



1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: _____ Phone No. _____

CITY, STATE & ZIP CODE: _____

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 of 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 _____

	Estimate for Coming Year	Present 12 Months	Previous 12 Months
Dates	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 Fieldman (rodmen, chainmen, etc) _____
 b. Number of Surveyors _____ f. Number of draftsmen _____
 c. Number of Architects _____ g. Number of Technical Employees _____
 d. Number of Inspectors _____ 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. _____% Naval/Marine _____% Const. Mgmt _____%
 Build Designers _____% HVAC Eng _____% Process Eng. _____% Soil Eng. _____%
 Civil Eng. _____% Land Surveyors _____% Struct. Eng. _____% Others not shown
 Design/Const. _____% Mechanical Eng. _____% Testing Lab _____% please specify below:
 Environmental Eng. _____% Interior Design _____%
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10. Has the Applicant ever provided any service other that noted under Question 9? Yes _____ No _____ If "Yes", please explain: _____
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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. _____
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12. Foreign Work? Yes _____ No _____ If Yes, please give full details: _____
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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: _____
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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 _____	_____ %
	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	%

II. 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	None _____	Yes _____	_____ %
f. Mines	None _____	Yes _____	_____ %
g. Harbors & jetties	None _____	Yes _____	_____ %
h. Bridges & tunnels	None _____	Yes _____	_____ %
i. Dams	None _____	Yes _____	_____ %
j. Nuclear & atomic projects	None _____	Yes _____	_____ %
k. Parking Structures	None _____	Yes _____	_____ %
l. Highways/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 Yes _____ No _____
 Construction or project management Yes _____ No _____
 Manufacture, sale or distribution of any product, good or process Yes _____ No _____
 Real Estate Development Yes _____ No _____
 If any of the above are answered "Yes", please explain _____

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 _____
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.
21. Does any one contract or client represent more than 50% of annual work? Yes _____ No _____ If yes, please give details: _____

22. Does the Applicant or any subsidiary, parent or otherwise related entity engaged in actual construction, manufacturing or fabrication? Yes_____ No_____ If yes, 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, 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? _____
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 & 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:_____
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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?_____
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31. Limits of Liability requested_____ Deductible_____
32. Desired term of policy: From_____ To_____
33. 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

Title

Producer

