



Professional Liability Division, Indianapolis, IN

317-575-9999

Holly Casey or Mike Gray

**Architects / Engineers**

**Firm name:** \_\_\_\_\_

- |    |   |          |
|----|---|----------|
| 1. | Your firm's practice is best described as an architectural, engineering or environmental firm. It is not a geotechnical engineering, marine or naval architectural firm or laboratory.  | Yes / No |
| 2. | Your firm meets all of the following requirements: <ul style="list-style-type: none"><li>• A principal of the firm is licensed/registered in the appropriate discipline.</li><li>• The principals derive their primary source of income from the firm.</li><li>• The firm and/or principals have never been involved in revocation of license, disciplinary action nor recent bankruptcy.</li></ul> | Yes / No |

**In the past three years, and for projected year, did your firm:**

- |    |  |          |
|----|--|----------|
| 3. | Engage in design-build (as the prime on a design-build project); retain contractors and/or subcontractors; perform construction, manufacturing, fabricating, real estate development or project financing or have financial interest in organizations that do? | Yes / No |
| 4. | Contract with more than 10% uninsured design professional subconsultants?  | Yes / No |
| 5. | Enter into more than 10% of projects without written contracts?  | Yes / No |

6. A. In the last 5 years, how many claims have been made against your firm? \_\_\_\_\_

B. Have more than one professional liability claim or have one claim that is reserved or paid in excess of \$10,000? *IF Yes, please provide details of claim(s) below.*

Yes / No

*Claim means: a demand against you for money or services, or the filing of a suit or the initiation of an arbitration proceeding naming you, seeking damages for an alleged error, omission or negligent act.*

-Claimant: \_\_\_\_\_

-Description of Allegation: \_\_\_\_\_

-Date Reported to Insurance Company: \_\_\_\_\_

-Status of Claim (Closed; Open with reserves (amount); Open without reserves): \_\_\_\_\_

-Date file closed: \_\_\_\_\_

**7. Firm Information:**

Firm's full name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**8. Main Office and Branches**

Percentage of GROSS RECEIPTS earned in main office and branches:

	City	State	Zip	% of Fees
Main Office	_____	_____	_____	_____
Branch 1	_____	_____	_____	_____
Branch 2	_____	_____	_____	_____

**9. Firm Personnel**

Please enter the number of personnel in your firm divided as indicated:

(Include each individual in only one category)

- \_\_\_\_\_ a. Principals (Do not include below.)
- \_\_\_\_\_ b. Professionals (project managers, architects, engineers, scientists)
- \_\_\_\_\_ c. Technical (CAD operators, drafting, field, laboratory)
- \_\_\_\_\_ e. Administrative and other
- \_\_\_\_\_ **PERSONNEL TOTAL**

**10. Firm Ownership**

Date your firm was established: \_\_\_\_\_

- Does your firm have any pre-existing entities? Yes / No
- Do any other entities, or individuals not employed by your firm, have any ownership interest in your firm? Yes / No
- Does your firm or do any partners, principals or officers own any interest in any other entity? Yes / No
- Are professional services provided by your firm to any entity in which your firm, or your partners, principals or officers, maintains a cumulative ownership interest greater than ten percent (10%)? Yes / No

**11. Financial Information**

Please provide your firm's **GROSS RECEIPTS** attributable to the following years. Include all receipts for projects insured by project policies within the **GROSS RECEIPTS** column and list separately in the Project Policy Receipts column.

**GROSS RECEIPTS** means the EXACT dollar amount of your firm's gross revenues, but not including interest income, rental income on real estate, or sales and service taxes.

Fiscal Year End (month/day/year)		<b>GROSS RECEIPTS</b>	<b>Project Policy Receipts</b>
_____	Estimated current year	_____	_____
_____	Last year	_____	_____
_____	Two years ago	_____	_____
_____	Three years ago	_____	_____

**12. Subconsultants**

Provide the percentage of your firm's **GROSS RECEIPTS** that were paid during the last year to subconsultants that have professional liability insurance.

**Subconsultants Insured for Professional Liability**

Structural engineering \_\_\_\_\_  
 Other professional services \_\_\_\_\_

13. Provide the percentages, based on your firm's GROSS RECEIPTS, attributable to the following disciplines provided by your firm (do not include percentages from work performed by your subconsultants).

**ARCHITECTURE**

Estimated Current Year	Last Year	
_____	_____	Architecture
_____	_____	Architectural planning (including master planning)
_____	_____	Interior design and graphics
_____	_____	Landscape architecture

**ENGINEERING**

Estimated Current Year	Last Year	
_____	_____	Structural engineering
_____	_____	Civil engineering
_____	_____	Civil wastewater engineering (municipal, non-industrial)
_____	_____	Land surveying
_____	_____	Traffic engineering
_____	_____	Mechanical engineering
_____	_____	Acoustical engineering
_____	_____	Process engineering
_____	_____	Electrical engineering
_____	_____	Illumination engineering
_____	_____	Environmental engineering
_____	_____	<b>Other</b> _____
_____	_____	<b>DISCIPLINES TOTAL (must equal 100%)</b>

**Comments:**

**14. Clients**

Indicate the percentage of last fiscal year gross receipts derived from each of the following types of clients (total should equal 100%):

Owners: _____	Local Government: _____
Developers: _____	State Government: _____
Contractors: _____	Federal Government: _____
Design Professionals: _____	Foreign: _____
Environmental Consultants: _____	Other: _____

15. What percentage of gross receipts are derived from repeat clients? \_\_\_\_

**16. Services**

Indicate the percentage of last fiscal year gross receipts attributable to the following services (total should equal 100%):

Design with construction observation/review: \_\_\_\_  
Design without construction observation/review-for government clients: \_\_\_\_  
Design without construction observation/review for private sector clients: \_\_\_\_  
Construction observation/review without design: \_\_\_\_

Feasibility, economic, seismic or forensic studies or reports: \_\_\_\_  
Conceptual, schematic, or other design without construction documents: \_\_\_\_  
Abandoned projects: \_\_\_\_  
Project/Construction Management: \_\_\_\_  
Operation and Management Services: \_\_\_\_  
Program Management or other non-design related services: \_\_\_\_  
Plan Checking without design: \_\_\_\_  
Quantity or cost estimates without design: \_\_\_\_  
Inspection as a stand-alone service: \_\_\_\_  
Boundary and construction staking: \_\_\_\_

Construction materials testing (including compaction testing): \_\_\_\_  
Geotechnical Laboratory analysis: \_\_\_\_  
Geotechnical drilling and sampling: \_\_\_\_  
Asbestos and lead studies: \_\_\_\_  
Asbestos and lead abatement: \_\_\_\_  
Environmental preliminary site assessments (Phase I PSA): \_\_\_\_  
Environmental investigation (drilling and sampling, Phase II): \_\_\_\_  
Environmental design services: \_\_\_\_  
Environmental remediation activities, remediation or management: \_\_\_\_  
Environmental project observation/oversight: \_\_\_\_  
Environmental Permitting: \_\_\_\_  
Environmental Lab Analysis: \_\_\_\_  
Fish, wildlife or botanical studies, wetland delineation: \_\_\_\_  
Other environmental services: \_\_\_\_

**17. Contracts**

Please specify the types of contracts used by the firm in the last fiscal year (total should equal 100%).

Firm's own standard contract: ____	Purchase Order: ____
Standard industry contract: ____ (AIA, EJCDC, etc)	Verbal: ____
Letter of Agreement: ____	Other: ____
Client Contract: ____	

18. Has the firm provided professional services for condominium projects in the last five years? Yes / No

## 19. Projects

Indicate the percentage of last fiscal year gross receipts derived from each of the following types of projects (total should equal 100%):

High rise-all buildings over 15 stories: \_\_\_\_  
Residential condominiums: \_\_\_\_  
Single family residential subdivisions: \_\_\_\_  
Custom Homes: \_\_\_\_  
Apartments: \_\_\_\_  
Hospitals, retirement homes, convalescent homes: \_\_\_\_  
Public schools, colleges and universities: \_\_\_\_  
Churches: \_\_\_\_  
Correctional Institutions: \_\_\_\_  
Processing, manufacturing and production buildings: \_\_\_\_  
Oil refineries: \_\_\_\_  
Chemical plants and pipelines: \_\_\_\_  
Utilities: \_\_\_\_  
Roads and highways: \_\_\_\_  
Airport runways: \_\_\_\_  
Transportation passenger terminals: \_\_\_\_  
Parking garages: \_\_\_\_  
Hotels: \_\_\_\_  
Motels: \_\_\_\_  
Retail, malls, shopping centers: \_\_\_\_  
Offices, warehouses, restaurants: \_\_\_\_  
Harbors, docks, piers, or structures for offshore use: \_\_\_\_  
Mines, quarries, tunnels: \_\_\_\_  
Bridges, trestles: \_\_\_\_  
Dams, reservoirs, levees: \_\_\_\_  
Sports facilities, arenas, convention facilities, grandstands, theaters: \_\_\_\_  
Ski lifts, amusement rides, amusement parks: \_\_\_\_  
Landfills: \_\_\_\_  
Facilities related to nuclear activities: \_\_\_\_  
Wastewater treatment, storage or disposal facilities: \_\_\_\_  
Mold remediation: \_\_\_\_  
All other environmental projects: \_\_\_\_  
Other: \_\_\_\_

## 20. Insurance

Provide the following information about your firm's professional liability insurance for the current year:

\_\_\_\_\_ Your firm currently has no professional liability insurance.

Policy Start: \_\_\_\_\_  
Policy End: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Limits of Insurance: \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Premium: \_\_\_\_\_  
Retroactive Date: \_\_\_\_\_

21. What percentage of last fiscal year fees included a signed contract limiting the firm's liability to less than \$100,000? \_\_\_\_

*\*Please submit with this application a project list outlining the firms 5 largest projects.*

**CLAIMS-MADE BASIS**

This application is for professional liability insurance that is provided on a claims-made basis. The policy applies to claims arising out of your professional services performed on or after any retroactive date shown in the policy, and is subject to all policy terms, conditions, declarations and endorsements.

**EXPENSE WITHIN LIMITS**

The policy contains a provision permitting claim expenses, including legal defense costs, to be applied against the deductible. Subject to restrictions in the certain states, the payment of claim expenses reduces the limits of insurance available to pay claims and the company has the right to designate legal counsel and uses panel counsel, as needed for claims covered by any insurance provided.

**FRAUD WARNING**

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.

**CLAIMS REPRESENTATION / SIGNATURE**

I specifically asked all principals and project managers in our firm if they have knowledge of any claim or potential claim against us that is not listed in our response in the CLAIMS section above. There are none.

If we become aware of any claim or potential claim against us, before the inception of coverage, we will immediately inform the Company, Agent or Broker. We understand that any claim or potential claim against us, before the inception of coverage, whether identified to the Company or not, will not be covered by this insurance unless specifically accepted by the Company.

**REPRESENTATION INFORMATION**

On behalf of our firm, I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signature of Principal, Partner or Officer: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

Date of Application: \_\_\_\_\_