



Equipment inspection services/professional liability

Supplemental application

Named insured:

Insured email address **(required to rate):*

FEIN # *(required to rate):*

Physical address:

Agency name

Agency representative

Agency phone number

Agent email address

Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.

Please also attach:

Copy of standard written contracts and engagement/proposal letters, purchase orders or agreements used with clients.

Sample reports given to clients or summary of same.

Which industry/professional associations is the applicant 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 Assn. of America (CMAA)
American Congress on Surveying and Mapping (ACSM)	American Society of Civil Engineers (ASCE)	National Society of Professional Surveyors (NSPS)
American Society of Landscape Architects (ASLA)	Other:	Other:

Provide fiscal year and gross revenues for the applicant. If newly established, indicate anticipated gross revenues for current and next projected year:

Fiscal year end date:	Fiscal year	Gross revenue		
		U.S.	International	Total
	Past year	\$	\$	\$
	Current year	\$	\$	\$
	Next projected year:	\$	\$	\$

Professional services and project information

Does the Applicant or any enterprise financially related to the Applicant engage in any of the following? If Yes to any, please provide details:

Construction, erection, fabrication, or installation?	Yes	No
Manufacture, sale or distribution of any goods, products or processes?	Yes	No
Real estate development?	Yes	No
Asbestos testing/detection/abatement?	Yes	No
Pollution control systems?	Yes	No
Does the Applicant have a client selection process? If Yes, provide details:	Yes	No
Does the Applicant perform credit checks on all clients?	Yes	No
Is management's approval required for all new clients?	Yes	No

Describe the Applicant's procedures for resolving disputes with clients over fees or charges:

Operations by classification

In the spaces provided indicate by placing an (X) mark for the operations the **Applicant** is involved in. Also, provide the percentage (%) **Revenue** for those operations the applicant is involved in.

Note: If the Applicant subcontracts any portion of these services, please attach details of these services, including whether the subcontractor is insured. Categories may overlap and the total does not have to equal 100%.

Part 1: Professional services-based revenue		Part 2: Project based revenue	Notes
Architecture	%	Air Quality Testing/Evaluation	%
Construction Management	%	Concrete Formwork Design	%
Engineering – Aerospace	%	Environmental Site Assessments	%

Engineering – Chemical	%	Geotechnical Testing/Evaluation	%
Engineering – Civil	%	Inspection of Residential/Commercial Properties for Buyers/Lenders	%
Engineering – Electrical	%	Lead Abatement or Evaluation	%
Engineering–Fire Protection	%	Projects Located Outside the U.S.	%
Engineering – Forensic	%	Scaffolding and Shoring Design	%
Engineering – Geotechnical	%	Temporary Structures Design (Below Ground)	%
Engineering – HVAC	%	Airport Facilities(except terminals)	%
Engineering – Marine	%	Airport Terminals	%
Engineering–Mechanical	%	Amusement Rides	%
Engineering–Mining	%	Apartments	%
Engineering – Nuclear	%	Assisted Living Facilities	%
Engineering–Process	%	Bridges	%
Engineering – Oil/Gas Well	%	Churches/Religious	%
Engineering–Structural	%	Condos/Co-ops	%
Engineering – Transportation	%	Convention Centers/Arenas/Stadiums	%
Environmental/Hazardous Waste Abatement	%	Dams	%
Forensic Investigation/Expert Witness	%	Dormitories	%
Interior Design	%	Environmental Remediation	%
Laboratory Testing	%	Harbors/Piers/Ports	%
Land Surveying	%	Hospitals/Health Care	%
Landscape Architecture	%	Hotels/Motels	%
Machinery/Equipment Design	%	Houses/Single Family Residential	%
Management Consulting	%	Industrial Waste Treatment	%
Other:	%	Jails/Justice	%
Other:	%	Landfills/Solid Waste Facilities	%
Other:	%	Libraries	%
Other:	%	Manufacturing/Industrial	%
	%	Mass Transit	%
	%	Multi-family Residential excl. Condos	%
	%	Nuclear/Atomic	%
	%	Office Buildings/Banks	%
	%	Parking Structures	%
	%	Parks/Playgrounds/Pools	%

	%	Petro/Chemical	%
	%		%

Historical information

In the spaces provided indicate by indication Yes or No if the client has been involved in any of these situation, in the past five (5) years:

Have any of the applicant's clients made allegations or complained about the performance, non-performance, or timeliness of applicant's products or services?	Yes	No
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?	Yes	No
Has the applicant sued any of its clients for nonpayment? If yes, attach details:	Yes	No
In the past five (5) years, has the applicant or any of its past or present officers, principals, partners, directors, or employees been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity?	Yes	No
Have any of the applicant's past or present directors, officers, principals, owners, partners, salespersons, or employees ever been investigated and/or convicted of a felony?	Yes	No
Is the applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the applicant?	Yes	No
Have any claims, suits or proceedings been brought during the past five (5) years against the applicant or its predecessors in business, affiliates, past or present directors, officers, principals, owners, partners, salespersons, or employees?	Yes	No

Current and prior insurance information

List all professional liability insurance carried during the past five (5) years. If none, state "none".

Insurance company	Policy limit	Deductible/retention	Premium	Policy period

What is the first date of continuous claims made coverage:	
What is the policy's retroactive date:	
Has the applicant ever had an application for professional liability insurance declined or had a professional liability policy cancelled or nonrenewed by the insurer? Missouri applicants do not reply to this question.	Yes No
Is there an extended reporting period currently in force?	Yes No

Does the applicant maintain General Liability Insurance? If yes, please specify: Yes No

Submission requirements

Inland marine / Property / General liability	Commercial auto	Umbrella / Excess
Acord sections	Acord sections	Acord sections
DUAL supplemental application	Five years current loss runs	DUAL supplemental application
Five years currently value loss history	Vehicle schedule with cost new Or stated amount	Vehicle schedule
Equipment schedule	Driver schedule	Underlying CGLI quotation
Operator certifications	Motor vehicle reports - all drivers	Underlying auto quotation
Equipment inspections		Employer's liability carrier/limit
Safety program		Five year loss summary each line
Lease / rental agreement		

Attention

1. The applicant warrants that the above statements and particulars, together with any attached or Appended documents or materials (“this application”), are true and complete and do not Misrepresent, misstate or omit any material facts.
2. The applicant understands that the company relied upon the information contained within this Application to determine acceptability, rates and coverage.
3. The applicant understands that any misrepresentation or omission shall constitute grounds for Rescission of coverage and denial of claims, or, at the option of the company, the assessment of Additional premium charges. The applicant represents and warrants to the company that, if a policy is issued to the applicant, the applicant will cooperate with the company in connection with any Inspection, premium audit and in all other respects as required under the policy.
4. The applicant understands the company is not obligated nor under any duty to issue a policy of Insurance based upon this application. The applicant further understands that, if a policy is issued, This application will be incorporated into and form a part of such policy.
5. If the applicant becomes aware that any response on this application is inaccurate as a result of Information or change of circumstances before a policy is issued, the applicant must inform the Immediate cancellation.
6. The applicant authorizes the company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The undersigned, being authorized by and acting on behalf of the prospective insureds, represents that the answers given are true. Failure to provide truthful answers and all material information can result in the company electing to cancel, reform and/or rescind the policy. (“applicant”, “you”, “your” and similar words refer to the prospective insured)

The terms, conditions and exclusions contained in policies issued by the company vary significantly from those contained in many other liability insurance policies. The policy form issued by the company provides coverage that may be more limited than that available under the “iso” insurance policy or similar types of policies. You should carefully review the entire policy with your agent, legal counsel or other insurance professional to make sure that you understand the coverage it provides, and your rights and obligations under the policy.

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.

Signature of applicant :	<input type="text"/>	Date	<input type="text"/>
Title (Officer, Manager, Partner, Owner)	<input type="text"/>		
Signature of broker	<input type="text"/>	Date	<input type="text"/>

**As an associated party to DUAL Specialty Construction & Transport, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to Dualinsurance.com, then Contact Us, and select Opt-Out Request.*

Fraud warnings

Notice: any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

Arkansas, Louisiana and 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 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

District Of Columbia: 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.

Florida: 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.

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 benefit

New Jersey: Any person who includes any false or misleading information on an application for an insurance

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

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

Puerto Rico: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars

Fraud warnings

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

Vermont: 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.

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