

Architects and Engineers Professional Liability Application

INSTRUCTIONS

- Answer ALL questions completely, leaving no blanks. If any questions, or any part thereof, do not apply, print "N/A" in the appropriate space.
- This Application **must** be completed and signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

SUPPORTING DOCUMENTATION REQUIRED

Along with this completed and signed application, Applicant must also submit the following:

- Five (5) years of loss information. (For losses exceeding \$50,000 in value or involving loss of life, physical or sexual abuse or professional liability, please attach a detailed description of each loss/incident and describe corrective measures taken or lessons learned.)
- Provide copies of any descriptive brochure or narrative describing operations or website.
- Completed and signed Supplemental Applications, if any.

I. GENERAL APPLICANT INFORMATION

1.1 Named Insured:	1.2 Date Established: <i>*If in business for less than three (3) years, attach a copy of principal's resume.</i>	
1.3 Address: City, State, Zip:		
1.4 Branch Office(s) (attach separate document, if necessary):		
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
1.5 Has Applicant ever had a name change, merger or acquisition or is one planned in the next twelve (12) months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:		
1.6 Is Applicant controlled by, owned by or associated with or does Applicant own or control any other firm / corporation / company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:		
1.7 Please enter the number of staff, including part-time employees: Licensed Employees:		Unlicensed Employees:
1.8 Number of licensed professionals that have left Applicant entity in the past three (3) years:		

II. PROFESSIONAL SERVICES

2.1	Please enter below Applicant's total gross revenue for each category for the previous twelve (12) month period and the next projected twelve (12) month period:			
	Type of Operation	Gross Revenue for Previous 12 Months	Gross Revenue for Most Recent 12 Months	Gross Revenue for Projected Next 12 Months
	Design-Build	\$	\$	\$
	Design Only (No construction responsibility)	\$	\$	\$
	Construction Only (No design responsibility)	\$	\$	\$
	Other Professional Fees, please describe:	\$	\$	\$
	Total for All Operations	\$	\$	\$
2.2	Please list below the state(s) in which Applicant performs professional services and the percentage of work in each state (attach separate document, if necessary):			
	State	Percentage	State	Percentage
		%		%
		%		%
		%		%
		%		%
2.3	Does Applicant perform any professional services for projects or clients outside of the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:			
2.4	Does any principal of Applicant, or any principal's family member, have ownership interests in any other entity that Applicant does business with?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:			
2.5	What percentage of work does Applicant subcontract to others: %			
	If 0%, please skip to question 2.9.			
2.6	What type of work is subcontracted?			
2.7	Does Applicant enter into a written agreement with each subcontractor, which outlines the work to be completed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8	Does Applicant require evidence of professional liability insurance from subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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If yes, what are the minimum limits of insurance required?

2.9 Please identify below if Applicant or any subsidiary, parent or otherwise related entity, engage in any of the following work:

Construction, erection or fabrication	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Real estate agent or real estate sales	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Real estate development	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Manufacture or sale of any products	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Foundation or shoring projects	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Offshore projects	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes to any of the above, please provide details:

2.10 Please indicate below the percentage of time Applicant dedicates to each area of practice (should total 100%*):

Area of Practice	Percentage	Area of Practice	Percentage
Architect	%	Construction Managers - Advisor	%
Architectural Planner	%	Construction Managers – At Risk	%
Interior Design	%	Design-Build	%
Land Surveyor	%	Naval/Marine Engineering	%
Landscape Architect	%	Machine/Equipment Design	%
Civil Engineer	%	Lab Testing	%
Mechanical Engineer	%	Environmental Consultant	%
Electrical Engineer	%	Nuclear Engineer	%
HVAC Engineer	%	Aerospace Engineer	%
Forensic Engineer	%	Mining Engineer	%
Structural Engineer	%	Process Engineer	%
Geotechnical Engineer	%	Agricultural Engineer	%
Acoustical Engineer	%	Chemical Engineer	%
Hydrological Engineer	%	Illumination Engineer	%
Telecommunications Engineer	%	Traffic Engineer	%
Transportation Consultant	%	Excavation Contracting	%
Facilities/Operations Management Consultant	%	LEED Consultant	%
Aerial Surveyor	%	Audio Visual Consultant	%
Drafting Services/Graphic Consultant	%	Elevator Consultant	%
Energy Consultant	%	Modelers/Renders	%
Roofing Consultant	%	Other, please provide details:	%
Sprinkler Design	%	Other, please provide details:	%

*Please make sure the total of Applicant’s responses to 2.10 is 100%.

2.11 Please indicate below the percentage of Applicant’s billing derived from the following projects (should total 100%*):

Project Type	Percentage	Project Type	Percentage
Residential		Energy	
Condominiums/Townhouses	%	Quarry/Tunnel/Mines	%
Residential Subdivisions	%	Nuclear/Atomic	%
Custom Homes	%	Utilities	%
Apartments	%	Solar/Wind Energy Facilities	%
Commercial		Industrial	
Office/Commercial/Retail	%	Manufacturing/Industrial	%
Hospitals/Healthcare	%	Petrochemicals/Refineries	%
Schools K-12	%	Water Systems/Sewage/Wastewater	%
Colleges	%	Industrial Waste Treatment	%
Hotels/Motels	%	Landfills	%
Municipal Buildings/Libraries	%	Superfund Sites/Pollution	%
Warehouses	%	Agriculture	%
Churches	%	Transportation	
Parking Structures	%	Highways/Roads	%
Jails	%	Bridges	%
Theaters	%	Airport Runways	%
Arenas/Stadiums/Convention Centers	%	Airports (not runways)	%
Amusement Rides/Parks	%	Mass Transit	%
High Rise	%	Marine	
Pre-engineered Buildings/Structures	%	Swimming Pools	%
Recreation/Playgrounds	%	Harbors/Piers/Ports/Dams	%
Telecommunications	%	Other, please provide details:	%

*Please make sure the total of Applicant’s responses to 2.11 is 100%.

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2.12	What percentage of projects involve roofing or building envelope work? %		
2.13	Does the Applicant or any proposed insured perform any of the following technology services for third parties:		
	Software design, development and/or sales or leasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Software installation/maintenance/training/support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hardware design, development, manufacturing and/or sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hardware installation/maintenance/training/support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Data processing or storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Website design or support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes to any of the above, please provide details:		

III. CLIENTS AND PROJECTS

3.1	Please indicate below the percentage of time Applicant dedicates to the following types of clients (should total 100%*):		
	Client Type	Percentage	Client Type
	Contractors	%	Local Government
	Commercial Property Owners	%	State Government
	Residential Property Owners	%	Real Estate Developers
	Industrial	%	Other Design Professional
	Institutional	%	Other, please provide details:
	Federal Government	%	Other, please provide details:
	*Please make sure the total of Applicant's responses to 3.1 is 100%.		
3.2	What percentage of revenue is derived from repeat clients? %		
3.3	Does Applicant, any principal, or any principal's family member have ownership interest in any client or project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please provide details:		
3.4	Does any single client or single project make up greater than 33% of Applicant's billings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please provide details:		
3.5	Please provide the details requested below for Applicant's five (5) largest projects during the past three (3) years:		
	Project/Client Name	Type of Service(s)	Total Construction Value
			\$
			\$
			\$
			\$
			\$
			\$

IV. RISK MANAGEMENT

4.1	On what percentage of projects does Applicant utilize a signed, written agreement between Applicant and the client? %		
4.2	On what percentage of projects does Applicant utilize an AIA* or EJCDC** standard form contract or agreement? %		
4.3	Are non-standard contracts reviewed by Applicant's counsel prior to signing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.4	Does the firm require proof, annually, that its licensed professionals have completed all mandatory continuing education requirements for licensing and registration renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.5	Does the firm maintain on file up-to-date licensing and registration documentation for each licensed professional performing work on its behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.6	Has the firm sued any client for fees in the past two (2) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.7	Has the firm made any adjustments or goodwill payments in any dispute involving its services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.8	Has the firm ever filed for or been in receivership or bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*American Institute of Architects
 **Engineers Joint Contract Documents Committee

V. INSURANCE HISTORY

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5.1	Please provide the details requested below for Applicant's last five (5) years of professional liability coverage, beginning with the most current year:					
	Insurance Company	Premium	Limits	Deductible	Policy Period	Retroactive Date
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
5.2	Has any professional liability insurance carrier ever cancelled or nonrenewed Applicant's insurance coverage, declined any application for coverage or refused to issue any policy to Applicant?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Does the firm currently carry General Liability insurance coverage, including products/completed operations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the following: Carrier:		Limits: \$	per claim; \$	in the aggregate	
5.4	Does the firm currently carry Cyber or Privacy insurance coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide the following: Carrier:		Limits: \$	per claim; \$	in the aggregate	

VI. CLAIMS AND INCIDENTS

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.
The term "Applicant" as used below, means any proposed insured, including any individual or entity for whom coverage is sought.

6.1	During the past five (5) years, has Applicant received notice of any claim or suit against any proposed insured relating to professional services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	Within the past five (5) years, has Applicant given notice to any professional liability insurance carrier of any:	
	a. claim or suit, or	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. facts, circumstances or situations which might give rise to a claim or suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	Is Applicant or any proposed insured aware of any facts, circumstances, situations, transactions, events, acts, errors or omissions which could reasonably be expected to give rise to a claim or suit against any proposed insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4	Has any proposed insured had their professional license or certification suspended or revoked, or been investigated for professional misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE RESPONSE WAS "YES" TO ANY OF THE QUESTIONS IN SECTION VI. ABOVE, PLEASE PROVIDE A CLAIM SUPPLEMENT OR COMPLETE DETAILS IN AN ATTACHMENT. PLEASE INCLUDE THE NAMES OF ALL PERSONS INVOLVED, THE ALLEGATIONS MADE, THE TIME, PLACE AND NATURE OF THE CIRCUMSTANCES OR INCIDENTS, AND A DESCRIPTION OF THE POTENTIAL LOSS OR DAMAGES CLAIMED.

The policy applied for, if issued, will not insure: any claim, suit, legal proceeding, regulatory proceeding or investigation, or licensure action or investigation disclosed, or which should have been disclosed, in response to the above; or any claim, suit, legal proceeding, regulatory proceeding or investigation, or licensure action or investigation that arises from any fact, circumstance, situation, transaction, event, act, error or omission disclosed, or which should have been disclosed, in response to the above.

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 and subjects that person to criminal and civil penalties.
(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV
 Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

APPLICABLE IN CA
 For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN CO
 It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FL AND OK
 Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL only.

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APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Insurer are accurate and complete;
- b. Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Insurer to provide a premium proposal;
- d. If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;
- e. If there is any material change in Applicant's condition or in Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Insurer in writing; and
- f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.

NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

Producer Signature

Date