

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

INSTRUCTIONS:	1. Please answer all questions. Leave no blank spaces. 2. If space is insufficient to answer fully any questions, please attach separate sheet. 3. Application must be signed and dated by owner, partner or officer.			
1.	Name of Applicant:			
	Address:			
	City:	State:	ZIP:	
	E-mail Address:			
	Website:			
2.	a) Please describe in detail the professional services for which coverage is desired.			
	b) Is the Applicant engaged in any business or profession other than described in Question 2a? If YES, please attach an explanation and estimated revenues.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other (describe)			
4.	Is the Applicant controlled, owned or associated with any other firm, corporation or company? If YES, please provide details under Question 21.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are any activities listed in Question 2 provided to such business enterprise?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Year established:			
6.	a) Has Applicant ever provided services for a project outside the U.S., its territories and possessions, and Canada? If YES, please provide details below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) What percentage of Applicant's annual gross billings for the past year was derived from projects outside the U.S., its territories and possessions, and Canada? _____%			
7.	Number of principals, partners, officers and professional employees directly engaged in providing services to clients:			
	Please provide the following information.			
	Personnel	# Personnel	# Registered/Licensed	# Full Time
	Principals/Partners			
	Architects			
	Engineers			
	Land Surveyors			
	Construction Managers			
	Technical Personnel			
	Construction Personnel			
	Others (Administrative/Clerical)			
8.	To what professional association(s) does the Applicant firm belong?			
9.	a) List the total gross revenues for the current year and the past two years derived from those activities in Question 2.	Year	Amount	
		Projected	\$	
		Current		
		Prior Year		

b) If revenues are derived from nonprofessional services (i.e., construction, manufacturing, products sales), list revenues per the following.

Revenues	Projected	Current Year	1st Prior Year	2nd Prior Year
	____/____ to ____/____	____/____ to ____/____	____/____ to ____/____	____/____ to ____/____
Professional Services Only (design, inspection, consulting, etc.)				
Design-Build/Manufacture				
Construction/Manufacture/ Sales Only				
Other				
Total Revenues				

10. For the revenues listed in Question 9, please give the approximate percentage derived from each of the professional services listed in Question 2 for the current projected year and last year. **MUST TOTAL 100%**

Drafting	%	At Risk Construction Management	%
Interior Design	%	Cost Estimator	%
Landscape Architecture	%	Feasibility Studies	%
Transportation Engineering	%	Permitting/Regulatory Compliance	%
Architecture	%	Water Treatment Consultant	%
Automations Engineering	%	Environmental Consultant	%
Civil Engineering	%	Efficiency Consultant	%
Communications Engineering	%	Geologist/Geophysicist	%
Electrical Engineering	%	Land Surveying	%
Forensic Engineering	%	Marine Surveying	%
HVAC Engineering	%	Testing Laboratory	%
Value/Quality Engineering	%	Testing/Inspection/Auditing	%
Aerospace Engineering	%	Calibrations/Certification/Metrology	%
Building Envelope Consulting	%	Environmental Testing	%
Nuclear Engineering	%	Weld Inspections	%
Mechanical Engineering	%	Structural Steel Inspections	%
Marine Engineering	%	Elevators Inspection	%
Process Engineering	%	Oil/Gas Pipeline Inspection	%
Structural Engineering	%	Cranes Inspection	%
Geotechnical Engineering	%	Soils Testing (Geotechnical)	%
Crane Engineering	%	Other:	%
Agency Construction Management	%	TOTAL	100 %

11. For the revenues listed in Question 9, please give the approximate percentage derived from each of the following project types. **MUST TOTAL 100%**

Residential Projects			
Apartments	%	Mixed Use (other than Condominiums)	%
Condominiums	%	Single-Family Houses	%
High-Rise Residential	%	Townhomes/Duplexes	%
Residential Subdivision	%	Other:	%

Industrial Projects		
Industrial/Manufacturing Buildings	%	Petrochemical Plants %
Industrial Waste Treatment	%	Oil/Gas Pipelines %
Machinery/Products	%	R&D Laboratories %
Mines/Quarries	%	Other: %
Commercial Facilities Projects		
Amusement Parks/Zoos	%	Parks/Golf Courses %
High-Rise Commercial/Office Buildings (>15 stories)	%	Shopping Centers/Retail %
Hotels/Motels	%	Stadiums/Arenas %
Museums	%	Swimming Pools %
Office Buildings (<15 stories)	%	Other: %
Parking Garages	%	Other: %
Institutional		
Churches	%	Military Facilities %
Colleges/Universities	%	Schools (K-12) %
Hospitals/Healthcare	%	Other: %
Jails/Prisons	%	Other: %
Infrastructure		
Airport Runways	%	Structures for offshore use %
Bridges/Trestles/Tunnels	%	Telecommunications %
Dams/Reservoirs	%	Transmission Lines/Power Utilities %
Harbors/Jetties/Piers/Ports	%	Wastewater Collection/Water Distribution %
Highways/Roads	%	Wastewater/Water Treatment Plants %
Nuclear	%	Urban Development %
Mass Transit	%	Site Design %
Power Plants (non-nuclear)	%	Other: %
Environmental		
Preliminary Site Assessments (Phase I)	%	EIS/EIR %
Environmental Site Assessments (Phase II)	%	Air Quality/Noise Studies %
Remedial Design (Phase III)	%	Cultural Resources %
Site Remediation/UST Removal	%	Habitat/Biological/Wetland Studies %
Asbestos/Mold Abatement	%	Other: %
Environmental Training	%	Other: %
12. Please include a list of Applicant's five largest jobs or projects during the past three years. Please provide detailed information.		
Project/Client Name	Nature of Services Performed	Revenues Obtained

13. Does the Applicant use a written contract with clients? <input type="checkbox"/> In all cases <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		
14. Please give the approximate percentage of Applicant's client type and contract type as for the current projected year and last year. EACH CATEGORY MUST TOTAL 100%		
Clients (must total 100%)	Contracts (must total 100%)	
Government or Public Entities	%	
Owners	%	
Contractors/Design-Builders	%	
Developers	%	
Financial and Lending Institutions	%	
Design Professionals	%	
Insurance Companies/Attorneys	%	
Other:	%	
TOTAL	100%	
15. If the answer to any item d-i below is YES, please provide details under Question 21: Additional Information.		
a) What percentage of the Applicant's business involves subcontracting of work to others?	_____ %	
b) What services are subcontracted to others?		
c) When Applicant hires subcontractors and subconsultants, for what percentage of those projects does Applicant obtain professional liability certificates of insurance?	_____ %	
d) Does the Applicant provide professional services to business entities in which it retains an ownership interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Does the Applicant firm have procedures for monitoring or collecting outstanding fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) In the past three years has Applicant brought suit to collect any fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) Has Applicant firm or any subsidiary or predecessor firm ever files for or been in receivership or bankruptcy under Chapter 7 or Chapter 11?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Does Applicant firm (or any related firm) engage in Real Estate Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i) Does Applicant firm (or any related firm) engage in the manufacture, sale, leasing or distribution of any product or production process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Has any similar insurance ever been declined or canceled? If YES, please provide details under Question 21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Does the applicant currently have Professional Liability Errors & Omissions insurance? If YES, please provide the following information.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of services being covered:		
Name of insurer:		
Expiration Date:	Policy Retro Date:	
Policy Limit:	Policy Deductible:	Premium:
Length of time coverage has been in force:		
18. Have any of the individuals listed in Question 7 ever been the subject of disciplinary action by authorities as a result of their professional activities? If YES, please provide details under Question 21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. After inquiry, have any claims been made against any proposed insured(s) during the past five years? If YES, please provide full details of all claims under Question 21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. After full inquiry, are you or any of the Principals or Partners or Directors or Employees of the firm aware of any circumstances which might give rise to a claim against the firm or any past or present Principal, Partner, Director or Employee? If YES, please provide full details of each circumstance under Question 21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. **Additional Information:** Please provide details about any of the items in the previous questions to which the answer is YES. Attach additional sheets if needed.

It is understood and agreed that with respect to Questions 18, 19, and 20 above, that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

Signature

Title

Date

This Application Form duly completed, together with any supplementary information, must be signed (or valid electronic signature) by the person indicated. Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.