

Architects, Engineers and Contractors Insurance Application

1. Applicant's Name:

Address:

Website:

2. Date company was established:

3. In the past five years has the applicant changed names, or have they been acquired, merged or have they consolidated? No _____, Yes _____ **If yes**, please provide details:

4. Personnel: Specify the number of personnel per each category:

Staff:	# of Personnel	# of Licensed	# of Full-Time	# of Part-Time
Principals, Partners, Officers & Directors:				
Architects:				
Engineers:				
Construction Personnel:				
Construction Managers:				
General Contractors:				
Other/Administrative:				
Total:				

5. Please provide the **percentages** of the following design, engineering, or management services the applicant provides or intends to provide (must total 100%):

Architecture:	Aerospace Engineer:
Building Commissioner:	Building Code Inspector:
Chemical Engineer:	Civil Engineer:
Construction Manager (agency):	Construction Manager (at-risk):
Control System Integrator:	Drafting/CAD/BIM:
Electrical Engineer:	Engineering Consultant:
Environmental Consultant/Engineer:	Forensic Engineer:
Geotechnical/Soil Engineer:	HVAC Engineer:
Interior Designer:	Landscape Architect:
Land Surveyor:	Land-use Planner/Engineer:
Marine Engineer:	Mechanical Engineer:
Nuclear Engineer:	Process Engineer:
Roofing Consultant:	Structural Engineer:
Traffic Engineer:	Welding Inspector:
Other (please specify):	

6. Is the applicant or any subsidiary, parent or other organization related to the applicant involved in the actual construction, erection, fabrication, or manufacturing? No____,Yes____ **If yes**, please provide details.

7. Is the applicant or any subsidiary, parent or other organization related to the applicant involved in Real Estate Development Services? No____, Yes ____**If yes**, please provide details:

8. Does the applicant subcontract out any services? No____,Yes ____**If yes**, please indicate which services and percentage:

9. Does the applicant use a written contract with their subcontractors? No____, Yes____ **If yes**, provide percentage used.

10. Does the applicant require subcontractors to carry E&O Insurance? No____,Yes____.
A. Does the applicant require subcontractors to carry GL Insurance? No____, Yes ____.
B. Does the applicant require proof of insurance? No____Yes____;

11. Please describe the **percentages** of the following contracting services the applicant provides or intends to provide (**must total 100%**):

Artisan Contractor (describe):	Concrete Contractor:
Control Systems Installer:	Design Build (in-house design services):
Design Build (subcontracted design services):	Electrical Contractor:
HVAC Contractor:	General Contractor:
Other (please specify):	

12. Please provide the gross revenues for services listed below. Design Professionals, Engineering Consultants, please use gross revenues. Construction Managers (agency/at-risk), please use gross revenues. Artisan Contractors, Contractors (HVAC, Electrical, all other) General Contractors, and Design Build Contractors please use total construction values for all projects:

	Previous 12-Months		Current Year		Projected 12-Months	
	Gross Revenues:	Construction Values:	Gross Revenues:	Construction Values:	Gross Revenues:	Construction Values:
Design:						
Design Build:						
Construction Only:						
Agency Construction Management:						
At-Risk Construction Management:						
Totals:						

13. Please Provide the approximate percentages of billings derived from the following services:

- a. Commercial: _____ %
- b. Governmental: _____ %
- c. Industrial: _____ %
- d. Residential: _____ %

14. Please list the state(s) in which the applicant will be performing services and percentage of work in each state:

15. What percentage of your gross revenue (or construction value) is attributable to projects located outside the U.S., its territories and/or Canada?

16. Based upon billings, please provide the approximate **percentages** of the projects below that the applicant is engaged in:

Airports:	Amusement Rides:	Apartments:
Arenas/Stadiums:	Bridges:	Condos:
Convention Centers:	Dams:	Harbors/Piers:
Healthcare Facilities:	Hospitals:	Hotels/Motels:
Industrial Waste Facilities:	Jails/Penitentiaries:	Landfills:
Mass Transit/Rail:	Mines:	Municipal Buildings:
Nuclear Plants:	Office Buildings:	Parking Structures:
Pools:	Private Dwellings:	Offshore:
Refineries:	Restaurants:	Retail Structures:
Road/highways:	Solar Panels:	Townhouses:
Telecommunications:	Tunnels:	Warehouses:
Water Treatment Plants:	Underground Location:	Underground Storage Tanks:
Other (please specify):		

17. Does the applicant work with other firms in a Joint Venture? No_____,Yes_____.**If yes**, please provide details:

18. Does any one contract or client represent more than 50% of the annual revenue/projects? No_____,Yes_____.**If yes**, please provide details:

19. Does the applicant or any partner have any ownership in any other company, and/or does the applicant provide services to that company? No_____, Yes_____.**If yes**, please provide details:

20. Does the applicant belong to any professional association(s)? No_____, Yes_____.**If yes**, please provide details:

21. Does the applicant have in-house quality control procedures? No_____,Yes_____:

22. Does the applicant have a risk manager on staff? No____, Yes____ **If yes**, please provide details:

23. Does the applicant require or provide for continuing education for its employees? No____, Yes____ **If yes**, please state how many hours.

24. Are written contracts used on every project? No____, Yes____ **If no**, Please estimate the percentage of projects where a contract is used?

25. Does the applicant use limitation of liability wording or similar protective wording within their contracts? No____, Yes____ **If yes**, please state the percentage used:

26. Does the applicant currently have similar insurance in place? **If yes**, please provide details:

Limits of Liability:	Deductible/Retention:	Retroactive Date:	Premium:

27. Has similar insurance ever been non-renewed, or cancelled by an insurance company? No____, Yes____ **If yes**, please provide details:

28. Does the applicant have an in-force comprehensive general liability policy? No____, Yes____ If so, please provide details:

Limits of Liability:	Deductible/Retention:	Claims Made, or Occurrence:

29. Has the applicant, or any principals ever been the subject of disciplinary actions, as a result of their professional activities? No____, Yes____ **If yes**, please provide details:

30. After inquiry, have any errors and omissions claims been made during the past 5 years against the applicant or any past or present principals, partners, directors, officers, or professional employees? No____, Yes____ **If yes**, please provide details:

31. After inquiry does the applicant or any principal, partner, director or officer or professional employee have knowledge or information of any act, error, omission, event, occurrence, fact, circumstance, allegation or contentions of any incident which could result in a claim being made against any insured.
No _____ Yes _____ **If yes**, please provide full details along with currently valued loss runs.

It is understood and agreed that with respect to questions 29, 30 and 31, that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

I DECLARE that, after inquiry, the above statements, and particulars are true, and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Printed name of applicant:
Signature of person authorized to execute on behalf of the applicant:
Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.