

ARCHITECTS' & ENGINEERS' PROFESSIONAL LIABILITY INSURANCE APPLICATION

- a. Please answer all questions completely.
- b. If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. Indicate number of question.
- c. This form must be completed, signed, and dated by a principal, partner or officer of the firm.
- d. Please type or print.

NOTE:

The insurance for which you are applying is written on a CLAIMS-MADE AND REPORTED basis; only Claims first made against the Insured and reported to the Company during the Policy Period are covered subject to the Policy Provisions

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against your Deductible, if any. If you have any questions about coverage, please discuss them with your insurance agent.

FIRM BACKGROUND

1. Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
 Risk Manager: _____ email: _____ Fax: _____
 Website: _____

On a separate sheet, please list branch offices and a chronological listing and description of additional named insureds for which coverage is requested.

2. Date applicant firm was established: ____/____/____
3. Has the name of the firm ever changed, or has any merger or consolidation ever taken place?
 Yes No If Yes, please describe (including dates).

4. Staffing

Personnel:	Licensed	Non- Licensed
Principal, Partner, Officer, or Director		
Technical (other than above)		
Support/Clerical		
TOTAL		

Please provide resumes of Principals, Partners, Officers, Directors and/or key personnel

5. Does the firm wholly or partly own or control, or is it related to, another entity? Yes No
 Is the firm wholly or partly owned or controlled by another entity? Yes No
 Please provide complete details. _____

FIRM PROFILE

6. **Geographic Extent of Services** _____% Domestic _____% foreign
Please provide geographic locations of all foreign projects.

7. **Identify the approximate percentage of Professional Services performed by State.**

STATE:		%	STATE:		%	STATE:		%	STATE:		%
STATE:		%	STATE:		%	STATE:		%	STATE:		%

8. **Gross Billings:**

Please provide Gross Billings derived from Professional Services for the past reporting period (12 months), whether or not collected, **including fees paid to consultants.**
(Newly established firms should use an estimate for the upcoming 12 month period).

Reporting Period ____/____/____ to ____/____/____	GROSS BILLINGS	CONSTRUCTION VALUES
Projects insured under separate project policies*	\$	\$
Projects permanently abandoned*	\$	N/A
Feasibility studies, reports and opinions	\$	\$
Fees paid to subconsultants	\$	N/A
Direct reimbursables	\$	N/A
All other billings	\$	\$
Total	\$	\$
Projection for Next 12 Months	\$	\$

* Provide details on a separate sheet

9. **Gross Billings for each of the past 5 years:**

\$	\$	\$	\$	\$	\$
(Current)	(1 year prior)	(2 years prior)	(3 years prior)	(4 years prior)	(5 years prior)

10. **Professional Services:**

Based on the firm's Billings, please indicate the approximate percentage of Professional Services listed below which are performed by the firm. **Do not include services of the firm's sub consultants.**
(Note: this section should total 100%)

Acoustical Engineering	%	Forensic Engineering	%	Mechanical Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Civil Engineering	%	Interior design	%	Soils Engineering	%
Communication Engineering	%	Laboratory Testing	%	Structural Engineering	%
Construction Management	%	Land Surveying	%	Traffic/Transportation	%
Electrical Engineering	%	Landscape Architecture	%	Other	%
Environmental Engineering	%	Master Planning	%		%

10. **Subcontracted Services:**

a) Does the firm subcontract Professional Services? Yes No
b) Please describe Professional Services subcontracted.

c) Indicate percentage of subconsultants that maintain Professional Liability Insurance _____%

11. Activities:

Based on the firm's Gross Billings, indicate the approximate percentage of activities listed below which the firm or its sub consultants and/or subcontractors are involved. **(Note: This section need not total 100%)**

Asbestos Related Services	%	Inspection Services: Home and Commercial Real Estate	%
Construction/Erection/Fabrication/Installation	%	Lead Related Services	%
Design/Manufacture/Sale/Distribution of products	%	Mold Related Services to include identification & abatement	%
Environmental Audits (Phase I & II)	%	Subsurface Surveys/Utility Location	%
Foundation/Substructure	%	Value Engineering	%

12. Project Type:

Based on the firm's Gross Billings, indicate the approximate percentage of the projects listed below in which the firm is engaged. **(Note: This section should total 100%)**

Airports	%	Manufacturing/Industrial	%	Roads/Highways	%
Apartments	%	Mass Transit	%	Schools/Colleges	%
Amusement Rides	%	Multi-family/HUD	%	Sewage Systems	%
Arenas/Stadiums	%	Municipal Buildings	%	Shopping Center/Retail	%
Bridges	%	Nuclear/Atomic	%	Single Family Houses: Subdivision	%
Convention Centers	%	Office Buildings	%	Single Family Houses: Custom	%
Correctional Facilities	%	Parking Structures	%	Superfund Sites	%
Courts/Justice	%	Pipelines/Petro-Chemical	%	Tunnels	%
Harbors/Piers/Dams	%	Pools	%	Warehouses	%
Hospitals/HealthCare	%	Quarries/Mines	%	Wastewater Treatment Plants	%
Hotels/Motels	%	Recreation/Sports	%	Water Systems	%
Industrial Waste		Religious	%	Utilities	%
Water Systems	%	Condominiums/		Other (describe below)	
Landfills	%	Townhouses	%		
Libraries	%	Multi-family/HUD	%		%

13. Condominiums/Townhouses:

In the past ten years, has the firm, or any of its predecessors, provided Professional Services on any type of residential Condominium or Townhouse project? **Yes** **No** If yes, please indicate the approximate date(s) of such services and the number of projects and total construction value for these projects.

Number of Projects	Total Construction Value	Year of Last Project
0-3	\$0 - \$1,000,000	
4-7	\$1,000,001 - \$5,000,000	
8-15	\$5,000,001 - \$25,000,000	
OVER 15	OVER \$25,000,000	

14. Contractual Responsibility:

Based on the firm's Gross Billings, indicate the approximate percentage of contractual responsibility undertaken, based on the following categories. **(Note: This section should total 100%)**

Design only, with no construction phase responsibility	%
Design with Observation of Construction duties	%
Observation of Construction only	%
Design with Construction responsibility (Construction in-house or subcontracted) *	%
Construction with Design responsibility (All Design subcontracted) *	%
Construction Management "Agency" (no direct responsibility for construction) *	%
Construction Management "At Risk" (direct responsibility for construction) *	%
Other (Describe)	%
Engineer/Procure/Construct (EPC)	%
Total	100%

****If the percentage is greater than 15% in any of these categories either individually or cumulatively, please complete the supplemental Construction Management - Design/Build application.***

15. Client Type:

Based on the firm's Gross Billings, indicate the approximate percentage of Professional Services derived from the following client category. **(Note: This section should total 100%)**

Attorneys	%	Governmental – Other	%	Other Design Professionals	%
Commercial	%	Industrial	%	Real Estate Developers	%
Contractors	%	Institutional	%	Other (describe below)	
Governmental – Federal	%	Lending Institutions	%		%

16. Indicate the approximate percentage of your Gross Billings derived from repeat clients _____%

17. Does any one contract or client represent more than 50% of annual Gross Billings?

Yes **No** If Yes, please describe.

18. Joint Ventures:

Does the firm participate in Joint Ventures? **Yes** **No**

If Yes, please describe the firm's involvement on a separate sheet of paper, if necessary.

19. Largest Active Projects:

Please list the firm's three largest active projects.

Project Name	Location	Structure Type	Services	Fees	C.V.
				\$	\$
				\$	\$
				\$	\$

LOSS PREVENTION/RISK MANAGEMENT

20. Does the firm use written agreements on every project? **Yes** **No** If No, please describe.

21. Does the firm have legal counsel or insurance professionals review written agreements prior to implementing? **Yes** **No**

22. Has the firm been successful in implementing Limitation of Liability clauses in its professional service agreements? Yes No If Yes, please indicate the approximate percentage of executed contracts containing these clauses. _____%.
23. Has the firm participated in a "Peer Review" sponsored by the AIA, NSPE or other organization? Yes No If Yes, when was this last completed ____/____/____.
24. Does the firm have a written in-house quality control procedure? Yes No If Yes, when was this last updated? ____/____/____.
25. Does the firm have an in-house program for continuing education for employees? Yes No
26. List professional society memberships: ASCE AIA ASLA ASME CMAA DBIA NSPE Other (please specify): _____

CLAIMS AND/ OR CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM INFORMATION

27. Have any claims been made or legal action been brought against the firm, it's predecessor(s), any past or present principals, partners, directors, or officers in the past ten years? Yes No
- If yes, please provide the following details:
 - Claimant or plaintiff and project name.
 - Allegations.
 - If an active claim, please provide the insurance company reserves, expenses paid to date, and claim status.
 - If closed, please provide the date closed and total expenses and damages paid.

IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST, OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE.

28. After inquiry, do any partners, principals, directors, officers, or employees of the firm for which coverage is sought, have knowledge of any act, error or omission, unresolved job dispute (including fee disputes), accident or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? Yes No
- If yes, please provide details on a separate sheet including project name, and potential claimant, dates, and damages.

IT IS UNDERSTOOD AND AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM ARISING THEREFROM IS EXCLUDED FROM THIS INSURANCE.

INSURANCE DETAILS

29. PROFESSIONAL LIABILITY INSURANCE HISTORY:

- a) Please provide a recent history of the firm's professional liability insurance coverage.

Insurance Company	Policy Period	Limit	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

- b) Retroactive Date on current policy is ____/____/____
- c) Does your current policy afford First Dollar Expense Deductible coverage? Yes No

*

30. GENERAL LIABILITY INSURANCE DETAILS:

b) Please provide details on your current General Liability insurance policy.

Insurance Company	Policy Period	Limits	Type of Coverage
		\$	

a) Does your General Liability insurance provide pollution coverage? Yes No
If Yes, please describe.

ATTACHMENTS

Please attach the following information:

- Please provide the firm’s most recent audited financial reports.
- Statement of Qualifications, including resumes of key company personnel and marketing brochures
- Please provide a summary of the ten (10) largest completed projects in the past five (5) years. Include Professional Services performed and type of structure.
- Copy of Standard client and sub consultant/subcontractor agreement form(s).

Notice to Applicant: The coverage applied for is **SOLELY AS STATED IN THE POLICY, AND THIS APPLICATION FORM**, which provides coverage on a **CLAIMS MADE AND REPORTED** basis for **ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD.**

I/We hereby declare that the above statements and particulars together with any attached documents are true and that I/we have not suppressed or **misrepresented** any material facts. I/We agree that this application, if the insurance coverage applied for is written, shall be the basis of the contract with the insurance company, and be deemed to be a part of the policy to be issued as if physically attached thereto. I/We hereby authorize the release of claims information from any prior insurers to ACE USA, underwriters for the Companies.

ARKANSAS APPLICANTS: 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 APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

KENTUCKY APPLICANTS: 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 AND VIRGINIA APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO APPLICANTS: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK APPLICANTS: 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 MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO APPLICANTS: 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 APPLICANTS: 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 APPLICANTS: 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.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____
(Principal, Partner, or Officer)

Note: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.

 IOA INSURANCE SERVICES <i>CA License #0E67768</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One Park Plaza, Suite 600, Irvine, CA 92614-5789	3875 Hopyard Rd., Suite 240 Pleasanton, CA 94588	1775 Hancock Street, Suite 180 San Diego, CA 92110
	PH: 949-833-7125	Tel: (925) 416-7862	Ph. 619.574.6220
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