

## ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

### THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

*This Application for Architects and Engineers Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.*

### THIS APPLICATION IS NOT A BINDER

1. Name of Firm: \_\_\_\_\_ Date Established: \_\_\_\_\_
2. Address: \_\_\_\_\_ County: \_\_\_\_\_
3. Branch Office Address(es): \_\_\_\_\_
4. Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Firm is:  Corporation  Partnership  Sole Proprietorship  Joint Venture

### PERSONNEL

6. Specify personnel per categories below:

	Number	Number Registered/Licensed	Full-Time	Part-Time
A. Principals, Partners, Officers & Directors				
B. Architects:				
C. Engineers:				
D. Land Surveyors:				
E. Other Professionals:				
F. Technical Personnel:				
G. Total Personnel:				

### GROSS RECEIPTS

7. Gross receipts to include reimbursable expenses and fees paid to subconsultants. Current fiscal year ends \_\_\_\_\_

Gross receipts attributable to:	Current Fiscal Year	Last Fiscal Year	Two Years Ago	Three Years Ago
a. Separately insured projects	\$ _____	\$ _____	\$ _____	\$ _____
b. Permanently abandoned projects	\$ _____	\$ _____	\$ _____	\$ _____
c. All other fees/billings	\$ _____	\$ _____	\$ _____	\$ _____
d. Total Gross Receipts (7a+7b+7c)	\$ _____	\$ _____	\$ _____	\$ _____
e. Estimated Total Gross Receipts for next fiscal year \$ _____				

### PROFESSIONAL DISCIPLINES

8. Specify as a percentage of the firm's gross receipts. **Total should equal 100%.**

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction/Project Management	%	Nuclear Engineering	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Other _____	%

## SERVICES

	Percent Gross Receipts (must total 100%)
9. Enter the percentages of the firm's gross receipts attributable to the following for the last fiscal year:	
a. Design with construction observation/review	_____
b. Design without construction observation/review:	_____
For government clients	_____
For private sector clients	_____
c. Construction observation/review without design	_____
d. Project/Construction Management	_____
e. Studies, planning, permitting zoning – no design	_____
f. Plan checking	_____
g. Quantity/Cost estimating	_____
h. Inspections as stand-alone service	_____
i. Construction staking	_____
j. Material testing	_____
k. Forensic/Expert witness	_____
l. Balancing HVAC systems – no design	_____
m. Other _____	_____

## CLIENTS

	Percent of Clients (must total 100%)
10. a. Government or Public Entities	_____
b. Owners acting as their own builders	_____
c. Design/Build or turnkey contractors	_____
d. Other contractors	_____
e. Developers	_____
f. Financial and lending institutions	_____
g. Other design professionals	_____
h. Other _____	_____
11. What percentage of Total Gross Receipts in 7d. are derived for repeat clients?	_____

## PROJECTS

	Percent of Projects (must total 100%)
12. a. Schools, colleges or public buildings	_____
b. Hospitals, retirement or convalescent homes	_____
c. Hotels, motels or resort properties	_____
d. Condominiums	_____
<b>Please provide a list of all current and past condominium projects.</b>	
e. Single family residential subdivisions	_____
f. Custom single family residential	_____
g. Apartments and other multi-unit residential	_____
h. Office/Commercial/Retail	_____
i. Industrial/Process	_____
j. Machine design	_____
k. Plumbing/Piping, Refrigeration	_____
l. Instrumentation/Controls	_____
m. Public Utilities/Power Generation	_____
n. Jails/Justice	_____
o. Airports	_____
p. Roads/Highways/Traffic	_____
q. Sewage or waste disposal systems	_____
r. Water systems	_____
s. Pipelines	_____
t. Mines and quarries	_____
u. Earth dams/reservoirs	_____
v. Structures for offshore use	_____
w. Harbors, jetties, docks or piers	_____
x. Bridges, trestles or tunnels	_____
y. Parking garages, theaters or grandstands	_____
z. Other _____	_____
_____	_____
_____	_____
13. What percentage of the firm's projects are done on a Fast Track basis?	_____%
14. What percentage of the firm's projects are outside the U.S. and Canada?	_____%

## CONTRACTS

15. Please specify types of contracts used by the firm. **Total Should Equal 100%.**

- |   |         |                    |         |
|---|---------|--------------------|---------|
| a. Standard industry contract<br>(AIA, EJCDC, ASFE, etc.) | _____ % | e. Client contract | _____ % |
| b. Firm's own standard contract                           | _____ % | f. Oral agreement  | _____ % |
| c. Letter agreement                                       | _____ % | g. Other _____     | _____ % |
| d. Purchase order   | _____ % | _____              | _____ % |

16. What percentage of the firm's contracts contain a Limitation of Liability clause? \_\_\_\_\_ %

## FINANCIAL AND OTHER INTERESTS

**For all "yes" responses to questions 17 and 18, please provide details by attachments.**

17. Does the firm have any predecessor firms or related entities?  Yes  No
18. During the past 12 months, has the firm or any principal:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Become involved in a construction or real estate development company or engaged in any actual construction or hired a construction contractor to perform construction work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Been employed by or an officer of any other firm, organization or political body?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Derived more than 50% of last fiscal year's gross receipts from any one client?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Designed a building, component or system which might be used on more than one project?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Become involved in the manufacture or fabrication of any component, device or system?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Provided electronic data processing services for others or sold software components?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Been the subject of disciplinary action by authorities as a result of their professional activities?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
19. a. Has the firm entered into any Joint Ventures?  Yes  No
- b. Does the firm's Joint Venture agreement provide for allocation of liabilities?  Yes  No
- c. Does the firm require evidence of professional liability insurance from all Joint Venture members?  Yes  No
20. a. Does the firm or any principal of the firm have any financial interest in any projects for which it has provided professional services?  Yes  No
- b. Is coverage for such Equity Interest desired?  Yes  No  
*If yes, a Supplemental Application for Equity Interest Coverage must be submitted.*
21. Does the firm have any Abandoned Projects to be excluded from coverage?  Yes  No  
*If yes, an Abandoned Projects Questionnaire must be submitted.*

## SUBCONTRACTORS / SUBCONSULTANTS

22. a. Please provide, as a percentage of the Total Gross Receipts reported in Question 7d., the fees paid to the firm's subconsultants in the following disciplines (**Should not total 100%**)

Architecture	_____ %	Soils	_____ %
Civil	_____ %	Structural	_____ %
Mechanical	_____ %	HVAC	_____ %
Electrical	_____ %	Other _____	_____ %

b. Describe the firm's subcontractor and subconsultant selection process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Are all subcontractors and subconsultants hired under a written contract?  Yes  No

d. Does the firm obtain certificates of insurance from all subcontractors and subconsultants?  Yes  No

## QA / QC ISSUES

23. Does the firm have an Ownership of Documents clause in each contract of hire?  Yes  No

If no, what does the firm do to protect itself against reuse of its plans and specifications without knowledge or authorization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Does the firm have a written Quality Assurance/Quality Control Program?  Yes  No

25. Does the principal check all plans before they are sent to the field?  Yes  No

26. Does the firm have an in-house program of continuing education for professional employees?  Yes  No

27. Has the firm participated in an Organizational Peer Review in the past five years?  Yes  No

28. Please list all professional societies or associations to which the firm or members of the firm belong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIABILITY ISSUES

29. a. Has the firm made adjustments or goodwill payments in any disputes involving its services?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Have any Professional Liability claims been made against the firm or any of its members?  Yes  No  
*If yes, please use the Claim/Incident Information Supplement provided with this Application.*
- c. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. Does the firm or any of its members have knowledge of any deficiencies, property damage or bodily injury, whether actual or alleged, in connection with projects for which the firm has performed professional services?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- e. Does the firm have any pending dispute concerning the payment of fees to the firm for services rendered?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- f. Does the firm or any of its members have any knowledge of any circumstance, incident, situation, accident condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- g. Has the firm or any of its members testified, provided expert testimony or given a deposition or statement in any disputes or proceedings where claim has been made or suit filed against any party to the work or project where the firm provided professional services?  Yes  No  
*If yes, please explain in detail.*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- h. Has the firm or any of its members given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?  Yes  No  
*If yes, please use the Claim/Incident Information Supplement provided with this Application.*

## INSURANCE HISTORY

30. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?  
*If yes, please explain in detail.*  Yes  No

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31. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
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Retroactive date on current policy: \_\_\_\_\_

32. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM
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33. Does the firm have in effect, or has it ever obtained, separate Professional Liability insurance for a specific project?  
*If yes, please provide the following:*  Yes  No

a. Name of Project: \_\_\_\_\_

b. Date Project Construction Completed: \_\_\_\_\_

c. Total fees to applicant firm: \$ \_\_\_\_\_

**NOTE: The insurance that may be offered here will not protect your from Professional Liability claims on projects that are currently insured separately by us or other companies under a dedicated project specific policy.**

## ADDITIONAL INFORMATION

34. Please submit the following information along with this application:

- a. Claims history/loss summary for the past five years.
- b. Resumes of key licensed design professionals on staff.
- c. List of ten largest projects over the past three years or current Form 254.

35. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit	Deductible
_____	_____
_____	_____
_____	_____

*NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.*

