



# Application professional liability insurance architects and engineers

(Claims-made form)

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1. Name of applicant

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2. Mailing address Phone No.

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City, state and zip code

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3. Date established Corporation Partnership Individual

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4. During the past five years has the name of the firm been changed or has any other business been purchased or any merger of consolidation taken place? Yes No

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5.

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

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b. Fees and receipts/construction values

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	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)

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

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7. Total personnel: (including those listed in 6.b. (ii))

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|-------------------------|--|
| a. Number of engineers  | b. Number of fieldman (rodmen, chainmen, etc)  |
| c. Number of surveyors  | d. Number of draftsmen                         |
| e. Number of architects | f. Number of technical employees               |
| g. Number of inspectors | h. Number of clerical and accounting employees |

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8. States in which licensed?

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

Architects	%	Electrical eng.	%	Naval/marine	%	Const. mgmt	%
Build designers	%	HVAC eng.	%	Process eng.	%	Soil eng.	%
Civil eng	%	Land surveyors	%	Struct. Eng.	%		
Design/const.	%	Mech. Eng.	%	Testing lab	%		
Environmental Eng.	%	Interior design	%				

Others not shown please specify below:

10. Has the applicant ever provided any service other that 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 and 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 of handling of hazardous waste	None	Yes	%
p. Other:	None	Yes	%
	Total		100%

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%

**I. Type of projects**

Work in connection with:

a. Private dwelling, apts., and condominiums	None	Yes	%
b. Commercial buildings	None	Yes	%
c. Hospitals, schools, churches and municipal buildings	None	Yes	%
d. Industrial buildings	None	Yes	%
e. Petrochemical, refinery, fertilizer, ammonia, urea plants			

f. Mines	None	Yes	%
g. Harbors and jetties	None	Yes	%
h. Bridges and tunnels	None	Yes	%
i. Dams	None	Yes	%
j. Nuclear and atomic projects	None	Yes	%
k. Parking structures	None	Yes	%
l. Highway/roads	None	Yes	%
m. Power plants	None	Yes	%
n. Subdivisions	None	Yes	%
o. Industrial/process	None	Yes	%
p. Environmental	None	Yes	%
q. Other:	None	Yes	%
	Total		100%

16. Does the applicant foresee any substantial changes in item No. 6.a. during the next twelve months? Yes No  
 If yes, please give details

17. If the applicant provides any of the following services, please indicate percentage:

Product or equipment design	%	Material testing	%	Soil mechanics	%
Solar heating	%	Valuations	%	Financial or economic studies	%

18. Does the applicant, or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following activities?

Construction, erection, fabrication or installation	Yes	No
The letting of construction contracts		
Construction or project management		
Manufacture, sale or distribution of any product, good or process		
Real estate development		

If any of the above are answered "Yes", please explain

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19. What percentage of the Applicant's practice involves any of the following:

- |  |     |                     |   |
|--|-----|---------------------|---|
| a. Subletting of work to others                        | %   | Type of work sublet | % |
| b. Is evidence of Insurance from consultants required? | Yes | No                  |   |

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20. Equity interest:

Does the applicant provide professional services on projects in which he retains ownership interest (basic policy exclude coverage for these projects)?      Yes      No

If coverage is desired provide complete details

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21. Does anyone contract or client represent more than 50% of annual work?      Yes      No

If yes, please give details:

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22. Does the applicant or any subsidiary, parent or otherwise related entity engaged in actual construction, manufacturing or      Yes      No

If yes, please give details:

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23. Are any of the individuals named in Item 6.b.(ii) owners, officers, or employees of firm engaged in actual construction, manufacturing or fabrication?      Yes      No

If yes, please give details:

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24. Does the applicant work with other firms in joint ventures?      Yes      No

(basic policy excludes coverage for joint ventures). If coverage is desired provide complete details:

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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?

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26. Is the applicant currently insured under a commercial general liability policy? Yes No  
 If yes, please give details:

Insurance company	Type of coverage	Limits		Effective	
		BI	PD	From	To

27. Has any application for architects and 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 in 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

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the company will be issued on a claims made form.

**Date**  **Signature of applicant:**   
**Producer**