



Architects, Engineers, and Construction Managers
Professional Liability Insurance New Business Application

1. APPLICANT'S INFORMATION

Legal Name of Applicant: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Date Established: _____ Business Phone: _____

Web Address: _____

2. CURRENT COVERAGE (Professional, GL, Cyber, etc)

Table with 6 columns: Carrier, Coverage, Policy Period, Limit, Deductible, Premium. Rows 1, 2, 3.

3. RETROACTIVE DATE (Prior Acts):

Has the Applicant, predecessor in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed? [] Yes [] No
If "Yes" please provide full details (if required, please attach additional sheet)

Empty rectangular box for providing details.

4. FIRM'S PRACTICE

Table with 2 columns: Staff Category, Count. Rows: Total staff (include employees from all branch offices), Licensed Architects, Licensed Engineers, Administrative Staff, Other, Total Staff.

5. Gross Fees/Revenues (including fees paid to subconsultants)

	Previous Fiscal Year 20	Current Fiscal Year 20	Projection for Next Fiscal Year 20
Total Construction Values Of Projects	\$	\$	\$

Professional Services Fees	\$	\$	\$
Construction Management Fees	\$	\$	\$
Fees passed through to subconsultants	\$	\$	\$
All Other Fees/Revenues	\$	\$	\$
Total Gross Revenues	\$	\$	\$

6. Indicate the disciplines provided by the Firm (Note: must total 100%):

**Complete the Design Build and Construction Management Supplemental Application.*

Master Planning	%	Commissioning	%
Feasibility Studies, Reports & Planning	%	Models & Renderings	%
Schematic Design	%	Boundary Surveys	%
Design only with no construction Phase Services	%	Construction Stakeout*	%
Design with Construction Phase Services*	%	Construction Materials Testing	%
Design with Construction Responsibility (construction subcontracted)*	%	Other (describe):	%
Observation of Construction Only*	%		
Inspection Services	%		

7. Specify the services provided by the Firm (Note: Total must equal 100%):

Acoustical Engineering	%	Geotechnical(soils) Architecture	%
Aerial Surveying	%	HVAC Engineering	%
Aerospace Engineering	%	Industrial Engineering	%
Architecture	%	Interior Design	%
Building Code Inspection	%	Landscape Architecture	%
Building Commissioning	%	Land Surveying	%
Chemical Engineering	%	Land Use Planning	%
Civil Engineering	%	Marine Engineering	%
Construction Management – agency	%	Mechanical Engineering	%
Construction Management – at-risk	%	Nuclear Engineering	%
Control Systems Integration	%	Roofing Consulting	%
Drafting/CAD/BIM	%	Structural Engineering	%
Elevator Consulting	%	Telecommunication System Design	%

Specify the services provided by the Firm (Note: Total must equal 100%): **continued**

Environmental Consulting	%	Testing Lab	%
Environmental Engineering	%	Traffic Engineering	%
Fire System Design	%	Welding inspection	%
Forensic Engineering	%	Other (specify):	%

8. Indicate the types of projects undertaken (Note: Total must equal 100%):

Agriculture	%	Municipal Buildings	%
Airports	%	Nuclear/Atomic	%
Amusement Rides/Parks	%	Office Buildings	%
Apartments	%	Parking Structures	%
Arenas/Stadiums	%	Petro/Chemical	%
Banks	%	Pools	%
Bridges	%	Pre-Engineered Buildings/Structures	%
Building Façade Restoration	%	Private Dwellings (custom)	%
Colleges	%	Recreation/Playgrounds	%
Commercial/Retail	%	Religious	%
Condominiums/Townhouses - Commercial	%	Residential Subdivisions	%
Condominiums/Townhouses - Residential	%	Roads/Highways	%
Convention Centers	%	Schools K-12	%
Dams	%	Sewage/Wastewater Treatment Plants	%
Harbors/Piers/Ports	%	Solar/Wind Energy Facilities	%
Hospitals/Healthcare	%	Superfund/Pollution	%
Hotels/Motels	%	Telecommunications	%
Industrial Waste Treatment	%	Theaters	%
Jails	%	Tunnels	%
Landfills	%	Utilities	%
Libraries	%	Warehouses	%
Manufacturing/Industrial	%	Water Systems	%
Mass Transit	%	Other (specify):	%
Mines	%		

9. Do any projects utilize BIM technology? Yes _____ No _____

10. Are any projects LEED certified? Yes _____ No _____

11. Indicate the types of clients (Note: must total 100%):

Commercial	%	Institutional	%	Lending Institutions	%
Contractors	%	Developers	%	Private Owners	%
Design Professionals	%	Industrial	%	Governmental	%
Other (specify):	%	Other (specify):	%	Other (specify):	%

12. Does any client contribute to more than 50% of billings? Yes No

If "Yes", please provide full details.

13. Please provide following information for the Applicant's three (3) largest projects:

Client	Location	Services Rendered	Billings	Construction Value	Completion Date
			\$	\$	
			\$	\$	
			\$	\$	

14. Does the Firm perform any work on projects outside U.S.? Yes No

If "Yes", please provide full details.

15. List all pre-existing entities, including name changes, mergers and acquisition, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change

16. Is coverage desired for any predecessor firm? Yes No

If "Yes," please provide full details.

17. In last five (5) years, has the Firm provided professional services to clients in which Firm, any Firm member or any related individual served as an officer, director, trustee or partner or owned an equity or financial interest? Yes No

If "Yes", provide the following information:

Client	Type of Business	Annual Fees	Positions Held	Services Rendered	Equity Percentage
		\$			%
		\$			%
		\$			%

18. Ownership Control

a. Does the Firm wholly or partly own, manage or control any other enterprise? Yes No
If "Yes", please provide full details.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise?
 Yes No
If "Yes", please provide full details.

19. Does the Firm or any firm financially related to the Firm or its principals, partners, directors or officers engage in any of the following:

- a. Construction, erection, fabrication or installation? Yes No
- b. Manufacture, sale or distribution of any product or process? Yes No
- c. Real estate development? Yes No

If "Yes", please provide full details.

RISK MANAGEMENT

20. How many of your employees participate in an annual continuing education program? _____

21. What percentage of professional services are rendered:

- a. under AIA, EJCDC, or other standard forms of agreement _____
- b. under the applicant's standard contract _____
- c. under the a client-drafted contract _____
- d. using verbal agreements _____
- e. Other (describe) _____

22. Are all contracts reviewed by the Firm's legal counsel prior to signing? Yes No

23. Does the Firm have a written quality control document? Yes No
24. Does the firm include a provision for alternative dispute resolution in its contracts? Yes No
25. Does the firm include a limitation of liability in its contracts? Yes No
26. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No
27. Do you independently verify written, electronic or telephonic instructions to transfer, pay or deliver funds or data with call backs to senior management at previously known or designated phone number? Yes No
28. Does the applicant subcontract any professional services? Yes No
If "Yes", please provide full details as to what services are subcontracted.

If "Yes", does your organization obtain evidence of insurance from subcontractors? Yes No

CLAIMS HISTORY

If any of the below questions are "Yes", complete a Claims Supplement Application or attach a statement providing such details.

29. In last five (5) years, have any claims involving professional services ever been made against the Firm, predecessors in business or any other person for whom coverage is requested? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 30 IS EXCLUDED FROM THE PROPOSED INSURANCE.

30. Has the Firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five (5) years? Yes No
31. After inquiry, does the Firm, predecessors in business or any other person for whom coverage is requested, have knowledge of any actual or alleged act, error, omission or circumstance which may result in a claim being made against them or any other basis to reasonably anticipate a claim being made against them? Yes No

If "Yes", have you reported same to your current insurer? Yes No

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 32 IS EXCLUDED FROM THE PROPOSED INSURANCE.

32. Has any member of the Firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? Yes No

If "Yes", how many? _____

-----INSERT ANY FRAUD STATEMENT RECOMMENDED/REQUIRED BY COUNSEL-----

.....Signatures.....

Signature _____ Date _____

Signature _____ Date _____
