



## Architects, Engineers, Surveyors, Consultants and Construction Managers Professional Liability Insurance

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

*This Application for 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. GENERAL INFORMATION

Name of Firm		Date Established	
Street Address		Phone	
City, State, Zip		Contact Email	
Branch Office Cities		Website	

#### 2. PERSONNEL – Specify number of personnel in each category.

	# of Personnel	# Registered / Licensed	# Full-Time	# Part-Time
Principals, Partners, Officers & Directors				
Architects				
Engineers				
Land Surveyors				
Technical Personnel				
Others (Administrative / Clerical)				
Total Personnel				

#### 3. GROSS RECEIPTS – Include reimbursable expenses and fees paid to subconsultants.

	Current Fiscal Year ending / 20	Last Fiscal Year ending / 20	Two Fiscal Yrs. ago ending / 20	Three Fiscal Yrs. ago ending / 20
Total Gross Receipts	\$	\$	\$	\$
Approximate Construction Values	\$	\$	\$	\$
Estimated Total Gross Receipts for next fiscal year	\$			

#### 4. REQUIRED ADDITIONAL INFORMATION

Current claims history / insurance company loss summary for the past five years	<input type="checkbox"/> Attached
Resumes of key licensed design professionals on staff	<input type="checkbox"/> Attached
List the limits and deductibles your firm would like quoted	
Limits	Deductibles*

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

5. PROFESSIONAL DISCIPLINES – % of Gross Receipts, totaling 100%					
Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction / Project Management	%	Construction Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Environmental	%	Soils / Geotechnical Engineering	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology / Geology	%	Other (specify):	%

6. SERVICES – % of Gross Receipts, totaling 100%	
<b>Design / Studies:</b>	
Design <u>with</u> construction observation / review	%
Design <u>without</u> construction observation / review	%
Studies, planning, permitting	%
Research & Development	%
<b>Construction Related Services:</b>	
Construction Management Services (Agency)	%
Construction Management Services (At Risk)	%
Project Management	%
Construction observation / review without design	%
<b>Surveying:</b>	
Construction Staking	%
Topographic / Boundary Surveys	%
Geographic Information Systems (GIS)	%
Other (specify):	%
<b>Inspections as Standalone Service:</b>	
Construction Inspection	%
Real Estate Pre-Acquisition	%
ADA Inspection	%
Mold Inspection / Investigation	%
Asbestos Inspection / Investigation	%
Water Intrusion Inspection	%
<b>Miscellaneous Services:</b>	
LEED / Sustainability	%
Forensic / Expert Witness	%
Plan Checking	%
Quantity / Cost Estimating	%
Drafting / CAD / BIM (standalone service w/o design)	%
Other (specify):	%

7. PROJECTS – % of Gross Receipts, totaling 100%	
Schools / Colleges	%
Hospitals / Retirement or Convalescent Homes	%
Hotels / Motels / Resort Properties	%
Condominiums / Townhouses	%
Residential Subdivisions / Tract Homes	%
Custom Single Family – Residential	%
Remodel only – Single Home	%
Apartments	%
Office / Commercial / Retail	%
Government / Public Buildings	%
Agricultural – Silos / Grain Elevators / Barns	%
Industrial Process	%
Machine Design	%
Sports Stadiums / Amusement Parks	%
Public Utilities / Power Generation	%
Alternative Energy / Wind / Solar / Biofuels	%
Jails / Justice	%
Airports	%
Roads / Highways / Traffic	%
Sewage or Waste Disposal Systems	%
Water Systems	%
Wastewater Treatment Plants	%
Pipelines	%
Dams / Reservoirs / Mines / Quarries	%
Harbors / Jetties / Docks / Piers	%
Bridges / Trestles / Tunnels	%
Parking Garages / Theaters / Convention Centers	%
Falsework / Shoring / Temporary Structures	%
Other (specify):	%

**7. PROJECTS (CONT.) - FIVE LARGEST CURRENT PROJECTS**

<b>Project 1</b>	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross receipts	\$
	g) Project construction value	\$
	h) Year completed	

<b>Project 2</b>	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross receipts	\$
	g) Project construction value	\$
	h) Year completed	

<b>Project 3</b>	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross receipts	\$
	g) Project construction value	\$
	h) Year completed	

<b>Project 4</b>	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross receipts	\$
	g) Project construction value	\$
	h) Year completed	

<b>Project 5</b>	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross receipts	\$
	g) Project construction value	\$
	h) Year completed	

## 8. ADDITIONAL PROJECT INFORMATION

What percentage of your firm's projects is outside the U.S., its territories and possessions, and Canada?	%
If any, list the countries	
In the past five years has your firm, a predecessor firm, or any related firm, provided any services on residential condominium or townhouse projects (including mixed-use)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is the total number of condominium / townhouse projects (including mixed-use)?	#
If Yes, what is the approximate total construction value?	\$

## 9. CLIENTS – Must total 100%

Government or Public Entities	%
Owners	%
Contractors / Design-Builders	%
Developers	%
Financial and Lending Institutions	%
Design Professionals	%
Insurance Companies / Attorneys	%
Other (specify):	%

## 10. CONTRACTS – Must total 100%

Standard Industry Contract (e.g. AIA, EJCDC, etc.)	%
Firm's own Standard Contract	%
Letter Agreement	%
Purchase Order	%
Client Contract	%
Oral Agreement	%
Other (specify):	%

## 11. SUBCONTRACTORS / SUBCONSULTANTS

What percentage of your firm's Total Gross Receipts is paid to subcontractors / subconsultants?	%
List the disciplines of the subcontractors / subconsultants your firm hires:	
Does your firm hire subcontractors to perform construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm hire all subcontractors / subconsultants under a written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm require its subconsultants to present evidence of Professional Liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 12. QUALITY ASSURANCE / CONTROL

Does your firm have a written Quality Assurance / Quality Control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a principal check all plans before they are sent to the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house program of continuing education for professional employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm participated in internal or external Loss Prevention training or a Peer Review program in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all professional societies or associations to which your firm or members of your firm belong:	
Has your firm or members of your firm participated in Risk Management training provided by these societies or organizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 13. BUSINESS ACTIVITIES

#### During the past twelve months has your firm or any principal

Engaged in actual construction or hired a construction contractor to perform construction work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Become involved with or have ownership interest in a construction or real estate development company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been employed by or an officer of any other firm, organization or political body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Derived more than 50% of last fiscal year's gross receipts from any one client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designed a building, component or system which might be used on more than one project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Become involved in the manufacture or fabrication of any component, device or system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided electronic data processing services for others or sold software components?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been the subject of disciplinary action by authorities as a result of professional or business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to any of the above, explain in detail below or by attachment:

### 14. OWNERSHIP INTERESTS and RELATED ENTITIES

Does your firm or any principal, partner, officer, director, shareholder or employee of your firm or any immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, explain in detail:

Does your firm have any Related Entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, complete the following section and use additional sheets if necessary.

Name of Related Entity	Nature of Operations (e.g. general contracting, design firm, manufacturing, real estate development...)	Explain Relationship	Does your firm work on the same projects as the related entity?	% of your revenue generated from projects where the related entity is involved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%

### 15. PREDECESSOR FIRMS

List all Predecessor Firms	Dates of Existence	Reason for Change

**16. NETWORK SECURITY and PRIVACY LIABILITY**☐ Check if not applying for this coverage option.**Complete this section only if your firm is applying for Network Security and Privacy Liability coverage.**

How does your firm store personal information about your clients (including, but not limited to, social security numbers, credit card information, zip codes, etc.)?

*Check all that apply*

- ☐ Electronically  
☐ Physically

Access to this personal information is controlled by?

*Check all that apply*

- ☐ Password  
☐ Encryption  
☐ Physical Security (e.g. locked doors and file cabinets, etc.)  
☐ Other (specify): \_\_\_\_\_

Does your firm collect credit card information from your customers or vendors?

☐ Yes ☐ No

If Yes, how much of your firm's revenue is collected using credit cards?

- ☐ Less than 10%  
☐ 10-25%  
☐ 26-50%  
☐ More than 50%

If Yes, is your firm PCI SSC Data Security Standards compliant?

☐ Yes ☐ No

Your firm's computer systems contain which of the following security measures?

*Check all that apply*

- ☐ Anti-Virus  
☐ Firewall  
☐ Intrusion Detection  
☐ Automatic Updates  
☐ Other (specify): \_\_\_\_\_

Within the last five years has your firm had any of the following

*Check all that apply*

- ☐ A breach of security?  
☐ Unauthorized acquisition, access, use or disclosure of personal information?  
☐ Violation of any privacy law, rule or regulation?  
☐ Transmission of any virus or malicious code?  
☐ None

If you checked any box other than "None," please explain in detail what happened and the steps taken to mitigate the problem and prevent a recurrence (use additional sheets as necessary)

**17. OTHER COVERAGES**

Is your firm currently insured under any separate Project Specific professional liability policies? If Yes, provide a copy of the Declarations page(s).

☐ Yes ☐ No

List your firm's current General Liability policy

Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$

**18. ADDITIONAL INFORMATION**

Provide any additional information regarding your firm and its services that you would like us to consider (use additional sheets as necessary)

**19. CLAIM INFORMATION – New Applicants Only****If Yes to any question, complete the Claim / Incident Information Supplement.**

- a. Have any claims been made or legal action been brought against your firm, its predecessor(s) or any current or former principal, partner, director, officer or employee in the past five years? ☐ Yes ☐ No
- b. After complete investigation and inquiry, do any of the principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? ☐ Yes ☐ No
- Report knowledge of all such incidents to your current carrier prior to your current policy expiration.** The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 19a and 19b of this application.
- c. Does your firm, its predecessor(s) or any subsidiary have any current outstanding deductible obligations on any insurance policies? If Yes, give the exact amount owed to the insurance company and, if a payment schedule is in place, the amount and dates of repayment. ☐ Yes ☐ No

**20. INSURANCE HISTORY – New Applicants Only**

Has any insurer cancelled or refused to renew any similar insurance issued to your firm or any of its members?

☐ Yes ☐ No**The question directly above is Not Applicable in MISSOURI**

If Yes, explain in detail

Does your firm currently have Professional Liability coverage?

☐ Yes ☐ No

List your firm's current Professional Liability policy, and the previous two years

Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Specify the Retroactive Date for your firm's current Professional Liability policy

**21. NOTICE TO APPLICANT**

**APPLICABLE IN NEW YORK:** 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 five thousand dollars and the stated value of the claim for each such violation.

**APPLICABLE IN ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**APPLICABLE IN ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent 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 COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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 DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**APPLICABLE IN INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**APPLICABLE IN KANSAS:** 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 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 KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**APPLICABLE IN LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MAINE:** 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 or a denial of insurance benefits.

**APPLICABLE IN MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**APPLICABLE IN MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**APPLICABLE IN NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**APPLICABLE IN NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OREGON:** WARNING: 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.

**APPLICABLE IN RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN WASHINGTON AND VERMONT:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON and VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**APPLICABLE IN PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. In ME and TN, insurance benefits may also be denied.



## 22. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to the questions in section 19 or 20, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

**Must be signed by a Principal, Partner, Officer or Director**

Print or Type Applicant's Name:

Title of Applicant:

Signature of Applicant:

Date Signed by Applicant:

**When the Applicant is in New Hampshire or Florida, must also be signed by the Producer**

Print or Type Producer's Name, Title and License #:

Print or Type Agency's Name:

Signature of Producer:

Date Signed by Producer: