Applicant's practice involve any subletting or subcontracting of work to others?  Yes  No

If "Yes", please specify what is sublet or subcontracted: \_\_\_\_\_  
\_\_\_\_\_

15. Foreign Work?  Yes  No

If "Yes", please give full details: \_\_\_\_\_  
\_\_\_\_\_

16. Have any of those listed in item 9.b.(ii) ever been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No If "Yes", please explain: \_\_\_\_\_

17. What professional Association does the Applicant belong to? \_\_\_\_\_

18. Please indicate the type and approximate percentage of work under each heading:

**I. Type of Services**

Work in connection with:

a. Feasibility studies, reports, surveys where applicant is not involved in design	None _____	Yes _____	_____ %
b. Design without supervisory services	None _____	Yes _____	_____ %
c. Design and Observation	None _____	Yes _____	_____ %
d. Boundary Surveys	None _____	Yes _____	_____ %
e. Soil Testing	None _____	Yes _____	_____ %
f. Sewerage Systems	None _____	Yes _____	_____ %
g. Water Systems	None _____	Yes _____	_____ %
h. Foundations	None _____	Yes _____	_____ %
i. Interior Design	None _____	Yes _____	_____ %
j. HVAC, plumbing & electricity	None _____	Yes _____	_____ %
k. Naval / Marine	None _____	Yes _____	_____ %
l. Work as construction managers	None _____	Yes _____	_____ %
m. Testing Labs	None _____	Yes _____	_____ %
n. Materials handling	None _____	Yes _____	_____ %
o. Disposal or handling of hazardous waste	None _____	Yes _____	_____ %
p. Other _____	None _____	Yes _____	_____ %

Please specify the percentages relative to the Applicant's total work volume: \_\_\_\_\_

Services not resulting in construction	_____ %
Design with no construction phase services	_____ %
Design with periodic inspection of construction to ensure design compliance per AIA/ACEC/NSPE contracts	_____ %
Design with responsibility for directing the contractor	_____ %
Other _____	_____ %
<b>TOTAL</b>	<b>100 %</b>

**II. Type of Projects**

Work with connection with:

a. Private Dwellings Single Family Homes	None _____	Yes _____	_____ %
b. Private Dwellings Townhouses, Apartments	None _____	Yes _____	_____ %
c. Private Dwellings Condominiums	None _____	Yes _____	_____ %
d. Commercial Buildings	None _____	Yes _____	_____ %
e. Hospitals, Schools, Churches and Municipal Buildings	None _____	Yes _____	_____ %
f. Industrial Buildings	None _____	Yes _____	_____ %
g. Petrochemical, refinery, fertilizer, ammonia, urea plants	None _____	Yes _____	_____ %
h. Mines	None _____	Yes _____	_____ %
i. Harbors and Jetties	None _____	Yes _____	_____ %
j. Bridges and Tunnels	None _____	Yes _____	_____ %

k. Dams	None _____	Yes _____	_____ %
l. Nuclear and Atomic Projects	None _____	Yes _____	_____ %
m. Parking Structures	None _____	Yes _____	_____ %
n. Highways and Roads	None _____	Yes _____	_____ %
o. Power Plants	None _____	Yes _____	_____ %
p. Subdivisions	None _____	Yes _____	_____ %
q. Industrial / Process	None _____	Yes _____	_____ %
r. Environmental	None _____	Yes _____	_____ %
s. Other _____	None _____	Yes _____	_____ %
		TOTAL	100 %

19. Does the Applicant foresee any substantial changes in item No. 9.a. during the next twelve months?

Yes  No If "Yes", please explain: \_\_\_\_\_

20. If the Applicant provides any of the following services, please indicate the percentage:

Product or Equipment Design \_\_\_\_\_%    Material Testing \_\_\_\_\_%    Soil Mechanics \_\_\_\_\_%  
Solar Heating \_\_\_\_\_%    Valuations \_\_\_\_\_%    Financial or Economic Studies \_\_\_\_\_%

21. Does the Applicant, or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors Or officers engage in any of the following activities?

Construction, erection, fabrication or installation    Yes     No   
The letting of construction contracts    Yes     No   
Construction or project management    Yes     No   
Manufacture, sale or distribution of any product, good or process    Yes     No   
Real Estate Development    Yes     No

If any of the above are answered "Yes", please explain: \_\_\_\_\_

22. What percentage of the Applicant's practice involves any of the following:

a. Subletting of work to others \_\_\_\_\_%    Type of work sublet \_\_\_\_\_%  
b. Is evidence of Insurance from consultants required?     Yes     No

23. Equity Interest:

Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDE COVERAGE FOR THESE PROJECTS)?     Yes     No

If coverage is desired provide complete details.

24. Does any one contract or client represent more than 50% of annual work?     Yes     No

If "Yes", please give details: \_\_\_\_\_

25. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing or fabrication?     Yes     No    If "Yes", please give details: \_\_\_\_\_

26. Are any of the individuals named in item 9.b.(ii) owners, officers, or employees of firm engaged in actual construction, manufacturing or fabrication?     Yes     No    If "Yes", please give details: \_\_\_\_\_

27. Does the Applicant work with other firms in Joint Ventures?     Yes     No (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES). If "Yes", please provide complete details: \_\_\_\_\_

28. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims-made policy, what is the retroactive date? \_\_\_\_\_

29. Is the Applicant concurrently insured under a Commercial General Liability Policy?  Yes  No

If "Yes", please provide details:

Insurance Company:	Type of Coverage:	BI:	Limits PD:	From:	Effective To:
_____	_____	_____	_____	_____	_____

30. Has any application for Architects & 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: \_\_\_\_\_

31. Has any claim ever been made against the Applicant or any persons named in question 1. or item 6.b.(ii)?  Yes  No If "Yes", how many? \_\_\_\_\_ Please attach currently valued company loss runs for the past 5 years and details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

32. Is the Applicant aware of any circumstances which may result in any claim against the Applicant or any persons Named in question 1. or item 6.b.(ii)?  Yes  No If "Yes", how many? \_\_\_\_\_ Please attach currently valued company loss runs for the past 5 years and details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

33. Has any insurer cancelled or refused to renew any similar insurance during the past five years? \_\_\_\_\_

34. Limit of Liability requested: \_\_\_\_\_ Deductible: \_\_\_\_\_

35. Desired term of policy: From: \_\_\_\_\_ To: \_\_\_\_\_

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

\_\_\_\_\_  
Signature of the Insured, Owner, Partner or Principal Title Date

\_\_\_\_\_  
Producer