

APPLICATION FOR ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY COVERAGE

New Application
Renewal Application
Renewal Policy

IMPORTANT INSTRUCTIONS:

PLEASE:

1. Answer all questions completely.
2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead.
Indicate the question number.
3. This form must be completed, signed, and dated by a principal, partner, or officer of your firm.
4. Fax completed application to us at #817-870-2520 or #1-800-890-0351.

NOTE:

The insurance coverage for which you are applying is written on a CLAIMS-MADE policy. Only claims which are first made against you during the policy period are covered, subject to policy provisions. "Claims" means the receipt of a demand for money or services, naming "you" and alleging a "wrongful act".
The limits of liability stated in the policy are reduced by the cost of defense. Legal defense costs also may be applied against your deductible, if applicable to the claim. If you have any questions about the coverage, Please discuss them with your insurance agent.

***Please indicate the limits (000's) which you would like us to quote:**

100 150 200 250 500 750 1,000 2,000 3,000 5,000 Other

***Please advise of the deductible(s) you wish us to quote:**

FIRM INFORMATION:

1. Firm Name:

Principle Address:

County	City	State	Zip Code
Telephone	Fax Number	Cellphone Number	
E-mail Address	Website URL		

2. Do you have any Branch Offices? Yes No *If so, please provide information on separate sheet.

3. Is your firm a: (Please check as applicable)

Sole Proprietorship	Partnership	Corporation
Professional Corporation	Limited Liability Corp.	Limited Liability Partnership

4. Applicant's practice is: Full-time (more than 30 hrs/wk) Part-time

5. If part-time, specify other employment:

- 6. If firm is less than two years old, attach a resume for the principal(s).
- 7. Number of Licensed Professionals:
- 8. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change
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- 9. Tax I.D. #
 - 10. Year Firm Established: (mo/day/yr)
- | | | | | | | | |
|----|---|------------|-----------|----------------|----------------------|------------|-------|
| A. | Principals, Partners, Officers, & Directors | Architects | Engineers | Land Surveyors | Landscape Architects | All Others | Total |
| B. | Staff | | | | | | |
| C. | Number of Employees | Full-time | Part-time | Temporary | Leased | | |
- 11. Please show the number of employees who left the firm in the past 12 months?
 - A. Management:
 - B. Professional Staff:

RISK MANAGEMENT AND LOSS PREVENTION

- 12. A. Does your firm follow written in-house quality control procedures? Yes No
- B. Are all appropriate staff members familiar with these procedures? Yes No
- 13. Does your firm use an automated master specification system such as MASTERSPEC or SPECSsystem? If yes, percent of projects used on: % Yes No
- 14. A. Have any principals of the firm attended, during the past 12 months, a Risk Management Seminar? Yes No
- B. Does your firm have an in-house program of continuing education for Professional employees? This would include attendance at AIA / NSPE / PEPP sponsored seminars and similar functions. Yes No
- C. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months? Yes No
- D. What percentage of professional employees have participated in continuing education programs within the last two years? % Yes No

15. Has your firm participated in an "Organizational Peer Review" sponsored by ACEC and AIA? If yes, when? Yes No
16. A. Does your firm use written contracts on every project? If no, please provide us with the percentage of your past 12 months' billings where oral agreements are used: Yes No
 % Describe the circumstances when oral agreements are used on a separate sheet.
- B. Please specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement? %
- C. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No

17. Please indicate professional society memberships:

The American Institute of Architects	ASGCA
American Consulting Engineers Council	ASME
American Society of Civil Engineers	ASID
National Society of Professional Engineers	Other:
American Society of Landscape Architects	Other:
American Congress on Surveying & Mapping	Other:

18. SPECIFY ANNUAL REVENUES:

	Projection for Current Year From: To:	Last Complete Fiscal Year From: To:	Second Past Fiscal Year From: To:	Third Past Fiscal Year From: To:	Fourth Past Fiscal Year From: To:
a. Projects insured separately					
b. Joint Venture projects					
c. Fees from abandoned projects					
d. Fees passed through to consultants					
e. Direct Reimbursables					
f. All other prof. services					
g. <u>ANNUAL TOTAL REVENUES</u>					

19. Indicate the types of projects undertaken. (NOTE: Must total 100%)

- a. Feasibility studies %
- b. Design only, no construction phase services %
- c. Design with observation of construction %
- d. Design with construction management services* %
- e. Construction management without design* %
- f. Complete responsibility for construction. including design** %
- g. Other %

*Complete the Construction Management Information Sheet.

**Complete the Design/Build Information Sheet.

20. If you currently have a specific additional limit of liability endorsement on your policy, provide us with your firm's billings for the most recently complete fiscal year and estimated for current year in Question #19 for each project:

CLIENTS / PROJECTS / SERVICES DATA:

21. Please indicate the approximate percentage of your total gross billings in Question #18.G. derived from each of the following categories of clients:

- | | | |
|------------------------------|------------------------------|-----------------|
| % Federal Government | % State Government | % Industrial |
| % Local Government | % Real Estate Developers | % Institutional |
| % Lending Institutions | % Other Design Professionals | % Commercial |
| % Owners who act as builders | % Developers | % Contractors |
| % Others (specify) | | |

22. Were more than 50% of all your total gross billings in item 18.G. derived from a single client or contract? Yes No

If yes, specify client, projects, contract form(s), describe all services rendered and indicate how long you expect this relationship to continue in the space provided.

23. Approximately, what percentage of your billings in 18.G. is derived from repeat clients? %

24. Please provide the following information regarding your firm's five largest current projects:

Name	City & State	Owner / Client	Project Type	Services You Performed	Estimated Total Construction Cost	Total Gross Billings
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25. Indicate the types of projects undertaken, (NOTE: Must total 100%)

- | | | |
|--|------------------------------|---------------------------|
| % Airports | % Amusement Rides | % Apartments |
| % Bridges <500 feet | % Bridges >500 feet | % Churches / Religious |
| % Condominiums | % Convention Centers | % Custom Homes |
| % Correctional Facilities | % Dams | % Educational / Schools |
| % Environmental Impact Statements | | % Harbors / Piers / Ports |
| % Highways / Roads | % Hospitals | % Hotels / Motels |
| % Houses / Residential | % Industrial Waste Treatment | % Industrial |
| % Jails / Justice | % Landfills | % Libraries |
| % Manufacturing | % Marine / Naval | % Mass Transit Lines |
| % Multi-family Resid. | % Municipal Water Systems | % Nuclear / Atomic |
| % Office Buildings | % Parking Structures | % Petro / Chemical |
| % Pools / Playgrounds | % Potable Water Systems | % Recreation / Sports |
| % Shopping Center/Retail | % Site Development | % Storm Water Systems |
| % Subdiv./Tract Housing | % Subsidized Housing | % Tunnels |
| % Warehouses | % Wastewater Systems | % Other |
| % Wastewater Treatment Plants / Facilities | | % Other |

*If you attribute greater than 25% of your billings from Condominiums please attach a project list including project location.

26. Do you or your subconsultants specify or do any of your projects involve the installation of exterior Insulation and Finish Systems (EIFS). If yes, please attach a separate sheet listing the specific project including project location. Yes No

27. Specify the services provided by the firm: (NOTE: Total must equal 100%)

- | | | |
|--------------------------|---------------------------|-----------------------|
| % Architecture | % Civil Engineering | % Communication Eng. |
| % Electrical Eng. | % Environmental Eng. | % Golf Course Arch. |
| % Constr. Project Mgmt. | % Environmental Abatement | % HVAC Engineering |
| % Landscape Architecture | % Laboratory Testing | % Land Surveying |
| % Mechanical Eng. | % Machinery/Equip. Design | % Marine Engineering |
| % Mining Engineering | % Nuclear Engineering | % Oil / Gas Well Eng. |
| % Process Engineering | % Structural Engineering | % Soils Engineering |
| % Other (specify) | | |

28. If the firm's practice includes fees passed through to consultants for architectural, engineering, or surveying services:

a. Specify the types of services provided by consultants:

b. Percentage of consultants that carry professional liability insurance: %

29. Has the firm participated in any of the following projects or services in the last 10 years?

- | | |
|---|------------------------------------|
| % Projects constructed outside the U.S. | % Nuclear or Atomic |
| % Amusement Rides or Water Slides | % Refinery or Chemical |
| % Hazardous or Toxic Waste | % Site preparation |
| % Laboratory Testing or Analysis | % Stadiums or Arenas |
| % Machinery, Equipment, or Product Design | % Landfills |
| % Phase I, II, or III Site Assessments | % Lead abatement / evaluation |
| % Falsework / Temporary Construction | % Ground testing / Soils |
| % Continuing svcs. or inspection contracts | % Asbestos abatement or evaluation |
| % Inspections of home / commercial properties for prospective buyers or lenders | % Runways or Taxiways |
| % Surveys or subsurface conditions | % Mines |

If "yes", please provide details of the project(s), including project name, location, client, billings, construction values and completion date. If you subcontract any portion of the above services, on a separate sheet please provide details of these services including whether the subcontractor is insured.

30. A. Has your firm performed or subcontracted to others in the past 12 months (or expect to perform or subcontract in the next 12 months) services in connection with:

					Yes	No	
Industrial	Yes	No	%	Underground storage tanks	Yes	No	%
Landfills	Yes	No	%	Air emission control	Yes	No	%
Superfund Sites	Yes	No	%	Permitting / monitoring related to hazardous waste	Yes	No	%
Hazardous/toxic	Yes	No	%				

B. Has any claim been made or legal action been brought for a pollution or environmental injury or damage in the past ten years (or made earlier and still pending) against your firm, its predecessors, or employees?

Yes No

C. Are any of the principals, partners, officers, directors, stockholders, or employees aware of any error, omission, unresolved job dispute, or accident involving the discharge, dispersal, seepage, migration, or release of a pollutant(s) or contamination which may be the basis for a claim under this policy? If yes, attach an explanation.

Yes No

NOTE: If you answered YES to Questions A, B, or C, please provide details of these services on a separate sheet.

31. A. Has the firm participated in a Joint Venture in the last five years? If "yes", please attach a Joint Venture Information Sheet or a statement providing full details for each Joint Venture project.

Yes No

B. Have you ever participated in a joint venture with a non-architecture or engineering firm?

Yes No

C. Do you require evidence of professional liability insurance from all joint venture partners?

Yes No

- | | | | |
|-----|---|-----|----|
| 32. | A. Does your firm subcontract services to others? If yes, please identify such services. | Yes | No |
| | B. What is the approximate percentage of your firm's total gross billings for your past accounting year (12 months) that is attributable to consultants that maintain professional liability insurance: | | % |
| | and, to consultants that do not maintain such insurance: | | % |
| | NOTE: These percentages will not total 100% | | |

BUSINESS INFORMATION

- | | | | |
|-----|---|-----|----|
| 33. | A. Actual construction, installation, fabrication or erection | Yes | No |
| | B. Design / Build | Yes | No |
| | C. Development, sale or lease of computer software to others | Yes | No |
| | D. Real estate development | Yes | No |
| | E. Manufacture, sale, leasing or distribution of any product, process or patented production process. | Yes | No |

If answer to A, B, C, D or E is Yes, please provide full details on a separate sheet, including a description of the services performed, the relationship of parties involved, construction values involved and fees billed. Also, enclose sample contract(s).

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|-----|--|-----|----|
| 34. | A. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have more than 15% combined ownership interest or act as the managing partner in any entity or project for which professional services have been or are to be rendered? | Yes | No |
| | B. Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder of your firm or an immediate family member of such person is a partner, officer, director, shareholder or employee? | Yes | No |
| | C. Is your firm controlled, owned by or associated with or does your firm control or own any other entity? If yes, please provide details on a separate sheet. | Yes | No |
| | D. Has the firm ever provided any professional services on projects for which the firm or a related person or enterprise has acted as the general contractor by providing or subletting construction? | Yes | No |
| 35. | Has your firm ever been party to any acquisition, consolidation, dissolution, merger, change in name or change in business organization? If yes, please provide full particulars on a separate sheet, listing each firm name in chronological order and specify the date of the change, and include claims information for each firm name. | Yes | No |
| 36. | Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under a Chapter 7 or 11? If yes, please explain: | Yes | No |

37. **Has any member of the firm ever been the subject of a complaint to authorities or disciplinary action as a result of their professional activities?** Yes No
 If "yes", please attach a statement providing full details.

NEW APPLICANT INFORMATION

38. **Please provide full name and professional qualifications on all principals, partners, directors or officers of current firm(s) and dates of employment (registrations and degrees, date and place acquired). If previously a principal, partner, director or officer of another firm, indicate firm name and employment dates.**

39. **Have any claims been made or legal action been brought in the past 10 years (or made earlier and still pending) against your firm, its predecessor(s) or any past or present principal, partner, officer, director, shareholder or employee?** Yes No
 If yes, provide the following information for each claim on a separate sheet:

- | | |
|--------------------------------------|---|
| A. Date of claim | F. Defense attorney's or insurance company's evaluation of exposure / potential liability |
| B. Claimant or plaintiff | G. If closed, total amount paid for indemnity and defense costs |
| C. Allegations | H. Deductible applicable |
| D. Demand or amount of the claim | |
| E. Insurance company reserve, if any | |

40. **After inquiry, do any of the principals, partners, officers, directors, shareholders or employees have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy?** Yes No
 If yes, on a separate sheet please give details of this situation, including name of project and claimant, date, nature of situation and amount of damages.
NOTE: The policy of insurance being applied for will not respond to any claim or circumstance identified, or that should have been identified in Questions 39 and 40.

41. **Please provide total gross billings for each of the past 5 years:**
- \$ \$ \$ \$ \$

42. **Please attach loss runs for up to 10 years or a no claims statement on your company letterhead.**

43. **On a separate sheet, please list your ten largest projects in terms of construction value during the past five years. Provide name, location, type, client, nature of services rendered and status.**

44. Does the firm carry General Liability insurance? Yes No

Insurance Company	Policy Period (mo/day/year)	Limit of Liability	Deductible Amount	Premium Amount
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45. Has any insurer declined, cancelled or refused to renew any similar insurance for your firm or any predecessor firm? (N/A in Missouri) If yes, please give details. Yes No

46. Do you or any subsidiary of predecessor firm have any current outstanding professional liability deductible obligations? Yes No

47. Does the firm currently carry professional liability insurance? If yes, provide details of insurance history below: Yes No

Insurance Company	Policy Period (mo/day/year)	Limit of Liability	Deductible Amount	Premium Amount
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48. Retroactive date of current policy:

49. Do you have first dollar defense coverage? Yes No

Warning — New York Residents

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 shall also be subject to a civil penalty not to exceed \$5,000, and the state value of the claim for each such violation.

Fraud Prevention - Ohio Warning

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Fraud Prevention - Florida Warning

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 in the third degree.

Fraud Prevention - Colorado Warning

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.

I / We hereby declare that the above statements and particulars are true to the best of my / our knowledge and that I / we have not suppressed or misstated any material facts and I / we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

_____ Name of Principal, Partner, or Officer (Type or Print Clearly)	_____ Title
_____ Signature of Principal, Partner, or Officer	_____ Date

NOTE: This application must be reviewed, signed and dated by a principal, or officer of the applicant firm. A properly completed, signed and dated application will allow for prompt issuance of coverage should quotation be offered and accepted.