

**Please note: this application is a fillable form that can be saved and
emailed to the underwriter you are working with. For contact information please [click here](#).**

This application is for a claims made insurance policy. Except as otherwise provided, the policy will cover only claims first made against the applicant and reported to the insurer during the policy period.

Please Note – The Limit of Liability available to pay damages shall be reduced and may be completely exhausted by payment of claims expenses. Damages, but not claims expenses, shall be applied against the Deductible.

APPLICANT’S INSTRUCTIONS

- 1 Please complete all questions in full and in block capitals or type.
- 2 If you need more space, continue on separate sheet and indicate question number.
- 3 Include details of your 5 largest and most recent projects.
- 4 This application must be signed and dated by a principal of the firm.

Section 1. The Applicant

1.1 Name of Applicant _____

1.2 Mailing Address _____

1.3 Telephone: _____ Email: _____

1.4 _____
State of Licensure/ Registration _____ Date Established (if less than 1 year, please provide resumes)

Give the Percentage of Total Work in Each State Licensed/ Registered:

Does the applicant engage in any foreign work? Yes ____ No ____ If yes, provide details below.

1.5 Is the Firm : Corporation ____ Partnership ____ Individual ____

If 'individual' is this a full time activity? Yes ____ No ____ If no, please give details of other employment:

1.6 Personnel: Qualification and/ or degree Years of Experience

Principal(s), Partners, directors and officers _____

Other Senior Personnel _____

Total Personnel:

a. Total Number of persons above _____ d. Total Number of Technical Staff _____

b. Total Number of other qualified Architects & Engineers _____ e. Total Number of non-technical staff (clerks, secretaries, etc) _____

c. Total Number of Surveyors _____ **Total Personnel (a-e)** _____

1.7 Requested insurance

Effective Date _____

Expiration Date _____

Limit Each Claim _____ Aggregate Limit _____

Deductible _____ Retroactive Date _____

Is any Professional Liability insurance in favor of the Applicant currently in force? Yes ___ No ___

If yes, please indicate Professional Liability insurance carried for the past year

Effective Date _____

Expiration Date _____

Limit Each Claim _____ Aggregate Limit _____

Deductible _____ Retroactive Date _____

Premium _____

1.8 Billings & Construction Values

	Prior Fiscal Period (date of period)	Current Fiscal Period (date of period)	Estimate for Next Fiscal Period (date of period)
	From: _____	From: _____	From: _____
	To: _____	To: _____	To: _____

Construction Values:

for Design with Construction Responsibility:	\$ _____	\$ _____	\$ _____
for Design without Construction Responsibility:	\$ _____	\$ _____	\$ _____
for Construction without Design Responsibility:	\$ _____	\$ _____	\$ _____

Gross Billings:			
For Construction Management Services (indicate whether Agency or At-Risk)	\$	\$	\$
for Design Services	\$	\$	\$
for all other Services (please indicate what services provided)			
Gross Billings Total:	\$	\$	\$

1.9 Does the Applicant subcontract work to others? Yes ____ No ____ If yes:

What work is subcontracted by you?

Design _____ %
Construction _____ %
Other _____ %

Describe Other: _____

Do you obtain Certificates of Insurance for your subconsultants? Yes ____ No ____

For limits equal or greater than yours? Yes ____ No ____

For what % of your subconsultants? _____ %

1.10 Does the Applicant have clearly defined procedures to ensure the quality of work that is undertaken?

Yes ____ No ____

1.11

Has the name of the Applicant changed, has any other firm or organization been merged or amalgamated with or into the Applicant, has the nature or size of the Applicant changed significantly in the past 12 months, or is any such change pending?

Yes ____ No ____ (If yes, please include details on a separate sheet)

1.12

Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?

Yes ____ No ____ (If yes, please include details on a separate sheet)

1.13 Does the Applicant use a written contract:

Always ____ More than 25% ____ Less than 25% ____ Never ____

If Standard industry contract, please identify the source and contract number used:

If custom contract, does the contract include a limitation of liability in Applicant's favor? Yes ____ No ____ (please attach a copy of standard contract used)

Section 2. Architect and Engineer Risk Details

2.1 Professional Services

Please identify the nature and types of professional services the Applicant is engaged in and indicate the percentage of gross revenues derived from each. (Total must equal 100%)

	Service	%
a.	Design with construction observation	
b.	Design without construction observation	
c.	Construction review without design	
d.	Project or construction management	
e.	Feasibility, economic or other studies	
f.	Boundary surveying	
g.	Subsurface soils testing, soils analysis, ground testing	
h.	Material testing	
i.	Foundation design	
j.	Interior design/Space planning	
k.	Forensic/Expert witness	
l.	Inspection Services	
m.	Construction Staking	
n.	Other (please specify)	

2.2 Professional Disciplines (Total must equal 100%)

Disciplines		% Disciplines	
Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying	%
Mechanical Engineering	%	Construction Management	%
Electrical Engineering	%	Environmental	%
Structural Engineering	%	Hydrogeology/Geology	%
Soils Engineering	%	Interior Design	%
Laboratory Testing	%	Land Use Planning	%
HVAC Engineering	%	Chemical Engineering	%
Marine/Coastal Engineering	%	Process Engineering	%
Nuclear Engineering	%	Other (Please specify)	%
Mining Engineering	%		

2.6 Please indicate percentage of the Applicant’s Gross Billings attributable to the following types of clients. (Total must equal 100%)

	Client Type	%
a.	Government or Public Entities Federal State, County or Local	
b.	Owners acting as their own builders	
c.	Turnkey contractors	
d.	Design/Build contractors	
e.	Other contractors	
f.	Developers *	
g.	Financial and lending institutions	
h.	Other design professionals	
i.	Other (please specify)	

2.3 **Projects**

Please indicate types of projects as a percentage of the Applicant's Gross Billings. (Total must equal 100%)

Commercial		%	Miscellaneous	%
Apartments				
Convention Centers			Churches	
Hospitals/Healthcare			Dams	
Hotels/Motels			Jails/Justices	
Libraries				
Office Buildings			Industrial	%
Parking Structures			Industrial Waste Treatment	
Schools/Colleges			Landfills	
Shopping Centers/Retail			Manufacturing/Industrial	
Warehouses			Petrochemical/Refineries	
Hospital/Healthcare			Sewage Treatment Plants	
			Superfund/Pollution	
Residential		%	Sewage Systems	
Condominiums			Water Systems	
Custom Homes			Water Treatment Plants	
Single Family Dwellings				
Tract Homes/Subdivisions			Transportation	%
			Airport Runways/Taxiways	
Energy		%	Bridges (less than 150 ft)	
Fuel - Biodiesels/Biofuel/ Ethanol Plants			Bridges (greater than 150 ft)	
Geothermal Systems			Harbors/Piers/Ports	
Nuclear Facilities			Mass Transit/Light Rail/Subway	
Power Plants/Utilities			Roads/Highways	
Solar/Wind - Alternative Energy			Traffic Planning	
			Tunnels	
Agricultural		%		%
Farm Buildings, etc			Leisure	
			Amusement Rides, skateboard parks	
Silos, Elevators and Bulk Storage			Golf Courses	
Other Agricultural Projects			Playgrounds, Parks	
			Swimming Pools	
Other (Please describe)			Health Clubs	

2.4 Does the applicant foresee any substantial changes in the types of projects indicated in this application during the next 12 months? Yes ____ No ____ If yes, please provide details below.

2.5 Have the types of projects indicated in this application changed during the previous 12 months? Yes ____ No ____ If yes, please provide details below:

2.7 During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been engaged in ANY of the following?

- Yes ___ No ___ Actual construction, fabrication, or erection.
Yes ___ No ___ Development, sale or leasing of computer software.
Yes ___ No ___ Real Estate development.
Yes ___ No ___ Design of building, component or system to be used on more than one project.
Yes ___ No ___ If yes, please provide details to yes answers on a separate sheet.

2.8 Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?

Yes ___ No ___ If yes, please indicate name of project and % of ownership on a separate sheet.

2.9 Does the Applicant have any abandoned projects?

Yes ___ No ___ (If yes, please include details on a separate sheet)

2.10 Does the applicant maintain a General Liability Policy? Yes ___ No ___

Does it include Products/ Completed Operations ? Yes ___ No ___

If "yes", does he intend to maintain such coverage? Yes ___ No ___

Section 3. Claims Experience

3.1 Has Professional Liability insurance ever been declined, cancelled, had special terms imposed or renewal thereof refused?

Yes ___ No ___ (If yes, please include details on a separate sheet)

3.2

Has the Applicant or any Director, Officer, Employee Or Partner, who has provided or will provide professional services on behalf of the Applicant, been subject to disciplinary action as a result of professional activities?

Yes ___ No ___ (If yes, please include details on a separate sheet)

3.3 Is the Applicant aware of any errors, omissions or claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years?

Yes ___ No ___ (If yes, please include details on a separate sheet)

If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances will be excluded from the proposed insurance.

3.4 Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes ___ No ___ (If yes, please include details on a separate sheet)

3.5

Is the applicant aware or does the applicant have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim which may fall within the scope of the proposed insurance?

Yes ___ No ___ (If yes, please include details on a separate sheet)

If such knowledge or information exists, any claims arising from such acts or circumstances will be excluded from the proposed insurance.

3.6 In the past 10 years, has the applicant reported a claim for Bodily Injury or Property Damage under your CGL policy where payments or reserves, including your deductible, have exceeded \$100,000? Yes ___ No ___

If Yes, please provide details on a separate attachment - include claimant name/details of bodily injury or property damage/ date the claim was reported to CGL carrier, total incurred amount (paid and reserved).

3.7

Does the applicant have any pending dispute concerning the payment of fees or for services rendered? Yes ___ No ___ (If Yes please provide details on a separate sheet)

All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

This application does not bind the applicant to buy, or the company to issue, the insurance, but it is agreed that this application shall be the basis of the contract.

The applicant further declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify their broker of such changes, and the applicant notes that in this event any outstanding quotations and/or authorisation or agreement to bind the insurance may be withdrawn or modified.

Notice: In certain States, 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. In New York, a person who commits such crime shall be subject to a civil penalty not to exceed USD 5000 and the stated value of the claim for each such violation.

I have read the foregoing application of insurance including supplements and warrant that, after enquiry, to the best knowledge of all persons to be insured, the responses provided on behalf of the applicant are true and correct, and no material facts have been omitted.

Applicant's Signature _____ Date _____ 20____

Title _____

Must be signed by the Owner, or a Partner or Officer of the Applicant