



**APPLICATION
PROFESSIONAL LIABILITY INSURANCE
ARCHITECTS & ENGINEERS
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: _____
2. MAILING ADDRESS: _____ Phone No. _____
CITY, STATE & ZIP CODE: _____
3. DATE ESTABLISHED _____ Corporation _____ Partnership _____ Individual _____
4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes _____ No _____ If yes, please give full details: _____

5. a. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details _____

- b. Fees & Receipts/Construction Values _____

	Estimate for Coming Year	Present 12 Months	Previous 12 Months
Dates	From _____ to _____	From _____ to _____	From _____ to _____
Domestic Operations			
a. Construction Values	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____
Foreign Operations			
a. Construction Values	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____

6. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)
 - a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: _____

 - b. Please attach separately lists of:
 - (i) five largest projects and description of work performed for each;
 - (ii) names of partners, key employees, etc. and their professional qualifications including resumes.
 - c. Please attach copies of:
 - (i) advertisements, brochures, descriptive literature;
 - (ii) sample contract between you and your clients outlining services to be rendered;
 - (iii) latest financial data (Annual Report or Balance Sheet).

7. TOTAL PERSONNEL; (including those listed in 6.b. (ii)) _____
- a. Number of Engineers _____ e. Number of Fieldman (rodmen, chainmen, etc) _____
- b. Number of Surveyors _____ f. Number of draftsmen _____
- c. Number of Architects _____ g. Number of Technical Employees _____
- d. Number of Inspectors _____ h. Number of Clerical & Accounting Employees _____
8. States in which licensed? _____
9. Please indicate the approximate percentages of the professions in which your firm is engaged:
- | | | | |
|---------------------------|------------------------|---------------------|-----------------------|
| Architects _____% | Electrical Eng. _____% | Naval/Marine _____% | Const. Mgmt _____% |
| Build Designers _____% | HVAC Eng _____% | Process Eng. _____% | Soil Eng. _____% |
| Civil Eng. _____% | Land Surveyors _____% | Struct. Eng. _____% | Others not shown |
| Design/Const. _____% | Mechanical Eng. _____% | Testing Lab _____% | please specify below: |
| Environmental Eng. _____% | Interior Design _____% | | |
-
10. Has the Applicant ever provided any service other that noted under Question 9? Yes _____ No _____ If "Yes", please explain: _____
-
11. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes _____ No _____ If yes, please specify what is sublet or subcontracted. _____
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12. Foreign Work? Yes _____ No _____ If Yes, please give full details: _____
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13. Have any of those listed in item 6. b. (ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes _____ No _____ If yes, please give details: _____
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14. What professional Association does the Applicant belong to? _____
-
15. Please indicate the type and approximate percentage of work under each heading:

I. TYPE OF SERVICES

Work in connection with:

- | | | | |
|---|--------------|-----------|-------------|
| a. Feasibility studies, reports, surveys, where applicant is not involved in design | None _____ | Yes _____ | _____ % |
| b. Design without supervisory services | None _____ | Yes _____ | _____ % |
| c. Design and Observation | None _____ | Yes _____ | _____ % |
| d. Boundary Surveys | None _____ | Yes _____ | _____ % |
| e. Soil Testing | None _____ | Yes _____ | _____ % |
| f. Sewerage Systems | None _____ | Yes _____ | _____ % |
| g. Water Systems | None _____ | Yes _____ | _____ % |
| h. Foundations | None _____ | Yes _____ | _____ % |
| i. Interior Design | None _____ | Yes _____ | _____ % |
| j. HVAC, plumbing & electricity | None _____ | Yes _____ | _____ % |
| k. Naval/Marine | None _____ | Yes _____ | _____ % |
| l. Work as construction managers | None _____ | Yes _____ | _____ % |
| m. Testing labs | None _____ | Yes _____ | _____ % |
| n. Materials handling | None _____ | Yes _____ | _____ % |
| o. Disposal or handling of hazardous waste | None _____ | Yes _____ | _____ % |
| p. Other _____ | None _____ | Yes _____ | _____ % |
| | <u>Total</u> | | <u>100%</u> |

22. Does the Applicant or any subsidiary, parent or otherwise related entity engaged in actual construction, manufacturing or fabrication? Yes_____ No_____ If yes, give details:_____
23. Are any of the individuals named in Item 6.b.(ii) owners, officers, or employees of firm engaged in actual construction, manufacturing or fabrication? Yes_____ No_____ If yes, give details:_____
24. Does the Applicant work with other firms in Joint Ventures? Yes_____ No_____ (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES). If coverage is desired provide complete details: _____

25. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive date? _____

26. Is the Applicant currently insured under a Commercial General Liability Policy? Yes_____ No_____ If yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To
_____	_____	_____	_____	_____	_____

27. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes___ No___ If yes, please give details:_____

28. Has any claim ever been made against the firm or any persons named in item 1. or in item 6.b.(ii)? Yes_____ No_____ If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

29. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes_____ No_____ If yes, please give full details on the same basis as item 28.

30. Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____

31. Limits of Liability requested_____ Deductible_____

32. Desired term of policy: From_____ To_____

33. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Date

Signature of Applicant Title

Producer

