

Application for Architects and Engineers Professional Liability Insurance

Claims Made Coverage

Annual Fees up to \$1,000,000



Instructions

1. Answer all questions. If any section does not apply, indicate with N/A and please explain why not on a separate sheet.
2. Have this Application signed and dated by an authorized owner, partner, risk manager or director of the Named Insured. For purposes of this Application, Applicant shall mean the person or entity making application for insurance and shall be deemed to include any person or entity proposed for the insurance. For more detail, see the definition of "insured" in specimen policy.
3. Attach a list of Additional Named Insured(s), if any, to be covered under this policy and their relationship to the Named Insured.

Named Insured Information

Named Insured: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Telephone: _____ Fax: _____

E-mail: _____ Web Address: _____

All information requested hereafter pertains to the Applicant applying for insurance unless otherwise stated.

Current Policy Information

Professional Liability: *(If Applicant does not currently have Professional Liability coverage, please provide requested term, limits and deductible.)*

Insurance Company: _____ Term: _____ to _____
mm dd yy mm dd yy

Premium: \$ _____ Retroactive Date: _____
mm dd yy

Limits: \$ _____ / \$ _____ Deductible: \$ _____
per claim aggregate

General Liability: _____

Insurance Company: _____ Term: _____ to _____
mm dd yy mm dd yy

Underwriting Information

Date Established: _____ mm dd yy Number of licensed professionals: _____

	Gross Fees	Subcontracted Fees	Reimbursables
Current Year	\$ _____		
1st Year Prior	\$ _____	\$ _____	\$ _____
2nd Year Prior	\$ _____		
3rd Year Prior	\$ _____		
4th Year Prior	\$ _____		
5th Year Prior	\$ _____		

Current year represents services rendered from: _____ to _____
mm dd yy mm dd yy

Named Insured is: Corporation Partnership Professional Corporation Sole Proprietorship Other

If other, please specify: _____

Areas of Practice

Based on the Applicant's gross billings, indicate the type of services performed. **Do not include services performed by others on your behalf.** (Total must equal 100%.)

_____ % Acoustical Engineering	_____ % Forensic Engineering	_____ % Naval/Marine
_____ % Architecture	_____ % Geotechnical Engineering	_____ % Nuclear Engineering
_____ % Chemical Engineering	_____ % HVAC Engineering	_____ % Process Engineering
_____ % Civil Engineering	_____ % Hydrological Engineering	_____ % Structural Engineering
_____ % Communication Engineering	_____ % Interior Design	_____ % Testing Labs
_____ % Construction Management	_____ % Land Surveying	_____ % Other _____
_____ % Electrical Engineering	_____ % Landscape Architecture	
_____ % Environmental Engineering	_____ % Mechanical Engineering	

Activities

Based on the Applicant's gross billings, indicate the type of activities performed. (Total must equal 100%.)

_____ % Construction Management	_____ % Feasibility Studies
_____ % Construction with Design Subcontracted	_____ % Observation of Construction Only
_____ % Design with Construction	_____ % Surveying
_____ % Design with Observation	_____ % Other _____

Project Types

Based on the Applicant's gross billings, indicate their types of projects. (Total must equal 100%.)

Residential

_____ % Apartments	_____ % Custom Homes	_____ % Townhomes
_____ % Condominiums	_____ % Tract Homes	_____ % Other _____

Commercial

_____ % Amusement Rides	_____ % Manufacturing	_____ % Sewage Systems
_____ % Arenas/Stadiums	_____ % Mass Transit	_____ % Shopping Centers
_____ % Bridges	_____ % Municipal Buildings	_____ % Superfund/Pollution
_____ % Churches	_____ % Nuclear Atomic	_____ % Telecommunications
_____ % Convention Centers	_____ % Office Buildings	_____ % Theatres
_____ % Dams	_____ % Parking Structures	_____ % Tunnels
_____ % Harbors/Piers/Ports	_____ % Petrols/Chemicals	_____ % Utilities
_____ % Hospitals/Healthcare	_____ % Pools	_____ % Warehouses
_____ % Hotels/Motels	_____ % Pre-Engineered Building	_____ % Wastewater/Sewage Treatment Plants
_____ % Jails	_____ % Recreation/Playgrounds	_____ % Water Systems
_____ % Landfills	_____ % Roads/Highways	_____ % Other _____
_____ % Libraries	_____ % Schools/Colleges	

Claims History

Attach to this Application currently valued loss runs from prior carriers.

1. Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against the Applicant? If "yes," please attach completed claims questionnaire. Yes No
2. Are there any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against the Applicant? If "yes," please provide details on a separate sheet. Yes No
3. Are there any deficiencies or alleged deficiencies in work where the Applicant performed professional services or are there any deficiencies or alleged deficiencies in work by others for whom the Applicant is legally responsible during the last five years? If "yes," please provide details on a separate sheet. Yes No
4. Does the Applicant have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? If "yes," please provide details on a separate sheet. Yes No

Additional Underwriting Information

1. List below the Applicant's five largest projects in the last three years.

Project	Fees	Construction Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2. Is the Applicant or any subsidiary, parent or other organization related to the Applicant involved in:

- | | | |
|---|------------------------------|-----------------------------|
| a. Actual construction, fabrication or erection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Development, sale or lease of computer software to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Real estate development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Manufacturing, sale, leasing or distribution of any product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any of the above answers are "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

3. Are any of the principals, partners, officers, directors or employees of the Applicant involved in any activities described in question #2 above? If "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

- Yes No

4. Is the Applicant controlled, owned or associated with any other firm, corporation or company, or does the Applicant own or control any other entity? If "yes," please provide details on a separate sheet.

- Yes No

5. Does the Applicant render services on behalf of any entity in which any principal, partner, officer, director or employee of the Applicant, or an immediate family member of such persons is a principal, partner, officer, director or employee? If "yes," please provide details on a separate sheet.

- Yes No

6. Has the Applicant ever been subject to disciplinary action by authorities as a result of their professional activities? If "yes," please provide details on a separate sheet.

- Yes No

Signature Section

APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any changes in the facts or statements shown above or in any supplementary application.

COMPLETION OF THE FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. 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 BECOME PART OF THE POLICY.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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 a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Signature: _____

Date: _____
mm dd yy

Title: _____

Producer Information

Producer Code: _____ Producer: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____