

**ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY, ARCHITECTS, ENGINEERS AND CONTRACTORS POLLUTION LIABILITY, TECHNOLOGY BASED SERVICES, TECHNOLOGY PRODUCTS, COMPUTER NETWORK SECURITY, AND MULTIMEDIA AND ADVERTISING AND PRIVACY LIABILITY INSURANCE POLICY**

**Important Note: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY.** Subject to its terms, the Policy applies only to a Claim first made against the Insureds during the Policy Period or the Optional Extension Period (if purchased) and reported in writing to the Insurer during or within 60 days after expiration of the Policy Period or during the Optional Extension Period (if purchased). Claim Expenses will reduce and may exhaust the Limit of Liability available to pay Claims and are applied to the deductible. The Insurer will not pay settlements or judgments after the Limit of Liability is exhausted by payment of Damages or Claim Expenses.

**Additional Notice To New York Applicants:** The Policy for which this Application is made is a claims made policy. The Policy provides no coverage for Claims arising out of incidents, occurrences or wrongful acts which took place prior to the Retroactive Date. Upon termination of coverage for any reason, a 60-day automatic extension period will apply. For an additional premium, a three year Optional Extension Period can be purchased. This Policy applies to Claims only if first made during the Policy Period, the automatic extension period or, if purchased, the Optional Extension Period. No coverage exists for Claims made after termination of coverage and the automatic extension period unless, and to the extent, the Optional Extension Period applies. No coverage will exist after the expiration of the automatic extension period or, if purchased, the Optional Extension Period, which may result in a potential coverage gap if prior acts coverage is not subsequently provided by another insurer. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and the Insured can expect substantial annual premium increases, independent of overall rate increases, until the claims-made relationship reaches maturity.

**Additional Notice to Minnesota Applicants:** Under Minnesota law a Claim may be reported orally or in writing to the Insurer or to the Insured's Broker of Record.

Please fully answer all questions and submit all requested information. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker.

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**Section 1 – Applicant Information**

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Name of Applicant:			
Predecessor Firm(s) for Whom Coverage is Desired:			
Address:	City:	State:	Zip Code:
Contact Person:	Email:	Phone:	
Year the First Predecessor Firm for Whom Coverage is Desired Was Established:			Company URL:

A) During the past five (5) years, has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place?  Yes  No

If Yes, please give full details (including dates): \_\_\_\_\_

B) Does the Applicant anticipate any mergers/acquisitions in the next twelve (12) months?  Yes  No

If Yes, please give full details (including dates): \_\_\_\_\_

Addresses of Branch Offices (if applicable)	Date Established	Percentage (%) of Applicant's Total Revenues
	/	%
	/	%
	/	%

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## Section 2 – Firm Composition

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Staff Composition	Number of Employees	Number Registered/Licensed
Principals, Partners, Officers and Directors		
Architects		
Engineers		
Land Surveyors		
Draftsmen and Other Technical Personnel		
Clerical and Accounting Employees		
<b>Total Staff</b>		

A) How many professional employees have left the firm in the last twelve (12) months? \_\_\_\_\_

B) Have there been any senior management changes within the past twelve (12) months?  Yes  No

C) Please provide the following information for the principal(s):

Name	Education	Number of Year(s) Experience	Number of Years with Applicant

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## Section 3 – Financial Information

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Fiscal Year End (MM/DD/YY)	Projected for Current Year ____/____/____	Last Fiscal Year ____/____/____	Two Years Ago ____/____/____	Three Years Ago ____/____/____
Abandoned Project(s):	\$	\$	\$	\$
Separately Insured Project(s):	\$	\$	\$	\$
Direct Reimbursable(s):	\$	\$	\$	\$
All Other:	\$	\$	\$	\$
<b>Total Gross Revenues:</b>	\$	\$	\$	\$

## Section 4 – Financial Interests

A) Does the Applicant or any of its professional staff own an interest in any other entity?  
If yes, please provide the following details:

Yes  No

Owner Name	Amount Ownership Interest	Entity Name	Relation to Applicant	Nature of Activities	Entity's Gross Revenues in Past Year
	%				\$
	%				\$

B) Does the Applicant provide any professional services to any of the above entities?

Yes  No

C) Does the Applicant hire any of the above entities to provide services for it?

Yes  No

D) Do all shareholders/partners with 10% or more ownership interest have board representation?

Yes  No

## Section 5 – Practice Information

A) Please indicate the percentage (%) of the following disciplines of service in which the Applicant is engaged:  
**(Total Must Equal 100%)**

Disciplines of Service	%	Disciplines of Service	%	Disciplines of Service	%
Acoustical Engineering	%	Electrical Engineering	%	Mechanical Engineering	%
Architecture	%	Environmental Engineering/Consulting	%	Mining Engineering	%
Chemical Engineering	%	HVAC Engineering	%	Naval/Marine Engineering	%
Civil Engineering	%	Forensic Engineering	%	Process Engineering	%
Communication Engineering	%	Illumination Engineering	%	Soil/Geotechnical	%
Construction/Project Management		Interior Design	%	Surveying <b>(please provide breakdown):</b>	%
<b>Agency</b>	%	Laboratory Testing (excluding soils and construction materials testing)	%	<b>Construction Stakeout</b>	%
				<b>Topographic/Boundary</b>	%
				<b>Other:</b>	%
<b>At - Risk</b>	%	Landscape Architecture	%	Structural Engineering	%
Other, please describe:					%

## Section 6 – Sub-consultants

Please provide, as a percentage (%) of the Applicant's total gross revenues, the amount of work attributable to sub-consultants in the following area(s):

Architecture:	%	Geotechnical:	%
Civil:	%	Structural:	%
Mechanical:	%	HVAC:	%
Electrical:	%	Other (please describe):	%

- A) Are sub-consultants hired under a written agreement?  Yes  No
- B) Does the firm obtain certificates of insurance for their sub-consultants?  Yes  No
- C) Does the firm hire sub-consultants to perform construction?  Yes  No

## Section 7 – Services/Project Types

A) Please indicate the percentage (%) of the following services:

Feasibility studies, master plans, reports, surveys	%
Design without supervisory services	%
Design & Observation	%
Construction observation without design	%
Inspection services on existing structures or roads and highways	%
Inspections of homes/commercial properties for prospective buyers or lenders	%
Manufacture, sale or distribution of any product or process	%
Machinery Design	%
Development, sale or leasing of computer software to others	%
Other (describe):	%

B) Has the Applicant completed or provided design services for a condo project in the past five (5) years?  Yes  No  
If yes, please complete the condominium supplemental application.

C) Does the Applicant provide services on any international projects?  Yes  No  
If yes, please provide percentage of revenues attributable to such services: \_\_\_\_\_%  
and countries in which services are performed: \_\_\_\_\_

D) Does the Applicant, or any subsidiary, parent or otherwise related company engage in actual construction, erection, manufacturing, fabrication or real estate development?  Yes  No  
If yes, please provide details: \_\_\_\_\_

E) Please provide the following information for the Applicant's five largest projects.

Project Name	Fees	Construction Values

F) Please indicate the approximate percentage (%) of revenues derived from the following project types:  
**(Total Must Equal 100%)**

Amusement Parks	%	Dams/Reservoirs	%	Power Plants/Nuclear Facilities	%
Apartments	%	Hospitals	%	Private Schools	%
Airport Terminals	%	Hotels/Motels	%	Processing/Manufacturing Facilities	%
Arenas/Sports Facilities	%	Libraries/Museums	%	Private Schools	%
Asbestos Abatement	%	Marine/Offshore Facilities/Docks/Piers	%	Public Schools (K-12)	%
Bridges/Trestles	%	Mass Transit Systems	%	Remediation Engineering	%
Casinos	%	Mines/Quarries	%	Restaurants	%
Chemical/Pharmaceutical Plants	%	Mold Abatement	%	Retail/Malls/Shopping Centers	%
Churches	%	Multi-Family Townhomes	%	Roads & Highways	%
Colleges/Universities	%	Offices	%	Single Family Residential – Custom	%
Condominiums	%	Oil Refineries/Pipelines	%	Single Family Residential – Subdivision	%
Convalescent/Retirement Facilities	%	Parks/Playgrounds/Pools	%	Utilities	%
Convention Centers	%	Parking Garages	%	Waste Brokering	%
Correctional Facilities	%	Phase I Property Assessments	%	Water/Wastewater Treatment Systems	%
Courthouses	%	Phase II & III Property Evaluations	%	Wetland Mitigation	%
Other (please describe):					%

## **Section 8 - Contracts**

A) What percentage (%) of the Applicant's professional services are performed under the following contract types:

Professional Association Agreement	____%	Firm's Standard Letter Agreement	____%	Client Drafted Agreement	____%
Firm's Standard Agreement	____%	Purchase Orders	____%	Verbal Agreements	____%

B) Are all non-standard agreements reviewed by Applicant's legal counsel or insurance broker before they are executed?  Yes  No

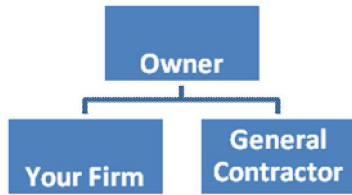
C) What percentage (%) of the Applicant's contracts include a waiver of consequential damages? \_\_\_\_\_%

D) What percentage (%) of Applicant's contracts use limitation of liability provisions, where the firm's liability is limited to \$500,000 or less? \_\_\_\_\_%

E) Does the Applicant require a signed contract before a project number is assigned or services begin?  Yes  No

## Section 9 – Project Delivery Method

A) Please indicate the percentage (%) of the Applicant's projects that are completed under the following project delivery methods:



\_\_\_\_ %



\_\_\_\_ %



\_\_\_\_ %



\_\_\_\_ %



\_\_\_\_ %

Other (please describe): \_\_\_\_\_ %

## Section 10 – Clientele

Contractors	____ %	Local Government	____ %
Design Professionals	____ %	State Government	____ %
Private Owners	____ %	Federal Government	____ %
Developers	____ %	Other, please describe:	____ %

A) What percentage (%) of Applicant's work is derived from repeat clients? \_\_\_\_\_ %

B) Does the Applicant work with other firms in joint ventures?

Yes  No

If Yes, please provide the following information:

Joint Venture Name	Project Name	Joint Venture Partners	Applicant's % Interest	Services Provided	Separately Insured
			____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No
			____ %		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 11 – Risk Management

A) Does the Applicant have a written in-house quality control procedure?

Yes  No

B) Does the Applicant subscribe to MASTERSPEC?

Yes  No

C) What percentage (%) of projects includes specifications based upon or derived from MASTERSPEC? \_\_\_\_\_ %

D) Do client deliverables undergo an internal peer review?

Yes  No

If Yes, please describe: \_\_\_\_\_

E) Does the Applicant perform project file audits on a routine basis?  Yes  No

If Yes, please describe: \_\_\_\_\_

F) Has the Applicant participated in an external peer review program?  Yes  No

If Yes, please describe and provide the date(s) of the review: \_\_\_\_\_

G) Does the Applicant have:

- i An in-house continuing education program for professional employees?  Yes  No
- i Procedures to evaluate and screen potential new clients?  Yes  No
- i Procedures for monitoring and collecting outstanding fees?  Yes  No
- i Any outstanding fee disputes, or open suits for fees?  Yes  No

H) Has the Applicant participated in a risk management seminar in the past twelve (12) months?  Yes  No

If Yes, please describe and provide the date(s) of the seminar: \_\_\_\_\_

I) Please describe additional risk management procedures and processes that are utilized to manage risk: \_\_\_\_\_

## Section 12 – Coverage Information

A) Please provide a copy of the Applicant's current policy and provide the following details regarding the Applicant's Architects and Engineers Professional Liability Insurance Coverage for the last five (5) years beginning with the most current year:

Policy Period	Insurance Company	Per Claim/Aggregate Coverage Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Retroactive Date: \_\_\_\_\_

B) Does the current policy afford first dollar defense?  Yes  No C) Shared claims expense  Yes  No

D) Is the Applicant currently insured under a Comprehensive General Liability policy?  Yes  No

If Yes, please provide the following details:

Insurance Company	Limits	Effective Date

## Section 13 – Technology/Privacy Liability Exposure

A) Does the Applicant collect any revenue online or otherwise engage in any e-commerce operations?  Yes  No  
If yes, please completed the Technology Supplemental Application.

B) Does the Applicant have and enforce policies concerning when internal and external communications should be encrypted?  Yes  No

1) Does the Applicant encrypt data stored on laptop computers and portable media?  Yes  No

C) Does the Applicant accept credit cards for goods sold or services rendered?  Yes  No

**If Yes, please complete the following:**

- 1) Please state the Applicant's percentage (%) of revenues from credit card transactions in the most recent twelve (12) months: \_\_\_\_\_%
- 2) Is the Applicant compliant with applicable data security standards issued by financial institutions the Applicant transacts business with (eg. PCI standards)?  Yes  No

If the Applicant is not compliant with applicable data security standards, please describe the current status of any compliance work and the estimated date of completion: \_\_\_\_\_

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**Section 14 - Claim and Circumstance Information**

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- A) Please attach a current copy of carrier loss runs for the past five (5) years.
- B) Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities?  Yes  No
- If Yes, please provide details: \_\_\_\_\_
- C) Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been canceled or non-renewed?  Yes  No
- If Yes, please give details: \_\_\_\_\_
- NOTE: Applicants in Missouri should not answer the above question.**
- D) Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past five (5) years?  Yes  No
- If Yes, please attach details: \_\_\_\_\_
- E) After inquiry, is the Applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may reasonably result in a claim being made against them?  Yes  No
- If Yes, please attach details: \_\_\_\_\_
- F) Please describe all corrective action(s) the Applicant has undertaken to improve claim history: \_\_\_\_\_

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The undersigned represents that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and understands and acknowledges that the Insurer relied upon the Application in issuing such policy. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. This Application and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For North Carolina, Utah and Wisconsin and Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance.

Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

If there is any material change in the information provided in this Application prior to the effective date of the policy, if issued, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.



**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer to defraud or attempt to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer 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 from insurance proceeds shall be reported to the Colorado division of insurance.

**DISTRICT OF COLUMBIA:** 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 and an insurer may deny insurance benefits if false information materially related to a claim made by the applicant.

**FLORIDA:** 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 in the third degree.

**LOUISIANA AND MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurer to defraud the insurer. Penalties may include imprisonment, fines or denial of insurance benefits.

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**OKLAHOMA:** 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.

**NEW YORK AND KENTUCKY:** Any person who knowingly and with intent to defraud an insurer or other person files an application for insurance or statement of claims 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. New York applicants are subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. Pennsylvania applicants are subject to criminal and civil penalties.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(Owner, Partner, Authorized Officer)

Title: \_\_\_\_\_

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: \_\_\_\_\_

Florida Agent's License Number: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_