



Contractors
Professional Liability Insurance Business Application

APPLICANT'S INFORMATION

Applicant's Legal Name of Business (Include all Named Insured):

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Web Address: _____

Date Established: _____ Policy Effective Date: _____

Select One:

Sole Proprietor Partnership Corporation Professional Corporation LLC

Other (describe):

CURRENT PROFESSIONAL LIABILITY COVERAGE

1.

Carrier	Policy Period	Limit	Deductible	Premium

2. Retroactive Date (Prior Acts):

3. 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in business or any person for whom coverage is requested had professional liability coverage declined, canceled, rescinded or non-renewed?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

(Missouri Applicants - Do not answer this question

If "Yes", please provide full details (if required, please attach additional sheet).

APPLICANT'S INFORMATION

4. Total Staff (includes branch offices)

Licensed Design Professionals		
Contractors		
Executive Staff		
Administrative Staff		
Total Staff		

5. Construction Values / Revenues / Fees

	Upcoming 12 months Projection of Revenues (or Fees, if applicable)	Upcoming 12 months Projection of Revenues (or Fees, if applicable)	2 Years Prior Revenues (or Fees, if applicable)
General Construction only (No Design or CM responsibilities, GC holding only prime contract for Construction most likely on a Lump Sum contract) Please report all revenues earned under such contracts.	\$	\$	\$
Construction Management At-Risk (The insured entity holds the prime contract for construction, as well as a separate contract for construction management, design/assist, detail design or other professional services. Services are generally performed under a GMP (Guaranteed Maximum Cost) contract) Please report all revenues earned under such contracts.	\$	\$	\$
Agency Construction Manager (the insured entity performs no construction activities whatsoever; that is, it does not hold any contract(s) for construction. The Agency Construction Manager acts as the owner's representative and oversees all the work for the owner for a specific project). Please report as Consulting Fees earned for such services and not as Construction Values of the projects on which such services were performed.	\$	\$	\$
Design Build with In-House Design (please break out Design revenue and Construction Values)	\$	\$	\$
Design Build with Subcontracted Design (Construction Revenue)	\$	\$	\$
In-House Design Only Services for Third Parties (please report as Design revenues)	\$	\$	\$
Development, Property Management, Real Estate or Leasing Agent Fees	\$	\$	\$
Other Technical or Professional Service Fees (please explain)	\$	\$	\$
Totals:	\$	\$	\$

PLEASE INCLUDE A COPY OF YOUR MOST RECENT YEAR'S FINANCIAL STATEMENTS WITH THIS APPLICATION.

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

Services Provided	
Contracting Service	Percentage of Revenue
General Construction	
General Contracting	%
Construction Management	%
Percentage of work self-performed	%
List below the type of work self-performed:	
Civil Construction	
Excavation/Grading	%
Heavy Highway/Bridge	%
Street/Road	%
Tunnel	%
Utility	%
Pipeline Construction/Cleaning	%
Mechanical Construction	
HVAC	%
Mechanical	%
Electrical	%
Plumbing	%
Carpentry	%
Trade Contractors	
Drywall	%
Concrete	%
Painting	%
Roofing	%
Steel Erection	%
Specialty Contractors	
Demolition	%
Drilling	%
Dredging	%
Fire Sprinkler	%
Glazer	%
Insulation	%
Janitorial	%
Marine	%
Oil Lease	%
Pile Driving	%
Process Piping	%
Other (Explain):	%
Total All Services	100%

Services Provided (continued)

Describe in-house design performed and the types of projects it supports:

7. Indicate the types of projects undertaken (Note: must total 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	%		

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

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

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

Location	Project Type	Services Rendered	Billings	Construction Value	Construction Period
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

12. Does the Firm have Projects constructed outside U.S.? Yes No

If "Yes", please provide full details:

13. Pre-existing entities:

a. 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

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

If "Yes", please provide full details.

c. Are there any significant changes in ownership, name changes, mergers and acquisitions, including pre-existing entities anticipated in the next twelve (12) months? If "Yes", please provide full details.

14. Ownership Control

a. Does the Firm wholly or partly own, manage or control any other enterprise? Yes No

If "Yes", please provide full details, and if coverage is desired for such.

b. Is the Firm wholly or partly owned, managed or controlled by any other enterprise? Yes No

If "Yes", please provide full details.

15. List professional society memberships:

<input type="checkbox"/> AIA	<input type="checkbox"/> ASCE	<input type="checkbox"/> ASME
<input type="checkbox"/> Other:		

RISK MANAGEMENT

16. Do you currently carry General Liability? If so, please provide:

a. Current Carrier: _____

b. Limit of Liability: _____

17. Do your employees obtain annual continuing education? Yes No

If "Yes", please provide full details.

17. Please indicate the types of contracts utilized by the client:

Standard Industry Contracts	%
Applicants standard contracts language	%
Client-drafted contract	%
Verbal Agreement	%
Other	%

18. Does the applicant include a limitation of liability clause within their contracts? Yes No

If "Yes", what percentage of contracts include such?

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

20. Does the Firm have a written quality control document? Yes No

21. Does the Firm include a provision for alternative dispute resolution such as mediation in its contracts?

Yes No

22. 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

CYBER AND NETWORK SECURITY

23. Does your organization have a social engineering fraud risk management strategy in place, including an employee training and awareness program? Yes No

24. 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

25. Do you buy a separate stand-alone cyber insurance policy? Yes No

If "Yes," what carrier? _____

If "Yes," what limit and deductible? Limit _____ Deductible _____

26. How many records do you store?

PII	
PHI	

27. Do you distribute corporate security policies and make sure all employees receive them? Yes No

Do you train employees and re-train employees in key areas such as:

- a. Acceptable use of computer systems and emails? Yes No
- b. Secure password policies? Yes No
- c. Defenses against social engineering & phishing attempts? Yes No

28. Do you perform frequent backups and have a re-image process in place, and do you test your system re-imaging and back-up process to make sure it works properly? Yes No

29. Do you have and use the following technological defenses:

- a. Encryption for all records and confidential data? Yes No
- b. Firewalls? Yes No
- c. Anti-virus? Yes No
- d. Intrusion detection? Yes No
- e. Data loss prevention? Yes No

CLAIMS HISTORY

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

30. 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.

31. Has the Firm or any predecessor firm reported a potential claim to a professional liability insurer in the last five (5) years? Yes No

32. 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.

33. 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? _____

FRAUD STATEMENT/SIGNATURES

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies)

Alabama

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.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine

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 denial of insurance benefits.

Maryland

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.

New Jersey, New Mexico

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.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

New York

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations? Yes No

Did your office control this risk in the past year? Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE