



AMERICAN SPECIAL RISK *Insurance Services*

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY.
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE QUESTION NUMBER.
3. THIS APPLICATION AND ALL SUPPLEMENT PAGES (IF REQUIRED) MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

-
1. Name of Applicant: _____
Proprietorship: _____ Partnership: _____ Corporation: _____
 2. Address: _____
City: _____ County: _____
State: _____ Zip: _____
 3. Telephone: _____
 4. Branch Office Address(es) – use a separate addendum if applicable.
 5. Date Established (current entity): _____

PERSONNEL

- | 6a. Number of Staff | Last Year | This Year |
|-------------------------------------|-----------|-----------|
| Principals/Partners/Directors: | _____ | _____ |
| Other Licensed Professionals: | _____ | _____ |
| Other Staff: | _____ | _____ |
| Total Licensed Professionals | _____ | _____ |
- a. Please indicate the Applicant's annual staff turnover: _____
 - c. Please attach CVs of key Principals

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and subconsulting fees.

	Total Gross Billings (Including Billings Attributable to Consultants)	Construction Values (Pro-rate for Multi- Year Projects)
Professional Services		
7a. Joint Venture projects (Your portion of JV billings):	\$ _____	\$ _____
b. Projects Insured under separate Project Policies:	\$ _____	\$ _____
c. Projects which have been permanently abandoned:	\$ _____	\$ _____
d. Feasibility studies, master plans, reports, opinions or interior design, Note: Interior design refers to interior non- structural services such as space planning and the selection of furniture, fixtures and finishes, if does not include services associated with renovations (other than space planning):	\$ _____	\$ _____
e. Landscape Architecture:	\$ _____	\$ _____
f. Land Survey:	\$ _____	\$ _____
g. Direct reimbursables by contract (i.e. travel per diem, billings for reproduction, etc.) Do not include consultants:	\$ _____	\$ _____
h. All other billings	\$ _____	\$ _____
i. TOTAL PAST ACCOUNTING YEAR (A+B+C+D+E+F+G+H)	\$ _____	\$ _____
j. Three year gross receipts (to include reimbursable expenses and sub consulting fees)		
Fiscal Year _____ / _____ Month Year		
Current Fiscal Year 20 _____ \$ _____		Last Fiscal Year 20 _____ \$ _____
Next Fiscal Year 20 _____ \$ _____		
8. Please indicate percentage of the Applicant's gross billings derived from projects outside the U.S.A. and Canada _____ %		
9. Were more than 25% of the Applicant's billings during the past fiscal year derived from a single client or contract? Yes _____ No _____		
- If yes then please provide details please.		

PROFESSIONAL DISCIPLINES

10. Specify as a percentage of the Applicant’s Gross Billings. (Total must equal 100%)

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Marine/Coastal Engineering	%
Mechanical Engineering	%	Construction Management	%	Nuclear Engineering	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Design/Build	%

11. Please indicate the percentage of the Applicant’s billings derived from work performed on a “Fast Track” basis, i.e. those projects in which construction begins before design is complete.
_____ %

12. Please indicate percentage by fees of current projects where the construction contract is a:

Bid contract: _____ %
Negotiated contract: _____ %

13. Please indicate the percentage of the Applicant’s billings derived from repeat business _____ %

PROJECTS

14. Please indicate types of projects as a percentage of the Applicant’s Gross Billings.

a. Schools, colleges or public buildings	_____ %	m. Water systems	_____ %
b. Hospitals, retirement homes or convalescent hospitals	_____ %	n. Bridges, trestles or tunnels	_____ %
c. Hotels, motels or resort properties	_____ %	o. Land reclamation design	_____ %
d. Condominiums	_____ %	p. Structures for offshore use	_____ %
e. Garages, theatres or grandstands	_____ %	q. Harbours, jetties, docks or piers	_____ %
f. Shopping centres	_____ %	r. Machinery design/mechanical design	_____ %
g. Office/mercantile/commercial buildings	_____ %	s. Earth dams/reservoirs	_____ %
h. Public utilities or industrial buildings	_____ %	t. Pipelines	_____ %
i. Single family residential	_____ %	u. Petrochemical	_____ %
j. Custom single family residential	_____ %	v. Mines and quarries	_____ %
k. Apartments and other multi-unit residential	_____ %	w. Nuclear projects	_____ %
l. Sewage or waste disposal systems	_____ %	x. Other (please specify)	_____ %

FINANCIAL AND RELATED INTERESTS

21. During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, been engaged in:
- | | | |
|---|-----------|----------|
| a. Actual construction, fabrication, or erection. | Yes _____ | No _____ |
| b. Development, sale or leasing of computer software. | Yes _____ | No _____ |
| c. Real Estate development. | Yes _____ | No _____ |
| d. Manufacture, sale, leasing or distribution of any product, Process or patented production process. | Yes _____ | No _____ |
| e. Design of a building, component or systems which might be used on more than one project. | Yes _____ | No _____ |
22. Has the Applicant entered into any Joint Venture? Yes _____ No _____
23. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services? Yes _____ No _____
24. Does the Applicant have any abandoned projects? Yes _____ No _____
If yes, please give full details by attachment

SUBCONTRACTORS/CONSULTANTS

25. Please indicate types and percentages of work the Applicant subcontracts to others:
- | | |
|-------------------------|--------------------------------|
| a. Architecture _____ % | Soils _____ % |
| Civil _____ % | Structural _____ % |
| Mechanical _____ % | HVAC _____ % |
| Electrical _____ % | Other (please specify) _____ % |
- b. Please describe the process by which the Applicant selects subcontractors and subconsultants:
- _____
- _____
- _____
- c. Are written contracts used for all subcontractors and subconsultants?
Yes _____ No _____
- d. Do the Applicant's contracts with subcontractors and subconsultants contain any indemnification and hold harmless provisions?
Yes _____ No _____
- e. Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants?
Yes _____ No _____
- f. Is the Applicant named as an Additional Assured under all subcontractor and subconsultant General Liability policies?
Yes _____ No _____

MANAGEMENT

26a. Does the Applicant have an in-house quality control procedure?

Yes _____ No _____

b. Is it in written form?

Yes _____ No _____

c. Are all appropriate staff members familiar with these procedures?

Yes _____ No _____

d. Has the firm been given an independent peer review in the last 24 months?

Yes _____ No _____

27. Has the name of the Applicant changed or has any other firm or been merged organisation amalgamated with or into the Applicant, or is any such change pending?

Yes _____ No _____

If yes, please give full details by attachment

28. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?

Yes _____ No _____

If yes, please give full details by attachment

LOSS HISTORY

29a. After enquiry, have any claims or suits been made against the Applicant? (please include those claims arising from separately insurance projects).

Yes _____ No _____

If yes, Supplement 2 must be submitted

b. After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant?

Yes _____ No _____

If yes, Supplement 2 must be submitted

c. Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?

Yes _____ No _____

If yes, please give details by attachment.

INSURANCE

30. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused?

Yes _____ No _____

If yes, please give details by attachment.

31. Please give details of previous insurance (past five years):

Carrier	Policy No.	Limits Each Claim/ Aggregate	Deductible	Paid Premiums	Effective From To
1. _____	_____	\$ _____	\$ _____	\$ _____	_____
2. _____	_____	\$ _____	\$ _____	\$ _____	_____
3. _____	_____	\$ _____	\$ _____	\$ _____	_____
4. _____	_____	\$ _____	\$ _____	\$ _____	_____
5. _____	_____	\$ _____	\$ _____	\$ _____	_____

Retroactive Date of current policy: _____

32. Please state coverage Limits and Deductible required:

A. Coverage Limits of Liability \$ _____ B. Self Insured Retention \$ _____

Coverage afforded hereunder is restricted to the United States of America, its territories and possessions. An amendment to this limitation may be available at underwriters discretion

This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by the Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance application does not bind or obligate the Company to offer this insurance.

Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance. The insurance application must be signed to be considered for an indication. By signing below you certify that all information you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional information they may deem necessary in order to process this application for quotation or to issue a policy. Your signature below authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from any regulatory agency, provider of services to you or your business, and any financial institution or credit rating company relating to information about you or your business. By you signature, you herewith authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of liability contained in the policy applied for shall be reduced, and may be completely exhausted, by Defense Expenses and, in such event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed the limits of liability of such policy

The applicant hereby further acknowledges full awareness of the Architects and Engineers Professional Liability insurance policy, its terms and conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.

Note: If the applicant does not understand any part of the Architects and Engineers Professional Liability coverage then the applicant should contact their relevant Insurance Broker / Advisor and not sign the application.

The applicant hereby further acknowledges that the persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against the deductible amount.

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professional liability insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

Must be signed by Owner, Partner or Officer:

_____ Authorised signature of applicant	_____ Title
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Date _____

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

10 LARGEST PROJECTS – PAST FIVE YEARS

	Name & Location	Client/Owner	Project Type	Professional Services	Fees	Construction Values	Completion Date
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____

Must be signed by Owner, Partner or Officer

Authorised signature of applicant _____ Title _____ Date _____

SUPPLEMENT 2

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE
WITH CERTAIN UNDERWRITERS AT LLOYD’S

CLAIM FORM

APPLICANT’S INSTRUCTIONS

- 1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A “YES” ANSWER TO QUESTIONS 29a. AND b. PLEASE COMPLETE ONLE FORM FOR EACH CLAIM.
- 2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET.
DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT
- 3. PLEASE NOTE THIS SUPPLEMENT IS UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISINS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER.
- 4. PLEASE LEAVE NO BLANKS

1.

Full name and individual(s) and name of firm involved in the claim:
a) _____
b) _____
c) _____

2.

Additional Defendants:
a) _____
b) _____
c) _____

3.

Full name of claimant:

4.

Date of alleged error:

5.

To what insurance company was this claim reported?

6.

Date reported to insurance company:

7.

Present status of claim (circle one):

Open

In Suit

Closed

8.

If pending, please indicate:

a) Amount asked in summons: \$ _____

b) Claimant’s Settlement demand: \$ _____

c) Defendant’s offer for settlement: \$ _____

d) Total amount paid in defense costs to date: \$ _____

e) Total damages paid/outstanding: \$ _____