

**PROFESSIONAL LIABILITY INSURANCE APPLICATION:  
ARCHITECTS & ENGINEERS**

**NOTICE:** THE POLICY FOR WHICH APPLICATION IS MADE APPLIES ONLY TO “CLAIMS” FIRST MADE DURING THE POLICY PERIOD. THE LIMITS OF LIABILITY SHALL BE REDUCED BY “CLAIM EXPENSES” AND “CLAIM EXPENSES” SHALL BE APPLIED AGAINST THE DEDUCTIBLE. PLEASE READ THE POLICY CAREFULLY.

*If you need more space to answer any questions, please attach a separate sheet.*

**SECTION 1 - COMPANY INFORMATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Web address: \_\_\_\_\_

Firm’s Legal Status:  Individual  Partnership  Corporation  Professional Corporation  LLC  Other

Addresses of Branch Locations:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

1. During the past five (5) years, has the name of the Applicant changed or has any other business been purchased or consolidated?  Yes  No  
*If yes, please provide details (including dates)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is the Applicant controlled or owned by any other entity or individual not employed by Applicant?  Yes  No

3. Do any officers, principals or officers own interest in any other entity?  Yes  No

*If yes, please provide details below:*

Owner Name	% Ownership	Entity Name	Nature of Activities	Entity’s Gross Revenues
	%			\$
	%			\$

4. Does the Applicant provide professional services to any of the above entities or vice versa?  Yes  No

**Please complete the following information on your employees:**

Staff	# of Full-Time	# of Part-Time
Principals, Partners, Officers		
Licensed Professional Staff		
Non-Licensed Professional Staff		
Draftsmen and Other Technical Personnel		
Clerical and Accounting Employees		
Total Staff		

5. Please list any Professional Societies or Associations the Applicant or professional staff belongs to?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2 – REVENUE HISTORY**

	Fiscal Year End (MM/DD/YYYY)	Gross Revenues	Subconsultant Fees	Direct Reimbursables	Permanently Abandoned Projects
2 Years Ago		\$	\$	\$	\$
Last Fiscal Year		\$	\$	\$	\$
Projected Current Year		\$	\$	\$	\$
Estimate for Next Year		\$	\$	\$	\$

6. What Percentage of your Revenues are from overseas projects? \_\_\_\_\_ %

If any, please list the countries services are provided in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3 – DISCIPLINES**

**Please indicate the percentage (%) of the following Disciplines - continued on next page :**

Discipline	% Revenues	Discipline	% Revenues
Acoustical Engineering	%	Laboratory / Materials Testing	%
Architecture	%	Landscape Architecture	%
Civil Engineering	%	Land Surveying – Construction Staking	%
Civil Wastewater Engineering	%	Land Surveying – Boundary / Topographic	%
Construction/Project Management	%	Land Surveying – Other	%
Electrical Engineering	%	Mechanical Engineering	%
Environmental Engineering	%	Naval/Marine Engineering	%

Please indicate the percentage (%) of the following Disciplines (CONTINUED...)

Forensic Engineering	%	Process / Chemical Engineering	%
Geotechnical Engineering	%	Structural Engineering	%
HVAC Engineering	%	Other (describe)	%
Interior Design	%	Other (describe)	%

Please indicate the percentage (%) of revenues derived from the following Services (must equal 100%)

Feasibility studies, master plans, reports, surveys	%
Design without Construction Observation	%
Design with Construction Observation	%
Construction/Project Management: Agency (not responsible for jobsite safety)	%
Construction/Project Management: At-Risk (responsible for jobsite safety & construction ways)	%
Construction Observation without Design	%
Inspection services on existing structures	%
Manufacture, sale or distribution of any product or process	%
Development, sale or leasing of computer software to others	%
Other (describe)	%

## SECTION 4 – PROJECT TYPES

Please indicate the percentage (%) of the following Project Types - CONTINUED on next page:

<b>Residential</b>	<b>% Revenues</b>	<b>Industrial</b>	<b>% Revenues</b>
Apartments	%	Mines / Quarries	%
Condominiums	%	Oil Refineries / Pipelines	%
Townhomes	%	Processing / Manufacturing Facilities	%
Single Family – Subdivisions	%	Utilities / Power Plants	%
Single Family – Custom Homes	%	Other (describe)	%
<b>Institutional</b>	<b>% Revenues</b>	<b>Infrastructure</b>	<b>% Revenues</b>
Churches	%	Airport Runways	%
Schools K-12 & Colleges	%	Bridges / Tunnels / Dams	%
Courthouses / Gov't Buildings	%	Landfills	%
Hospitals	%	Harbors / Docks / Piers	%
Jails	%	Mass Transit Systems	%
Retirement Facilities	%	Roadways & Highways	%
Military Facilities	%	Utilities	%
Libraries / Museums	%	Water or Wastewater Systems	%
<b>Commercial Buildings</b>	<b>% Revenues</b>	<b>Environmental</b>	<b>% Revenues</b>
Airport Terminals	%	Asbestos / Mold Abatement	%
Banks	%	Compliance Reporting / Consulting	%
Hotels / Motels	%	Phase I & II - Assessments	%
Offices	%	Phase III - Evaluations	%

Please indicate the percentage (%) of the following Project Types - CONTINUED

Parking Garages	%	Remediation	%
Restaurants	%	Permitting	%
Retail / Malls / Shopping Centers	%	Training	%
Other (describe)	%	Other (describe)	%
<b>Recreational</b>	<b>% Revenues</b>		<b>% Revenues</b>
Amusement Parks / Zoos	%	Stadiums / Arenas	%
Casinos	%	Convention Centers	%
Parks / Playgrounds / Pools	%	Other (describe)	%

**What percentage (%) of Applicant's projects are provided using the following Project Delivery Methods:**

Delivery Method	% Revenues
Design / Bid / Build	%
Design / Build – Contractor Led	%
Design / Build – Designer Led	%
Fast Track	%
Engineer / Procure / Construct (EPC)	%

7. Does the Applicant or any related entity engage in actual construction, erection, manufacturing, fabrication or real estate development?  Yes  No

**What percentage (%) of the Applicant's projects are attributable to the following Client Types:**

Contractors	%	Local Government	%
Design Professionals	%	State Government	%
Real Estate Developers	%	Federal Government	%
Owners	%	Other (describe)	%

8. What percentage (%) of Applicant's work is derived from repeat clients? \_\_\_\_\_ %

9. Does the Applicant work with other firms in joint ventures?  Yes  No

*If Yes, please provide details:*

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**SECTION 5 – RISK MANAGEMENT**

**Please complete the questions below:**

	YES	NO
Do you or any related entity ever have single-point responsibility for both Design & Construction of a project?	<input type="checkbox"/>	<input type="checkbox"/>
Do you design any projects using a model-based technology, such as Building Information Modeling (BIM)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide services on projects that are LEED certified?	<input type="checkbox"/>	<input type="checkbox"/>
Do any projects incorporate specifications based on MASTERSPEC? If yes, what %? _____ %	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant have a written in-house quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in a peer review program in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have continuing education and training programs for professional personnel?	<input type="checkbox"/>	<input type="checkbox"/>

What percentage (%) of the Applicants' services are performed under the following Contract Types:	
CONTRACT TYPE	%
Professional Association Contract	
Client Drafted Contract	
Your Standard Contract	
Your Firm's Letter of Agreement	
Purchase Orders	
Verbal Agreement	
Other (describe)	

What % of your written agreements contain a "Limitation of Liability" provision in your favor?		%
Does it Limit your Liability to \$250,000 or less?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What % of your Sub-Consultants are insured for Professional Liability?		%
Do you collect certificates from these consultants?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**SECTION 6 – CURRENT INSURANCE**

10. Do you currently have Professional Liability coverage in place?  Yes  No  
If yes, please complete the following information:

Carrier Name	Policy Period	Per Claim/Aggregate Limits	Deductible	Premium
<b>Retroactive Date on your current Professional Liability policy:</b>				Date:

Please answer the additional current insurance questions:		
	YES	NO
Do you have "First Dollar Defense"?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Project-Specific Limit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a General Liability policy?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, what is: Carrier: Expiration Date Limits</i>		
Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Yes, please provide details:</i>		
Has any professional liability claim or suit been brought against the Applicant, its predecessor(s) or any former principal, partner, director, or officer in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any director, partner or officer have knowledge of any incident, act, error or omission that is or could be the basis of a professional liability claim?	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 7 – NOTICES

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

**NOTICE TO ARKANSAS APPLICANTS:** "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."

**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."

## SECTION 8 – SIGNATURE

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

On behalf of the applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct to the best of my knowledge and belief. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Owner, Partner, Authorized Officer)