



# Architects Engineers & Design Professionals 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				
Technical Personnel				
Other				
Total				

## REVENUE

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

	Current year estimated	Last fiscal year	Prior fiscal year
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	\$	\$	\$

*If available, please provide most recent two years of financial statements (Income Statement and Balance Sheet)*

## PROFESSIONAL SERVICES

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

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

## CLIENTS

10. 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%)	%

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

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

## PROJECTS

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

Airports	%	Office buildings	%
Amusement rides	%	Offshore risks, including pipelines, platforms and plant	%
Apartments	%	Parking structures	%
Auditoriums	%	Parks and playgrounds	%
Bridges (short span under 25ft)	%	Petrochemical plants	%
Bridges (long span over 25ft)	%	Prototypical, untried and/or untested technology	%
Commercial buildings (up to 12 stories)	%	Power plants	%
Convention centers	%	Residential condominiums	%
Dams	%	Schools and colleges	%
Desalination plants	%	Shopping centers	%
Ethanol plants	%	Skyscrapers (over 40 stories)	%

Government and municipal buildings	%	Sports stadiums and arenas	%
Harbors	%	Street and road	%
High-rise (12 – 40 stories)	%	Superfund pollution	%
Highways	%	Tunnels (shallow cut and cover)	%
Hospitals and medical facilities	%	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 building and structures	%	Warehouses	%
Mass transit	%		
Mines	%	Other (please specify)	%
Nuclear plants	%	Total (100%)	%

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

Please list the countries

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

15. 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*

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

17. 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**

18. 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%)	

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

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

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

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

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

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

## SUBCONTRACTORS

25. What percentage of the applicant's gross revenue is paid to subcontractors for:
- a. Design \_\_\_\_\_%
  - b. Construction \_\_\_\_\_%
  - c. Any other services \_\_\_\_\_%
26. What percentage of the applicant's subcontractors are engaged under a written contract? \_\_\_\_\_%
27. Does the applicant require subcontractors to provide evidence of:
- a. Professional Liability Insurance \_\_\_\_\_ Required Limit \$ \_\_\_\_\_
  - b. General Liability Insurance \_\_\_\_\_ Required Limit \$ \_\_\_\_\_
- What percentage of all subcontractors are compliant with the applicant's insurance requirements?  
\_\_\_\_\_%

## BUSINESS OPERATIONS

28. 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.*
29. 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.*
30. 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?
31. Is the applicant engaged in:
- Actual construction, installation, fabrication or erection?
  - Design-build
    - What percentage were led by: Design professionals \_\_\_\_\_% Contractors \_\_\_\_\_%
  - Real estate development?
  - Design manufacture, sale, lease or distribution of any product, process of patented production process?
  - Design, manufacture, sale, lease or distribution of any technology, software or hardware to others?
  - Provide electronic data processing services for others?
32. 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

33. 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)			

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

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

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

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

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

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

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

41. 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
- Claimant or plaintiff
- Estimate of potential Liability
- Date work performed
- Allegations
- Current Status
- Date Claim made
- Amount of demand
- Insurance Company Reserve, if any

42. 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?

43. 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?

44. 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**

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

46. 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

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

48. Does the applicant maintain General Liability insurance?

If yes, please provide details below.

Insurance company	Period of insurance	Limit of liability

## **NOTICE TO POLICY HOLDERS – FRAUD WARNINGS**

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 Alabama Residents:**

“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.”

### **Notice to Alaska Residents:**

“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.”

### **Notice to Arizona Residents:**

“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.”

### **Notice to Arkansas Residents:**

“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 California Residents:**

“Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

### **Notice to Colorado Residents:**

A statement substantially the same as the following: “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.”

### **Notice to Delaware Residents:**

“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.”

**Notice to District of Columbia Residents:**

“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.”

**Notice to Florida Residents:**

“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.”

**Notice to Idaho Residents:**

“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.”

**Notice to Indiana Residents:**

“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.”

**Notice to Kentucky Residents:**

“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.”

**Notice to Louisiana Residents:**

“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 Maine Residents:**

“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.”

**Notice to Maryland Residents:**

“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.”

**Notice to Minnesota Residents:**

“A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

**Notice to New Hampshire Residents:**

“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.”

**Notice to New Jersey Residents:**

“Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

**Notice to New Mexico Residents:**

“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.”

**Notice to New York Residents:**

“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.”

**Notice to Ohio Residents:**

“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.”

**Notice to Oklahoma Residents:**

“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.”

**Notice to Pennsylvania Residents:**

“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.”

**Notice to Rhode Island Residents:**

"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 Tennessee Residents:**

"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."

**Notice to Texas Residents:**

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Notice to Utah Residents:**

"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

**Notice to Vermont Residents:**

"Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law."

**Notice to Virginia Residents:**

"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."

**Notice to Washington Residents:**

"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."

**Notice to West Virginia Residents:**

"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."

## 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