



**APPLICATION FOR PROFESSIONAL
LIABILITY INSURANCE
ARCHITECTS & ENGINEERS
(CLAIMS-MADE FORM)**

1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: _____ Phone No. _____

3. DATE ESTABLISHED _____ Corporation _____ Partnership _____ Individual _____

4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes _____ No _____ If yes, please give full details: _____

5. a. Is the firm engaged in, owned by, associated with or controlled by any other business: If yes, give details _____

b. Fees & Receipts/Construction Values _____

Dates	Estimate for Coming Year		Present 12 Months		Previous 12 Months	
	From _____	To _____	From _____	To _____	From _____	To _____
Domestic Operations						
a. Construction Values	_____	_____	_____	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____	_____	_____	_____
Foreign Operations						
a. Construction Values	_____	_____	_____	_____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures)	_____	_____	_____	_____	_____	_____

6. PROFESSIONAL ACTIVITIES AND SPECIALTY (Attach narrative description if necessary)

a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: _____

b. Please attach separately lists of:

- (i) five largest projects and description of work performed for each;
- (ii) names of partners, key employees, etc. and their professional qualifications including resumes.

c. Please attach copies of:

- (i) advertisements, brochures, descriptive literature;
- (ii) sample contract between you and your clients outlining services to be rendered;
- (iii) latest financial data (Annual Report or Balance Sheet).

7. TOTAL PERSONNEL: (including those listed in 6.b. (ii) _____

- | | |
|-------------------------------|--|
| a. Number of Engineers _____ | e. Number of Fieldmen _____ |
| b. Number of Surveyors _____ | (rodmen, chairmen, etc.) _____ |
| c. Number of Architects _____ | f. Number of Draftsmen _____ |
| d. Number of Inspectors _____ | g. Number of Technical Employees _____ |
| | h. Number of Clerical & Accounting employees _____ |

8. States in which licensed? _____

9. Please indicate the approximate percentages of the professions in which your firm is engaged:

Architects	_____ %	Electrical Eng.	_____ %
Build. Designers	_____ %	HVAC Eng.	_____ %
Civil Eng.	_____ %	Land Surveyors	_____ %
Design/Const.	_____ %	Mechanical Eng.	_____ %
Environmental Eng.	_____ %	Interior Design	_____ %
Naval/Marine	_____ %	Const. Mgmt.	_____ %
Process Eng.	_____ %	Soil Eng.	_____ %
Struct. Eng.	_____ %	Others not shown	_____ %
Testing Lab	_____ %	please specify below:	

10. Has the Applicant ever provided any service other than noted under Question 9? Yes _____ No _____ If "Yes", please explain. _____

11. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes _____ No _____ If "Yes", please specify what is sublet or subcontracted. _____

12. Foreign Work? Yes _____ No _____ If Yes, please give full details: _____

13. Have any of those listed in item 6.b. (ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes _____ No _____ If yes, please give details: _____

14. What professional Association does the Applicant belong to? _____

15. Please indicate the type and approximate percentage of work under each heading:

I. Type of Services

Work in connection with:

a. Feasibility studies, reports, surveys where applicant Is not involved in design	None _____ Yes _____ %
b. Design without supervisory services	None _____ Yes _____ %
c. Design and Observation	None _____ Yes _____ %
d. Boundary Surveys	None _____ Yes _____ %
e. Soil Testing	None _____ Yes _____ %
f. Sewerage Systems	None _____ Yes _____ %
g. Water Systems	None _____ Yes _____ %
h. Foundations	None _____ Yes _____ %
i. Interior Design	None _____ Yes _____ %
j. HVAC, plumbing & electricity	None _____ Yes _____ %
k. Naval/Marine	None _____ Yes _____ %
l. Work as construction managers	None _____ Yes _____ %
m. Testing Labs	None _____ Yes _____ %
n. Materials handling	None _____ Yes _____ %
o. Disposal or handling of hazardous waste	None _____ Yes _____ %
p. Other _____	None _____ Yes _____ %

Please specify the percentages relative to the Applicant's total work volume.

Services not resulting in construction	_____ %
Design with no construction phase services	_____ %
Design with periodic inspection of construction to ensure Design compliance (per AIA/ACEC/NSPE contracts)	_____ %
Design with responsibility for directing the contractor	_____ %
Other _____	_____ %
TOTAL	100 %

25. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive date? _____

26. Is the Applicant currently insured under a Commercial General Liability Policy? Yes _____ No _____ If yes, please give details:

Insurance Company	Type of Coverage	BI	Limits		Effective	
			PD		From	To
_____	_____	_____	_____	_____	_____	_____

27. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes _____ No _____ If yes, please give details: _____

28. Has any claim ever been made against the firm or any persons named in item 1 or item 6.b.(ii)?
 Yes _____ No _____ If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

29. Is the Applicant aware of any circumstances which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes _____ No _____ If yes, please give full details on the same basis as item 28.

30. Has any insurer cancelled or refused to renew any similar insurance during the past five years? _____

31. Limits of Liability requested _____ Deductible _____

32. Desired term of policy: From _____ To _____

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

 Date Signature of Applicant Title

 Producer