



Magaly Salazar
magaly@Madronainsurance.com
959-223-9982
www.madronainsurance.com
PO BX 93 Vernon CT 06066

**APPLICATION FOR ARCHITECTS AND
ENGINEERS PROFESSIONAL LIABILITY POLICY
(CLAIMS MADE COVERAGE)**

1. **Name of Applicant:** _____
(If Partnership or corporation, show firm)
2. **Address:** _____
Street City State Zip Code
3. **Addresses of all Branch Offices:** _____

4. **Internet Address:** _____
5. **When was firm established:** _____ / _____ / _____
(Month) (Day) (Year)
6. **Is firm:** _____ Sole Proprietorship _____ Partnership _____ Corporation _____ Professional Corporation
_____ Other: _____
7. **Has the name of the firm 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) by separate attachment:
8. **Staff:**

1.	Principals, Partners, Officers and Directors:	_____
2.	Architects, Landscape Architects	_____
3.	Land Surveyors, Engineers	_____
4.	Information Technology	_____
5.	Draftsmen, Programmers and other Technical Personnel	_____
6.	Clerical, Accounting, Non- Technical	_____
7.	Total Staff (1 + 2 + 3)	_____

By attachment please include resume of principles/officers/partners.
9. **States in which a Professional License is held:** _____
10. **Foreign Work?** _____ Yes _____ No. If Yes, please give full details including which countries: _____

11. **Have any of the Principals, Officers or Partners listed in item 7 ever been subject to disciplinary action by authorities as a result of their professional activities?** _____ Yes _____ No. If Yes, please give full details: _____

12. **To what Professional Associations does the Applicant belong?** _____

13. **Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, erection, manufacturing, fabrication?** _____ Yes _____ No If Yes, please give details & project list –5 largest projects, by separate attachment.
14. **Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company?** _____ Yes _____ No If Yes, please give full details by separate attachment.
15. **Does the Applicant provide professional services on projects in which any principal officer, director or shareholder or an immediate family member of such person retains any ownership interest?** _____ Yes _____ No
If Yes, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

16. Please indicate the percentage of the following disciplines or services in which the Applicant is engaged:
(Total Must Equal 100%)

Acoustical Engineering	_____ %	Land Surveying	_____ %
Architecture	_____ %	Laboratory Testing	_____ %
Asbestos Inspection, Testing or		Machine/Equipment Design	_____ %
Abatement Design	_____ %	Mechanical Engineering	_____ %
Chemical Engineering	_____ %	Mining Engineering	_____ %
Civil Engineering	_____ %	Naval/Marine Engineering	_____ %
Communication Engineering	_____ %	Process Engineering	_____ %
Construction/Project Management	_____ %	Soil/Geotech Engineering	_____ %
Electrical Engineering	_____ %	Structural Engineering	_____ %
Environmental Engineering	_____ %	Other (please specify)	_____ %
HVAC Engineering	_____ %	_____	_____ %
Interior Design	_____ %	_____	_____ %
Landscape Architecture	_____ %		

17. Please indicate the approximate percentage of billings derived from the following types of services: (Total Must Equal 100%)

a. Feasibility studies, reports, surveys where applicant is not involved in design	_____ %
b. Design without supervisory services	_____ %
c. Design & Observation	_____ %
d. Construction/Project Management	_____ %
e. Construction observation without design	_____ %
f. Inspection services on existing structures	_____ %
g. Inspections of home/commercial properties for prospective buyers or lenders	_____ %
h. Manufacture, sale or distribution of any product or process	_____ %
i. Development, sale or leasing of computer software to others	_____ %
j. Other _____	_____ %

18. Please indicate the approximate percentage of billings derived from each project type: (Total Must Equal 100%)

Airport Runways/Taxiways	_____ %	Nuclear Facilities	_____ %
Amusement Rides	_____ %	Office Buildings	_____ %
Apartments	_____ %	Parking Structures	_____ %
Bridges	_____ %	Petrochemical/Refineries	_____ %
Churches	_____ %	Pools	_____ %
Condominiums	_____ %	Power Plants	_____ %
Convention Centers	_____ %	Roads/Highways	_____ %
Custom Residential	_____ %	Schools/Colleges	_____ %
Dams	_____ %	Sewage Systems	_____ %
Environmental Impact Statements	_____ %	Sewage Treatment Plants	_____ %
Foundation or Shoring Projects	_____ %	Shopping Centers/Retail	_____ %
Harbors/Piers/Ports	_____ %	Site Development	_____ %
Hospital/Healthcare	_____ %	Superfund/Pollution	_____ %
Hotels/Motels	_____ %	Tract Homes/Subdivisions	_____ %
Industrial Waste Treatment	_____ %	Traffic Planning	_____ %
Jails/Justice	_____ %	Tunnels	_____ %
Landfills	_____ %	Warehouses	_____ %
Libraries	_____ %	Water Systems	_____ %
Manufacturing/Industrial	_____ %	Water Treatment Plants	_____ %
Mass Transit	_____ %	Other _____	_____ %
Pulp/Paper/Lumber	_____ %	_____	_____ %

19. TYPES OF CLIENTS

Commercial	_____ %	Federal Government	_____ %	Real Estate Developers	_____ %
Contractors	_____ %	State Government	_____ %	Other	_____ %
Other Design Prof	_____ %	Local Government	_____ %		_____ %
Institutional	_____ %	Industrial	_____ %		

20. Does the Applicant foresee any substantial changes in the percentages of items 18-21 during the next twelve months?
 _____ Yes _____ No If Yes, please give details:

21. Gross Billings and Construction Values -

IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION BLANK AND COMPLETE QUESTION 24

	Present 12 Months		Previous 12 Months
Dates:	From _____ To _____		From _____ To _____
Domestic Operations:	Total Gross Billings	Construction Values	Total Gross Billings
a. Joint Venture Projects (Applicant's Portion Only)	\$ _____	\$ _____	\$ _____
b. Projects Insured Under Separate Project Policies	\$ _____	\$ _____	\$ _____
c. Projects Which Have Been Permanently Abandoned	\$ _____	\$ _____	\$ _____
d. Feasibility Studies, Master Plans, Reports	\$ _____	\$ _____	\$ _____
e. Direct Reimbursables	\$ _____	\$ _____	\$ _____
f. All Other Billings	\$ _____	\$ _____	\$ _____
TOTAL GROSS BILLINGS	\$ _____	\$ _____	\$ _____

For a, b and c above, on a separate sheet please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

22. Estimates of the Applicant's Total Gross Billings and Construction Values for the next 12 months:

Gross Billings: \$ _____ Construction Values: \$ _____

23. **DESIGN/BUILD - CONSTRUCT VALUES - COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK**

	Estimate for Next Year	This Year	Last Year
Dates:	From _____ To _____	From _____ To _____	From _____ To _____
a. All Operations	\$ _____	\$ _____	\$ _____
b. Design/Construct	\$ _____	\$ _____	\$ _____
c. Design Only - No Construction	\$ _____	\$ _____	\$ _____
d. Construction Only - No Design	\$ _____	\$ _____	\$ _____

24. What percentage of the Applicant's practice involves any of the following:

- a. Subletting of work to others _____ % Type of work sublet? _____
- b. Is evidence of insurance from consultants required _____ Yes _____ No
- c. What limit of liability is required? _____
- d. Do subcontractors hold the applicant harmless by contract? _____ Yes _____ No If Yes, attach a copy.

25. Does any one contract or client represent more than 50% of annual work? _____ Yes _____ No If Yes, please give details:

26. Does the Applicant work with other firms in Joint Ventures? _____ Yes _____ No

BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES.

If coverage is desired, request Joint Venture Supplemental Application.

27. Does the Applicant perform asbestos abatement services? _____ Yes _____ No

If coverage is desired, request Asbestos Supplemental Application.

28. If the Applicant has any direct or indirect responsibility for the design or re-design of HVAC systems, please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality.

29. If the Applicant is involved in the selection of furnishings or building materials, comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination into public buildings.

30. Please detail present Architects and Engineers Professional Liability Insurance Coverage.

Insurance Company	Policy Number	Limits	Deductible
_____	_____	_____	_____

Expiring Premium: \$ _____ Expiration Date: _____

Present Policy Retroactive Date: _____

31. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to the present coverage.

Insurance Company	Policy Number	Limits	Deductible	Policy Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

32. Date UNINTERRUPTED insurance began: _____

33. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? _____ Yes _____ No

If Yes, please give details:

Insurance Company	Type of Coverage	Limits BI	PD	Effective From To
_____	_____	_____	_____	_____

34. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?

_____ Yes _____ No If Yes, please give details: _____

35. Has any claim ever been made against the firm or any persons named in Item No. 1 or Item No. 8? _____ Yes _____ No

If Yes, please attach details stating:

- (1) date when claim was made
- (2) date the act giving rise to the claim was committed;
- (3) name of the claimant
- (4) nature of the claim
- (5) amount of alleged damages
- (6) amount of reserves if claim is open
- (7) final disposition (include paid indemnity amounts and expense amounts)

36. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? _____ Yes _____ No

If Yes, attach a statement giving full details.

37. In the past 10 years, has the applicant reported a claim for Bodily Injury or Property Damage under your CGL policy where payments or reserves, including your deductible, have exceeded \$100,000? Yes _____ No _____

If Yes please provide details on a separate attachment – include claimant name/details of bodily injury or property damage/date the claim was reported to CGL carrier, total incurred amount (paid and reserved).

38. Does the applicant have any pending dispute concerning the payment of fees or for services rendered?
Yes _____ No _____ If Yes please provide details on a separate attachment.
39. Does the applicant have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?
Yes _____ No _____ If Yes please provide details on a separate attachment.
40. Has the applicant given notice to any other Professional Liability carrier of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, condition or unresolved job controversy or fee dispute which could result in a claim? Yes _____ No _____ If Yes please provide details on a separate attachment.
41. Has the applicant made any adjustments or goodwill payments in any dispute involving any services or products?
Yes _____ No _____ If Yes please provide details on a separate attachment.
42. Has the applicant testified, provided expert testimony or given a deposition or statement in any dispute or proceedings where a claim has been made or suit filed against any party to the work or project where you provided any services or products?
Yes _____ No _____ If Yes please provide details on a separate attachment.
43. Does the applicant have any pending disputes concerning the payment of fees to you for services or products rendered?
Yes _____ No _____ If Yes please provide details on a separate attachment
44. Has the Applicant, any predecessors in business or any other person for whom coverage is requested ever reported a potential claim circumstance to a professional liability carrier? _____ Yes _____ No If Yes, attach a statement giving full details.
45. Coverage requested: Limit _____ Deductible _____
46. Does the Applicant have a Risk Management and Risk Control Program in place? _____ Yes _____ No
a. Who is responsible for that Program? _____ Title _____

Please include the following information with this application:

- a. a list of the 10 largest jobs in the last five years.
Detail: (1) project name; (2) type of structure; (3) services performed; and (4) construction values
- b. a copy of the firm's brochure
- c. a copy of the firm's latest income statement, annual report or 10-K

I/We warrant that the information contained herein is true and understand that the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this Application together with any supplement will be attached to and become part of the policy issued.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

Date: _____

Signature: _____

Title: _____

(Owner, Partner, Authorized Officer)