



# Contractors Professional Liability Application

THE INSURANCE FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE PERIOD OF INSURANCE ARE COVERED, SUBJECT TO POLICY TERMS AND CONDITIONS. THE LIMIT OF LIABILITY TO PAY LOSS WILL BE REDUCED BY, AND MAY BE EXHAUSTED BY CLAIMS EXPENSES

## GENERAL

1. Name of applicant:

\_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

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

4. Year established \_\_\_\_\_

5. Legal structure

Corporation		Limited liability partnership	
Partnership		Sole proprietorship	
Professional corporation		Joint venture	
Limited liability corporation		Other (please specify)	

6. Other offices (if insufficient space please provide full listing in addendum)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

## PERSONNEL

7. Specify personnel per categories below

	Number	Number licensed	Full-time	Part-time
Principals, partners, officers, directors				
Architects				
Engineers				
Land surveyors				
Construction managers				
Risk managers				
Construction Personnel				
Industrial Hygienists				
Chemists				
Microbiologists				
Other				
Total				

## REVENUE

8. Specify revenues per categories below (gross revenue should include reimbursable expenses and fees paid to subcontractors)

Activity	Current year estimate		Last fiscal year	
	Construction Values	Professional Fees	Construction Values	Professional Fees
Design / Consulting only	\$	\$	\$	\$
Design / Consulting with construction observation/review	\$	\$	\$	\$
Design-Build with in-house design	\$	\$	\$	\$
Design-Build with subcontracted design	\$	\$	\$	\$
Construction / general contracting only – no design	\$	\$	\$	\$
Construction management – at risk	\$	\$	\$	\$
Construction management - agency	\$	\$	\$	\$
Separately insured projects	\$	\$	\$	\$

Permanently abandoned projects	\$	\$	\$	\$
Other income	\$	\$	\$	\$
Total	\$	\$	\$	\$

## OPERATIONS

9. Please specify percentage of gross revenues from professional services performed in-house and by sub-contractors, derived from categories below (must equal 100%)

Acoustical engineering	%	Lighting engineering	%
Aerial surveying	%	Machinery equipment design	%
Aerospace engineering	%	Marine engineering	%
Agricultural engineering	%	Mechanical engineering	%
Architecture	%	Mining engineering	%
Civil engineering	%	Nuclear engineering	%
Communications engineering	%	Oil/gas/energy engineering	%
Construction management (agency)	%	Planning and permitting	%
Construction management (at risk)	%	Process engineering	%
Construction inspection	%	Project management	%
Drafting	%	Quantity surveying	%
Electrical engineering	%	Structural engineering	%
Environmental engineering	%	Testing and inspection	%
Feasibility studies	%	Traffic engineering	%
Fire protection engineering	%	Value engineering	%
Forensic engineering	%		%
Geotechnical / soils engineering	%		%
HVAC	%		%
Hydrological engineering	%		%
Interior design	%		%
Laboratory testing	%		%
Landscape architecture	%	Other	%
Land surveying	%	Total (100%)	%

10. Is the applicant a general contractor?

11. Is the applicant a specialty contractor?

## POLLUTION

**Only complete this section if coverage for Pollution Liability is sought**

12. Please specify percentage of gross revenues derived from the categories below:

Air quality/emissions testing or evaluation	%	Groundwater / soil sampling	%
Asbestos abatement, evaluation or monitoring	%	Hazardous material remediation	%
Barrier / Liner design or construction	%	Landfill expansion, construction, capping	%
Building inspections / real estate audits	%	Lead paint testing or evaluation	%
Decommissioning radioactive or nuclear facilities	%	Mold abatement, evaluation or monitoring	%
Dredging (environmental remediation)	%	Regulatory consulting (permitting and compliance audits)	%
Emergency response clean-up	%	Tank system design and testing (including underground)	%
Environmental assessments and audits	%	Transportation and disposal of pollutants or hazardous materials	%
Environmental remedial investigation	%	Waste brokering	%
Foundation sheeting and shoring design	%	Other	%
Groundwater / soil pollution and hazardous material clean-up	%		

**13. Microbial exposure**

- a. Has the applicant had any microbial claims or incidents (including mold, water damage or indoor air quality issues) in the past five years?

*If yes, please provide full details in addendum to this application*

- b. Are materials inspected for water damage and mold prior to installation?  
 c. Are materials protected to prevent exposure to moisture and vapor?  
 d. Please indicate for which of the following does the applicant have written risk management plans:

Written mold inspection program		Standard process to respond to mold complaints	
Written water intrusion and mold mitigation program		Training of facility owner or manager prior to turnover	
Written quality assurance or quality control plan		Other	
Written employee and subcontractor training plan			

- e. Do standard contracts contains limits of liability with respect to mold?

**14. Transportation & disposal**

- a. Has the applicant ever been named a Potentially Responsible Party (PRP) in association with a non-owned disposal site?  
*If yes, please provide full details in addendum to the application*
- b. Has the applicant had any pollution claims from transported waste or cargo in the last five years?  
*If yes, please provide full details in addendum to the application*
- c. Who is responsible for transporting waste from a job site?      Applicant \_\_\_\_\_% Third Party \_\_\_\_\_%
- d. What percentage of waste or other cargo transported by either the applicant, subcontractor or other third party is Hazardous      \_\_\_\_\_%
- e. Please complete the following transport profile

Type	Number	Description
Passenger Vehicles		
Light Commercial Vehicles		
Heavy Commercial Vehicles		
Specialty Vehicles		
Transported materials		

**CLIENTS**

15. Please specify percentage of gross revenues derived from the categories below (must equal 100%)

Federal Government	%	Owners acting as their own builders	%
State Government	%	General or specialty contractors	%
Local Government	%	Other design professionals	%
Foreign Government	%	Real estate developers	%
Commercial companies	%	Insurance companies/attorneys	%
Manufacturing/ industrial entities	%	Others	%
Financial and lending institutions	%	Total (100%)	%

16. What percentage of gross revenues are derived from repeat clients? \_\_\_\_\_%

17. What percentage of gross revenues are derived from the applicant’s largest client? \_\_\_\_\_%

**PROJECTS**

18. Please specify percentage of gross revenue derived from categories below (must equal 100%)

Airports	%	Parking structures	%
Amusement rides	%	Parks and playgrounds	%
Auditoriums	%	Petrochemical plants	%

Bridges (short span under 25ft)	%	Prototypical, untried and/or untested technology	%
Bridges (long span over 25ft)	%	Power plants	%
Commercial buildings (up to 12 stories)	%	Residential condominiums and apartments	%
Convention centers	%	Schools and colleges	%
Dams	%	Shopping centers	%
Desalination plants	%	Skyscrapers (over 40 stories)	%
Ethanol plants	%	Sports stadiums and arenas	%
Harbors	%	Street and road	%
High-rise (12 – 40 stories)	%	Superfund pollution	%
Highways	%	Tunnels (shallow cut and cover)	%
Hospitals	%	Tunnels (including bored, blast and deep shafts)	%
Hotels	%	Utilities (including underground cable)	%
Industrial and manufacturing facilities	%	Water systems	%
Jails and correctional facilities	%	Water and wastewater treatment plants	%
Landmark or iconic buildings and structures	%	Warehouses	%
Mass transit	%		
Mines	%		
Nuclear plants	%		
Office buildings	%	Other	%
Offshore risks, including pipelines, platforms and plant	%	Total (100%)	%

19. What percentage of the applicant's projects are outside the United States? \_\_\_\_\_%

Please list the countries

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. In the past five years, has the applicant or any predecessor firm or other insured provided any services on residential condominium or townhouse projects? \_\_\_\_\_

*If yes, please complete the Condominium Supplemental Application*

21. What percentage of projects are delivered on a “Fast Track” basis? \_\_\_\_\_%

22. Please provide details of the applicant’s five largest projects undertaken in the past five years:

<b>Name</b>					
<b>City, State &amp; Country</b>					
<b>Client</b>					
<b>Project type</b>					
<b>Services performed</b>					
<b>Construction value</b>	\$	\$	\$	\$	\$
<b>Gross revenue</b>	\$	\$	\$	\$	\$

**CONTRACTS**

23. Please specify percentage of engagements that are subject to the contract categories below (must equal 100%)

Standard industry contract		Oral agreement	
Applicant’s own standard contract		Purchase order	
Client’s contract		Other	
Letter agreement		Total (100%)	

24. Has the applicant’s standard contracts been reviewed and approved by legal counsel? \_\_\_\_\_

25. What percentage of the applicant’s contracts contain a limitation of liability clause? \_\_\_\_\_%

26. What percentage of the applicant’s contracts contain a hold harmless clause in favor of the client? \_\_\_\_\_%

27. What percentage of the applicant’s contracts contain an alternative dispute resolution (mediation or arbitration) clause? \_\_\_\_\_%

28. What percentage of the applicant’s contracts have specified payment terms? \_\_\_\_\_%

29. Who has the authority to amend or change standard contracts, in respect of limitations of liability, hold harmless agreements, or guarantees and warranties? \_\_\_\_\_

## SUBCONTRACTORS

30. What percentage of the applicant's gross revenue is paid to subcontractors for:

- a. Design \_\_\_\_\_%
- b. Construction \_\_\_\_\_%
- c. Any other services \_\_\_\_\_%

31. What percentage of the applicant's subcontractors are engaged under a written contract? \_\_\_\_\_%

32. Does the applicant require subcontractors to provide evidence of:

- a. Professional Liability Insurance \_\_\_\_\_ Required Limit \$ \_\_\_\_\_
- b. General Liability Insurance \_\_\_\_\_ Required Limit \$ \_\_\_\_\_
- c. Contractors Pollution Insurance \_\_\_\_\_ Required Limit \$ \_\_\_\_\_

What percentage of all subcontractors are compliant with the applicant's insurance requirements?

\_\_\_\_\_%

## BUSINESS OPERATIONS

33. Does the applicant have any predecessor firms or related entities for which coverage is sought?

*If yes, please provide full details in addendum to this application.*

34. Does the applicant, or any principal, partner, director or shareholder, or immediate family member of such person have an ownership interest in any entity or project for which services have been, or are to be provided?

*If yes please provide full details in addendum to this application.*

35. During the past five years, has the applicant changed its name, been purchased, merged, or consolidated with any other entity?

*If yes, please provide full details in addendum to this application*

Did the applicant assume any liabilities for prior acts of the acquired, merged or consolidated entity?

36. Has the applicant entered into any joint ventures?

If yes,

Does the joint venture carry separate professional liability insurance?

Does the applicant require evidence of professional liability insurance from all joint venture partners?



## RISK MANAGEMENT

37. Please indicate which industry/professional associations the applicant is a member of.

The American Institute of Architects (AIA)		National Society of Professional Engineers (NSPE)	
American Council of Engineering Companies (ACEC)		Construction Specifications Institute (CSI)	
Coalition of American Structural Engineers (CASE)		Construction Management Association of America (CMAA)	
American Congress on Surveying and Mapping (ACSM)		American Society of Civil Engineers (ASCE)	
National Society of Professional Surveyors (NSPS)		Other (please specify)	
American Society of Landscape Architects (ASLA)			

38. Does the applicant obtain written approval from clients upon completion of services performed?

39. Does the applicant have procedures for monitoring and collecting outstanding fees?

40. Does the applicant have a policy for resolving disputes with clients over fees or charges?

41. Does the applicant have an in-house program of continuing education for professional employees?

42. What percentage of the applicant's professional employees have had at least ten hours of continuing education ion the past 12 months? \_\_\_\_\_%

43. Has the applicant had an Organizational Peer Review in the past three years?

44. What percentage of the applicant's work product or professional services are internally or externally peer reviewed prior to their delivery?

45. Please describe the process or procedure used to address any identified potential issues with a project or client? \_\_\_\_\_

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## LIABILITY

If the answers to any of the questions in this section are "Yes", please provide an addendum to the application which includes full details of the:

- Service provided
- Estimate of potential Liability
- Date work performed
- Allegations
- Claimant or plaintiff

- Current Status
- Date Claim made
- Amount of demand
- Insurance Company Reserve, if any

46. Does the applicant have knowledge of any fact, circumstance, situation, error or omission which might reasonably be expected to give rise to a claim against the applicant?

47. In the past five years:

- Have any of the applicant’s clients made allegations, or complained about the performance, non-performance, or timeliness of the applicant’s products or services?
- Have any of the applicant’s clients refused to pay, stopped paying or requested a refund due to alleged problems with the applicant’s products or services?
- Has the applicant brought any suits against its clients from non-payment of fees?

48. In the past ten years:

- Have any professional liability claims been made against the applicant or any of its past or present partners, principals, directors, officers, or employees?
- Have any suits or proceedings been brought against the applicant or any of its past or present partners, principals, directors, officers, or employees?
- Has the applicant or any of its past or present partners, principals, directors, officers, or employees been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body or other supervisory body?

**INSURANCE**

49. Has any insurer declined, cancelled or refused to renew any similar insurance for the applicant or predecessor firm?

50. Is the applicant currently insured under a professional liability policy?

*If yes, please provide details of all professional liability policies carried in the past five years.*

Insurance Company	Period of insurance	Limit of liability	Deductible/retention	Premium

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51. How long has the applicant been continuously insured for professional liability insurance? \_\_\_\_\_

52. Does the applicant maintain General Liability insurance?

If yes, please provide details below.

Insurance company	Period of insurance	Limit of liability

## DECLARATION

The applicant hereby represents after inquiry, that information contained herein and in any supplemental applications, addendums or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. The applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotation and/or authorization or agreement to bind the insurance based upon such changes.

Further, the applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and addendums, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by reference into and made a part of such policy;
3. The applicant's failure to report to its current insurance company any claim made against it during the current policy period, or act, error, omission or circumstances which the applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim;
4. The policy applied for provides coverage on a claims made and reported basis and will only apply to claims that are first made against the insured and reported in writing to the Company during the policy period. The limit of liability to pay loss will be reduced by, and may be exhausted by claims expenses.

Notwithstanding the above, it is understood and agreed that the completion of this application does not bind the Company to provide coverage, or the applicant to purchase the insurance.

***This application must be signed and dated by an authorized officer, principal or partner of the applicant.***

Signature: \_\_\_\_\_

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

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

**PLEASE ENSURE THE FOLLOWING IS ATTACHED TO THE APPLICATION**

- Addendums for all answers which required further information
- Full claims information for each claim or circumstance noted in the section “Liability”
- Copy of standard client contract
- Copy of standard consultant/subcontractor contracts
- Most recent two years’ financial statements
- Any other additional information the applicant has that will provide a greater understanding of the risk profile