

## ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION

### I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
  - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
  - b. Expiring Declarations Page with retroactive date (if applicable).

### II. GENERAL INFORMATION

1. Name of Applicant (include any DBA's) : \_\_\_\_\_
2. Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
3. Year Business was established (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Principal Address: \_\_\_\_\_
5. Total Branch Locations: \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_
6. Applicant's website: www. \_\_\_\_\_
7. Applicant is: ☐ Sole Practitioner ☐ Limited Liability Corporation ☐ Partnership  
☐ Limited Liability Partnership ☐ Professional Association or Corporation  
☐ Other \_\_\_\_\_
8. Is the Applicant firm controlled, owned or associates with any other firm, corporation or company? ☐ Yes ☐ No  
If yes, are services provided to such organization(s)? ☐ Yes ☐ No  
If yes, to either of the above, attached detailed explanation.
9. During the past year, has the Applicant been involved in, or are they presently considering or contemplating:
  - a. Any merger, consolidation or acquisition? ☐ Yes ☐ No  
If yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization.
  - b. A change in the nature of business operation? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
10. During the past year, has the name of the Applicant been changed? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_

### III. PROFESSIONALS

1. Complete the following:

NUMBER OF STAFF	PRINCIPALS, PARTNERS, DIRECTORS & OFFICERS	NUMBER LICENSED	NUMBER UNLICENSED
Architects			
Landscape Architect			
Land Surveyors			
Engineers			
Information Technology			
Draftsman, Programmers, and other Technical Personnel			
Construction Personnel			
Clerical, Accounting, Non-Technical			

2. Please provide the following information of the Applicant firm's key employees:

Principals, Partners, Officers and Directors	Professional Qualifications/ Date Qualified	How Long in Practice?	How long as Partners/ Principals/Officers

3. Have any Principals, Partners, Officers or Directors of the Applicant firm ever been subject to disciplinary action as a result of their professional services? ☐ Yes ☐ No  
If yes, provide full details: \_\_\_\_\_

4. Does the Applicant firm, any subsidiary, parent or other organization related to the Applicant firm, affiliate, or any principal, partner, officer, director, employee have a percentage of ownership interest, management, or control of a company engaged in:

- a. Development, sale, or leasing of computer hardware or software to others? ☐ Yes ☐ No  
b. Actual construction, installation, fabrication or erection that is over 20% of services? ☐ Yes ☐ No  
c. Real Estate Development? ☐ Yes ☐ No  
d. Manufacture, sale, lease, or distribution of any product, process, or patented production process? ☐ Yes ☐ No

5. What percentage of the professional staff at the Applicant firm belongs to these professional organizations?

☐ AIA % \_\_\_\_\_ ☐ NSPE/PEPP % \_\_\_\_\_ ☐ Other % \_\_\_\_\_

6. Is the Applicant firm a member of ACEC? ☐ Yes ☐ No

#### IV. REVENUE INFORMATION

1. Total Applicant Firm Billings: (Please provide projections if a new business)

	ESTIMATED NEXT 12 MONTHS	PREVIOUS 12 MONTHS	2 YEARS AGO	3 YEARS AGO
Design/ Build (Responsible for both design and construction/installation)	\$	\$	\$	\$
Design Only (No responsibility for construction/ installation)	\$	\$	\$	\$
Construction Only (No responsibility for design)	\$	\$	\$	\$
Total Construction Values	\$	\$	\$	\$
Other Professional Fees (describe):	\$	\$	\$	\$
<b>Total Gross Revenue for all Operations</b>	\$	\$	\$	\$

2. Has the Applicant firm:

- Filed any suits for unpaid fees or collections against any client or any other party in last 2 years?  
If yes, how many \_\_\_\_\_
- Currently more than 25% of its billings more than 120 days past due? ☐ Yes ☐ No
- Derived more than 50% of gross annual billings from any single client? ☐ Yes ☐ No

#### V. SERVICES

1. Indicate the percentage of the following disciplines or services in which the Applicant firm is engaged (Must total 100%):

Acoustical Engineering	%	Land Surveying	%
Archeology	%	Landscape Architecture/ Design	%
Architecture	%	LEED Certification Consulting	%
Aerospace Engineering	%	Lighting Design	%
Automotive Engineering	%	Drafting	%
Building Inspection	%	Machine / Equipment Design	%
Chemical Engineering	%	Marine Surveying or Engineering	%
Civil Engineering	%	Mechanical Engineering	%
Communication Systems Design	%	Naval Architecture	%
Construction Management – At Risk (Insured Acts as GC)	%	Nuclear Engineering	%
Construction Management – Agency (Owners Rep)	%	Pavement Engineering	%
Construction Materials Testing	%	Petroleum Engineering	%
Crane Inspection and/or Design	%	Plumbing System Design	%
Curtain Wall or Glazing Design/ Consulting	%	Process or Control Systems Engineering	%
Drafting	%	Product Design for Third Parties	%
Electrical Engineering	%	Roof Inspection	%
Elevator Inspection/ Design/ Consulting	%	Shoring or Scaffolding Design/ Construction	%
Environmental Consulting	%	Structural Engineering	%
Environmental Engineering	%	Telecommunications Engineer/ Consultant	%

Environmental Testing Laboratory	%	Testing Lab Services	%
Forensic Engineering/ Expert Witness Services	%	Transportation Engineering Underground	%
Fire Sprinkler/ Alarm System Design	%	Utility Locating	%
Fire Sprinkler/ Alarm System Inspection	%	Urban Planning	%
Geo Tech/ Soil Engineering & Testing	%	Water/ Wastewater Engineering or Consulting	%
HVAC Engineering	%	<b>Other (Specify):</b>	%
Hydrology	%	<b>Other (Specify):</b>	%
Interior Design	%		

1. Provide a breakdown of the Applicant firm's services by geographic area:

Local	%	National	%
Regional	%	International	%

South FL	%	Philadelphia, PA	%
Chicago, IL	%	New York City, NY	%

Which States? \_\_\_\_\_

Which Countries? \_\_\_\_\_

## VI. PROJECTS

1. What is the approximate percentage of the Applicant firm's total gross billings from each project type (Must total 100%)

Airports (excluding terminals)	%	Hotels/Motels	%	Recreation/ Sports	%
Airport Terminals	%	Jails	%	Roads/Highways	%
Amusement Rides	%	Landfills/ Solid Waste	%	Schools/ Colleges	%
Apartments	%	Libraries	%	Shopping Centers/ Retail/ Restaurants	%
Assisted Living Facilities	%	Manufacturing/ Industrial	%	Single-Family Residential	%
Bridges	%	Mass Transit	%	Storm Water Systems	%
Churches/ Religious	%	Multi-Family Residential	%	Tunnels	%
Condos/ Co-ops	%	Nuclear	%	Utilities	%
Convention Centers/ Arenas / Stadiums	%	Office Buildings/ Banks	%	Warehouses	%
Dams	%	Parking	%	Wastewater Treatment	%
Dorms	%	Parks/ Playgrounds	%	Waste Treatment	%
Environmental Remediation	%	Petro Chemical	%	Water/Sewer/Pipelines	%
Harbors/Ports/Piers	%	Portable Water Systems	%	Other (Describe):	%
Hospitals/ Healthcare	%	Real Estate Development	%		

2. What is the average project value handled by the Applicant firm for the past 3 years? \$ \_\_\_\_\_
3. What is the largest project value handled by the Applicant firm within the past 3 years? \$ \_\_\_\_\_

## VII. CLIENTS

1. What is the approximate percentage of the Applicant firm's clients from each business type? (Must total 100%)

Commercial Companies & Entities	%	Government – Federal	%	Manufacturing/ Industrial Entities	%
Design-Build Contractors	%	Government – Foreign	%	Real Estate Developers	%
Design Professionals	%	Government – Local	%	Other (Describe):	%
Financial Institutions	%	Government – State	%		
General/ Specialty Contractors	%	Institutional Entities (non-public)	%		

2. Were more than 50% of the Applicant firm's gross revenues for any of the last year derived from any single contract or agreement or relationship? ☐ Yes ☐ No

If yes, provide name of the client, the specific dollar value of this work, description of work performed and duration of contract or agreement: \_\_\_\_\_

## VIII. RISK MANAGEMENT INFORMATION

- What percentage of the Applicant firm's projects use written contracts? \_\_\_\_\_%
- What percentage of the Applicant firm's contracts use the Applicant firm's standard contract or professional association contract versus the Applicant firm's client's contract? \_\_\_\_\_%
- What percentage of client generated contracts or revised contracts are reviewed by legal counsel? \_\_\_\_\_%
- Do you have a documented peer review process? ☐ Yes ☐ No
- Does your firm have practices in place to handle conflicts, changes in site conditions, errors, omissions, and/or change orders? ☐ Yes ☐ No
- Do you have a full-time business manager or other functional equivalent role separate from the design principals? ☐ Yes ☐ No
- Does the Applicant firm have a continuing education program for professional employees? ☐ Yes ☐ No
- Does the Applicant firm have procedures to evaluate and screen potential new clients? ☐ Yes ☐ No
- Does the Applicant firm have procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

## IX. INSURANCE AND LOSS HISTORY

1. Is similar insurance to the one being applied for currently in force? ☐ Yes ☐ No  
If yes, provide:

POLICY PERIOD	INSURER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$

					\$
					\$

**If you are requesting prior acts coverage you will be asked upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates or for any other reason.**

2. Requested limits: ☐ \$100k/\$300k ☐ \$250k/\$250k ☐ \$500k/\$500k  
☐ \$1M/\$1M ☐ \$2M/\$2M ☐ Other: \_\_\_\_\_  
Requested Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: \_\_\_\_\_
3. Has any Insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance in the last 5 years? ☐ Yes ☐ No  
If yes, please explain why: \_\_\_\_\_
4. After inquiry, with each person as appropriate, in the last five (5) years, have any claims been made against the person or entity applying for insurance, or any of your past or present members, owners, partners, officers, directors, employees, or any predecessors in business? ☐ Yes ☐ No  
If yes:  
a. How many claims have been made in the past five (5) years: \_\_\_\_\_  
b. Complete a separate Supplemental Claim Application for each claim.
5. Is the Applicant firm or any principal, partner, owner, officer, director, employee, manager, or managing member of the Applicant firm or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident, or allegation of negligence or wrongdoing, which may afford grounds for any claim such as would fall under proposed insurance? ☐ Yes ☐ No  
If yes, provide full details: \_\_\_\_\_
6. Does the Applicant carry General Liability Insurance: ☐ Yes ☐ No  
If yes, provide:  
a. Insurer: \_\_\_\_\_  
b. Limits: \_\_\_\_\_  
c. Does the coverage include Products/ Completed Operations Hazards? ☐ Yes ☐ No

## I. FRAUD WARNINGS

**General Fraud Warning:** 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 Notice to Applicants in:

<b>Alabama</b>	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.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	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.

<b>Arkansas</b>	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.
<b>California</b>	For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	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.
<b>District of Columbia:</b>	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.
<b>Florida</b>	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.
<b>Idaho</b>	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.
<b>Indiana</b>	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.
<b>Kentucky</b>	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.
<b>Louisiana</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	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.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	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.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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.
<b>New York</b>	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.
<b>Ohio</b>	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.

<b>Oklahoma</b>	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.
<b>Pennsylvania</b>	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 subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	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.
<b>Tennessee</b>	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.
<b>Virginia</b>	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.
<b>Washington</b>	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.
<b>West Virginia</b>	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.

## II. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

## III. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the Applicant:</b>		<b>Date:</b>
<b>Print name and title of person authorized on behalf of the Applicant:</b>		



**Agent/Broker Name:**

\_\_\_\_\_