

**PROFESSIONAL LIABILITY APPLICATION**

(FOR "CLAIMS MADE AND REPORTED" POLICY)

***This is an application for a "claims made and reported" policy. If a policy is issued, this application will attach to and become part of the policy. Please answer all questions. In addition, please supply the following:***

- Latest financial data for the past 2 years (annual report or balance sheet)
- Descriptive or promotional brochures, firm resumes, marketing materials or literature.
- Resumes of all principals, partners, officers and professional employees.
- Standard contract used or engagement letter.

Effective Date Requested: \_\_\_\_\_

Limits Desired:

- \$500,000 each claim and annual aggregate
- \$1,000,000 each claim and annual aggregate
- \$2,000,000 each claim and annual aggregate
- Other \_\_\_\_\_

Self Insured Retentions: \_\_\_\_\_ each claim

\$5,000    \$10,000    \$25,000    \$50,000    Other \_\_\_\_\_

**A. PROPOSED APPLICANT:**

1. Name of Applicant: \_\_\_\_\_  
(If other than parent firm, supply full details of ownership)
2. Principal Business Address: \_\_\_\_\_  
(If multiple name and locations, please attach list)
3. Business Phone: (     ) \_\_\_\_\_
4. Date Established: \_\_\_\_\_    Individual    Corporation    Partnership    Other \_\_\_\_\_
5. List the names of all predecessor firms of applicant. (Name only those firms where the applicant is a successor to the former firm's assets and liabilities.)  
\_\_\_\_\_  
\_\_\_\_\_
6. Where is the firm licensed or registered: \_\_\_\_\_

**B. PROFESSIONAL ACTIVITIES AND SPECIALTY:**

7. Describe in detail the professional services performed by the Applicant for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_
8. Please attach separate lists of:
  - five largest clients and description of work performed for each;
  - names of partners, key employees, etc., and their professional and educational qualifications;
  - professional societies & organizations to which they or the firm belong(s).
9. What percentage of the applicant's business involves subcontracting work to others? \_\_\_\_\_%  
Please Describe: \_\_\_\_\_
10. Are any services provided to any subsidiary, affiliate or any business entity in which the applicant retains a managing or ownership interest?  Yes    No   If yes, please explain.
11. Is the Applicant engaged in any business other than as described in question 7.?  Yes    No   If yes, please attach an explanation and estimated receipts.

12.(A) List the total **gross** receipts during each of the past three years. In addition, please provide the projected receipts for the coming year.

Year	Amount
(a) Current Projected	\$ _____
(b) 19_____	\$ _____
(c) 19_____	\$ _____
(d) 19_____	\$ _____

(B) For the receipts listed above for the coming year, give the approximate percentage derived from all professional services listed in question 7.

ACTIVITY	% OF RECEIPTS
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**C. TRAINING AND RISK MANAGEMENT:**

13. What is the number of principals, partners, officers and professional employees directly:  
 (a) engaged in providing services to clients? \_\_\_\_\_  
 (b) non-professional employees (clerks, secretaries, etc.)? \_\_\_\_\_

14. Does the applicant have a training program for personnel?  Yes  No If yes, describe in full.

15. Is there a training program or a professional program for the Applicant's professional services conducted by someone other than the Applicant which has been attended by the Applicant or any of its principals, partners, officers, or professional employees?  Yes  No If yes, describe the program(s).

16. Is a formal quality control or quality assurance program in effect:  Yes  No If yes, please enclose a copy.

17. Have any of the principals, partners, officers, or employees ever been the subject of reprimand, disciplinary or criminal action by federal, state or local authorities as a result of their professional activities?  Yes  No If yes, attach explanation.

18. Is a written contract used with clients:  In all cases  Sometimes  Never  
 please attach a copy of your standard contract.

If a contract is not always used how do you define your responsibility: please attach an explanation.

**D PRIOR INSURANCE:**

19. List all professional liability insurance carried for each of the past three years. If none, state reason for present insurance inquiry: \_\_\_\_\_

Insurance Company	Limits	Deductible	Premium	Policy Period
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

List Retroactive date on your current Policy: \_\_\_\_\_

20. Has the applicant ever had any professional liability insurance cancelled or nonrenewed within the past three years?  Yes  No If yes, attach explanation.

**E. CLAIMS EXPERIENCE:**

- 21. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the past or present partners, directors, officers, or employees of the Applicant?  Yes  No If yes, state briefly the date, nature and amount, the name of the claimant, and the current status or final disposition of the claim.
- 22. Is the Applicant (after proper inquiry of each director, officer, partner or employee of the Applicant or any other proposed insured) aware of any circumstances, incidents, situations, or accidents which may result in claim being made against the Applicant, its predecessors in business or any of the present or past partners, officers, directors or employees?  Yes  No If yes, give full details.
- 23. Has the Applicant (or any other proposed insured) been involved during the past five years in any disputes with respect to fees or other compensation which may be due for professional services rendered?  Yes  No If yes, give full details .
- 24. Is the Applicant (or any other proposed insured) aware of any actual or alleged deficiencies in work where professional services were performed, or actual or alleged deficiencies, errors, or omissions in work by others for whom the Applicant is legally responsible?  Yes  No If yes, give full details.
- 25. It is agreed that any claim or lawsuit against the Applicant or any other proposed insured arising from any facts, circumstances, acts, errors or omissions disclosed or required to be disclosed in response to question 22, 23 and 24 above is hereby expressly excluded from coverage under the proposed insurance policy.

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

**Warranty:**

It is hereby Understood and Agreed, after proper inquiry of each director, officer, partner, or employee of the Applicant or any other proposed insured, that this application and its representations and warranties shall be deemed to be submitted by and on behalf of and be binding upon the Applicant and each and every proposed insured under the policy. It is further agreed that any misrepresentation, non-disclosure, concealment, or breach of warranty in this application shall be binding upon the Applicant and each and every proposed insured under the policy whether or not the proposed insured knew of, committed, or was responsible for such misrepresentation, non-disclosure, concealment, or breach of warranty.

I/We hereby authorize the release of claim information from any prior insurer to the Insurer.

I/We understand and accept that the policy applied for provides coverage on a claims made and reported basis for only those Claims that are first made against the Applicant and reported in writing to the Insurer during the policy, that the limits of liability of the policy will include both Damages and Defense Expenses, and that the Insurer will rely upon the truth of the information and statements in this application in deciding whether to issue a policy to the Applicant.

The Applicant agrees that if the information supplied on or attached to this application changes between the time this application is executed and the time that the proposed insurance policy is bound or coverage commenced, the Applicant will immediately notify the Insurer in writing of such changes; and the Insurer fully reserves its rights with respect to the underwriting acceptance or denial of such changes.

Signing this form does not bind the applicant or the Insurer to complete the insurance, but this policy shall be the basis of the insurance should a policy be bound and issued, and shall become part of the policy. The application must be signed to be considered for quotation.

***Must be signed and dated by owner, partner or senior officer.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (Mo/Day/Yr)

(Print or Type Name & Title)

**SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION  
SPECIALTY ENGINEERS**

*Please submit the following documents along with the Application and check the appropriate box indicating you have included the item requested.*

- 1. Statement of Qualifications and Resumes of Key Professional Staff \_\_\_\_\_
- 2. Copy of a Typical Contract for Services \_\_\_\_\_
- 3. Copy of Typical Contract for Subcontractors/Subconsultants \_\_\_\_\_
- 4. Financial Statements for Past Fiscal Year \_\_\_\_\_
- 5. Forms 254 and 255 or List of 10 Largest Projects \_\_\_\_\_
- 6. Business Plan \_\_\_\_\_
- 7. Brochures and Promotional Literature \_\_\_\_\_
- 8. Fee Schedule \_\_\_\_\_
- 9. Copy of the Firm's Drawing Stamp \_\_\_\_\_
- 10. Claim History \_\_\_\_\_

1. Name of Firm: \_\_\_\_\_

**PERSONNEL**

	Number	Number Registered/Licensed	Full Time/Part Time
2a. Architects and Engineers:	_____	_____	_____/_____ /
b. Other Professionals:	_____	_____	_____/_____ /
c. Technical Personnel:	_____	_____	_____/_____ /
d. Total Personnel:	_____	_____	_____/_____ /

3. What percent of the firm's gross receipts are from projects outside the U.S. and Canada? \_\_\_\_\_%

4. SPECIFY AS A PERCENTAGE OF THE FIRM'S GROSS RECEIPTS. TOTAL SHOULD EQUAL 100%

Architecture _____	Landscape Architecture _____	HVAC Engineering _____
Civil Engineering _____	Land Surveying _____	Marine Coastal Engineering _____
Mechanical Engineering _____	Construction/Project 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 _____	Other _____

5. Enter the percentages of the firm's gross receipts attributable to the following for the last fiscal year:

	<b>Percent of Gross Receipts (must total 100%)</b>
a. Design with construction review	_____
b. Design without construction review	_____
c. Construction review without design	_____
d. Project or construction management	_____
e. Feasibility, economic or other studies	_____

- f. Boundary surveying \_\_\_\_\_
- g. Subsurface soils testing, soils analysis, ground testing \_\_\_\_\_
- h. Material testing \_\_\_\_\_
- i. Foundation design \_\_\_\_\_
- j. Interior design/Space planning \_\_\_\_\_
- k. Forensic/Expert witness \_\_\_\_\_
- 1. Other \_\_\_\_\_

6. CLIENTS:

**Percent of Clients  
(must total 100%)**

- a. Government or Public Entities
  - Federal \_\_\_\_\_
  - State, County or Local \_\_\_\_\_
- b. Owners acting as their own builders \_\_\_\_\_
- c. Turnkey contractors \_\_\_\_\_
- d. Design/Build contractors \_\_\_\_\_
- e. Other contractors \_\_\_\_\_
- f. Developers \_\_\_\_\_
- g. Financial and lending institutions \_\_\_\_\_
- h. Other design professionals \_\_\_\_\_
- i. Other \_\_\_\_\_

7. PROJECTS

**Percent of Projects  
(must total 100%)**

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

**CONTRACTS**

8. Please specify types of contracts used by the firm:

**Percent of Contracts  
(must total 100%)**

- a. Standard industry contract (ACEC, AIA, ASFE, etc.) \_\_\_\_\_
- b. Firm's standard contract \_\_\_\_\_
- c. Letter agreement \_\_\_\_\_
- d. Purchase order \_\_\_\_\_
- e. Client contract \_\_\_\_\_
- f. Oral agreement \_\_\_\_\_

9. During the past 12 months, has the firm or any principal:

- a. Become involved in a construction or real estate development company or engaged in any actual construction? \_\_\_ Yes \_\_\_ No
- b. Been employed by or an officer of any other firm, organization or political body? \_\_\_ Yes \_\_\_ No
- c. Derived more than 50% of last fiscal year's gross receipts from any one client? \_\_\_ Yes \_\_\_ No
- d. Designed a building, component or system which might be used on more than one project? \_\_\_ Yes \_\_\_ No
- e. Become involved in the manufacture or fabrication of any component, device or system? \_\_\_ Yes \_\_\_ No
- f. Provided electronic data processing services for others or sold software components? \_\_\_ Yes \_\_\_ No
- g. Been the subject of disciplinary action by authorities as a result of their professional activities? \_\_\_ Yes \_\_\_ No

10. Does the firm or any principal of the firm have any financial interest in any projects for which it has provided professional services? \_\_\_ Yes \_\_\_ No

11. Has the firm entered into Joint Ventures? \_\_\_ Yes \_\_\_ No

12. Does the firm have any Abandoned Projects? \_\_\_ Yes \_\_\_ No

**SUBCONTRACTORS / SUBCONSULTANTS**

13 a. Types and percentages of work the firm subcontracts to others:

- Architecture \_\_\_\_\_ %
- Civil \_\_\_\_\_ %
- Mechanical \_\_\_\_\_ %
- Electrical \_\_\_\_\_ %
- Soils \_\_\_\_\_ %
- Structural \_\_\_\_\_ %
- HVAC \_\_\_\_\_ %
- Other \_\_\_\_\_ %

b. Describe the firm's subcontractor and subconsultant selection process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Are all subcontractors and subconsultants hired under a written contract? \_\_\_ Yes \_\_\_ No

d. Do the firm's contracts with subcontractors and subconsultants contain hold harmless and indemnification provisions? \_\_\_ Yes \_\_\_ No

e. Does the firm obtain certificates of insurance from all subcontractors and subconsultants? \_\_\_ Yes \_\_\_ No

f. Is the firm named as an Additional Insured under all subcontractor and subconsultant General Liability policies? \_\_\_ Yes \_\_\_ No

QA / QC ISSUES

14. Does the firm have an Ownership of Documents clause in each contract of hire? \_\_\_ Yes \_\_\_ No If no, what does the firm do to protect itself against reuse of its plans and specifications without knowledge or authorization? \_\_\_\_\_

15. Does the firm have a written Quality Assurance / Quality Control Program? \_\_\_ Yes \_\_\_ No

LIABILITY ISSUES

16 a. Has the firm made adjustments or goodwill payments in any disputes involving its services? \_\_\_ Yes \_\_\_ No *If yes, please explain in detail.*

b. Does the firm or any of its members have knowledge of any deficiencies, property damage or bodily injury, whether actual or alleged, in connection with projects for which the firm has performed professional services? \_\_\_ Yes \_\_\_ No *If yes, please explain in detail.*

Must be signed by Owner, Partner or Officer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

<b>SUPPLEMENT TO PROFESSIONAL LIABILITY APPLICATION TESTING LABORATORIES</b>
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Name of Applicant: \_\_\_\_\_

1. Complete the following and indicate the appropriate percentages of involvement relative to your total operations?

	Yes	No	%
Soil & Geotechnical testing / engineering	_____	_____	_____
<b>(please respond to question #2)</b>			
Mechanical testing	_____	_____	_____
Construction materials testing	_____	_____	_____
Non destructive testing	_____	_____	_____
Forensic testing	_____	_____	_____
Chemical testing	_____	_____	_____
Biological testing	_____	_____	_____
Air or emissions monitoring	_____	_____	_____
Environmental / pollution testing (incl Asbestos)	_____	_____	_____
<b>(please complete Environmental Supplement)</b>			
Please complete separate environmental application _____		_____	_____
Medical device testing	_____	_____	_____
Diagnostic medical testing	_____	_____	_____
Drug testing	_____	_____	_____
AIDS testing	_____	_____	_____
Evaluation Certification	_____	_____	_____
Other (please describe) _____	_____	_____	_____

2. Where Soil / Geotechnical work is performed, please provide the approximate percentage of revenue derived from the following:

On site drilling		_____%
Laboratory analysis		_____%
Design (supply details)		_____%
Other		_____%
(please describe) _____		

3. Does the applicant do the sample taking ( ) Yes ( ) No

4. Does the applicant interpret the results of any test that is performed?

( ) Yes ( ) No

5. If any product (including Medical) safety analysis or evaluation is performed by the applicant as indicated in #1 please attach list of products tested and customers.

6. Does the applicant's name appear on other companies' label as a certification or approval of the product? ( ) Yes ( ) No If yes, please attach details of the product and any related contractual agreements.

7. Please explain laboratory waste handling by location:

- a. What is the quantity of hazardous waste generated annually by the laboratory?
- b. Is the laboratory a small quantity generator?
- c. What is the USEPA identification Number? \_\_\_\_\_
- d. Explain any Waste Minimization/Recycling Programs employed by the laboratory:
- e. Describe waste storage provisions:
- f. How is waste transportation and disposal handled?
- g List names and addresses of transportation and disposal companies:

8. What is the ratio of supervisors to technicians at each location?: \_\_\_\_\_

9. Is a Chain-of Custody form required for all incoming samples? ( ) Yes ( ) No

10. Attach a sample test report

IT IS UNDERSTOOD THIS SUPPLEMENT BECOMES PART OF THE APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE, AND IS USED TO DEVELOP INFORMATION UNIQUE TO THE OPERATIONS OF THE APPLICANT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative

