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## APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE COVERAGE

This is an application for a Claims Made and Reported policy. This application is not a binder.

### APPLICANT

1. Name of Firm \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Website Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Entity Type \_\_\_\_\_

3. Date the firm was established: \_\_\_\_\_

4. List branch office locations (if any) and the percentage of fees derived from each location. Total Must equal 100%

City, State	% Last Fiscal Year's Gross
	%
	%
	%
	%
TOTAL	%

5. List all pre-existing or related entities including mergers & acquisitions and subsidiaries and their dates of existence.

Entity	From	To

6. Provide the number of personnel in each of the following categories:

Licensed Principals	Non-Licensed Principals	Other Licensed Staff	Technical	Admin	Total

## GROSS FEES

7. Please provide the following information regarding your Gross Fees.

	Projection for Current Fiscal Year	Last Complete Fiscal Year date ending	Two Years Ago	Three Years Ago
Fiscal Year Ending				
a) Gross Fees				
b) Direct Reimbursable Expenses				
c) Net Gross Fees (Net of Reimbursables)				
d) Subconsultants				
e) Net Fees (Gross less Subs and Reimbursables)				

8. Does the firm provide Professional Services on any project in which it has an equity interest? Yes ☐ No ☐  
If 'Yes', please describe below:

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9. Was any of last fiscal year's Gross Fees performed on projects outside of the USA or Canada? Yes ☐ No ☐  
If 'Yes', please identify each foreign country and the % of your Gross Fees that was performed in each country:

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10. Submit a list of your 5 largest active projects based on last year's Gross Fees.  
Please include the Client, Project Name, Last year's Gross Fees, Location, and Services Provided:

Client	Project Name	Last year's Gross Fees	Location	Services Provided

11. Does any one contract or client represent more than 50% of your last fiscal year Gross Fees? Yes ☐ No ☐  
If 'Yes', please describe below:

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12. What percentage of Gross Fees are derived from repeat clients? \_\_\_\_\_%

13. What % of the firm's subconsultant Fees for the last fiscal year were paid to subconsultants in the following disciplines. Total must equal 100%.

	Insured for Professional Liability	Uninsured	Total
Environmental Services	%	%	%
Architectural	%	%	%
Civil Engineering	%	%	%
Geotechnical	%	%	%
Structural	%	%	%
Mechanical/Electrical	%	%	%
Other professional services	%	%	%
Total			%

14. What percentage of subconsultants provide a certificate of insurance at the start of a project? \_\_\_\_\_%

15. Does the firm update subconsultants certificates annually? Yes ☐ No ☐

16. Indicate the percentage of last fiscal year Gross Fees derived from each of the following types of clients. Total must equal 100%

Contractors	%	Foreign Governments & Corporations	%
Design Professionals	%	Local Governments	%
Developers	%	Corporate & Private Owners	%
Environmental Consultants	%	State Governments	%
Federal Government	%	Other: _____	%
Total			%

## DISCIPLINES

17. Please indicate the approximate percentage of last fiscal year Gross Fees in the disciplines below. Total must equal 100%

Engineering		Architecture & Planning	
Civil – Water & WW Treatment	%	Architecture	%
Structural Engineering	%	Architectural Planning/Urban Planning	%
Geotechnical Engineering	%	Interior Design and Graphics	%
Civil Engineering – Not Treatment Plants	%	Illumination Design	%
Traffic Engineering	%	Landscape Architecture	%
Acoustical Engineering	%	Naval Architecture	%
Surveying	%	Other Disciplines	
Mechanical Engineering (HVAC/MEP)	%	CM Agency	%
Mechanical Engineering (non-HVAC/MEP)	%	CM At Risk	%
Electrical Engineering	%	Laboratory Services	%
Process Engineering	%	Environmental Consulting	%
Fire Protection Engineering	%	Cultural Resources	%
Marine Engineering	%	Other: describe _____	%
Other: describe _____	%	Total	%

## SERVICES

18. Indicate the percentage of last fiscal year Gross Fees are attributable to the following services. Total Must Equal 100%.  
Leave blank if not applicable.

Non-Design Services		Construction Support Services/ Post Construction Services	
Reimbursable Expenses; Travel, Printing, etc.	%	Surveying and construction staking	%
Subconsultants	%	Construction materials testing	%
Separately Insured Projects (Project Policy)	%	Construction observation/review without design (CM Agency)	%
Abandoned projects	%	Construction management (CM At-Risk)	%
Feasibility studies, economic analysis, seismic reports	%	Program Management or other non-design related services	%
Conceptual, schematic, or other design without construction documents	%	Quantity or cost estimates without design	%
Drafting services – performed for others for a fee	%	Sheeting, shoring, scaffolding	%
Permitting	%	Training services – non-safety related	%
Plan checking without design	%	Training services – safety related	%
Other: describe _____	%	Temporary structures, temporary work platforms, or similar	%
Design Services		Building commissioning services	%
Alarm or security systems	%	Operation and maintenance services	%
Asbestos evaluation, remediation or analysis	%	Building inspections or property condition assessments	%
Design with construction observation/review	%	Other: describe _____	%
Design without construction observation/review	%		
Environmental consulting and preliminary site assessments (Phase 1 & Phase 2)	%		
Expert witness/Forensics	%		
LEED services	%		
Mold evaluation, remediation, or analysis	%		
Environmental site remediation design	%		
Other: describe _____	%		
<b>TOTAL</b>			<b>%</b>

## PROJECT TYPES

19. Indicate the percentage of last fiscal year's Gross Fees derived from each of the following types of projects.

Total Must Equal 100%.

<b>Residential Projects</b>			
Apartments	%	Mixed-use buildings (other than Condos)	%
Condominiums & Mixed-Use w/Condos	%	Single family homes	%
High-rise Residential (10 stories or more)	%	Townhomes/Duplexes	%
Residential Subdivisions	%	Other: _____	%
<b>Infrastructure Projects</b>			
Airport Runways	%	Structures for offshore use	%
Bridges, trestles	%	Telecommunications	%
Dams, reservoirs/ levees	%	Transmission lines, power utilities	%
Harbors, jetties, docks, piers, ports & offshore structures	%	Tunnels	%
Nuclear power plants	%	Wastewater collection, water distribution, water reclamation systems	%
Passenger transportation terminals	%	Wastewater treatment, storage, or disposal	%
Power plants (non-nuclear)	%	Other: _____	%
Roads, highways	%	Other: _____	%
<b>Commercial Projects</b>			
Amusement parks, ski lifts, zoos	%	Parking garages	%
Building envelopes, façades, glazing, curtain walls	%	Parks, playgrounds, golf courses	%
Casinos	%	Restaurants	%
Car dealerships	%	Shopping centers / retail malls	%
High-rise office building (15 stories or more)	%	Swimming pools	%
Hotels, motels, resort properties	%	Warehouses	%
Office Buildings (less than 15 stories)	%	Other: _____	%
<b>Institutional Projects</b>			
Churches	%	Municipal buildings	%
Colleges & universities	%	Museums	%
Hospital, healthcare, convalescent, assisted living	%	Schools (K-12)	%
Jails, prisons	%	Stadiums, arenas convention facilities, theaters	%
Military facilities	%	Other: _____	%
<b>Industrial Projects</b>			
Industrial, manufacturing buildings	%	Chemical plants / petrochemical plants / oil refineries	%
Industrial waste treatment	%	Chemical/petrochemical/industrial waste pipelines	%
Processing, manufacturing, and production systems	%	Research & development laboratories	%
Mines, quarries	%	Other: _____	%
<b>Environmental Projects</b>			
Preliminary Site Assessments (Phase I)	%	ESI/EIR (NEPA/CEQA)	%
Environmental Site Assessments (Phase II)	%	Air quality/noise studies	%
Remedial Design (Phase III)	%	Cultural resources	%
Site Remediation	%	Habitat/biological/wet land studies & design	%
Asbestos & mold abatement	%	Underground storage tanks/gas stations	%
Environmental training	%	Other: _____	%
<b>Total</b>			<b>%</b>

## CONTRACTS

20. Please specify the types of contracts used by the firm as a percent of Gross Fees in the last fiscal year.  
Total Must Equal 100%.

Client contract	%	Purchase order forms	%
Firm's own standard contract	%	Standard industry/association contract	%
Letter of agreement	%	Verbal agreements	%
TOTAL			%

21. What percentage of your professional service agreements include a Limitation of Liability to \$250,000 or less? \_\_\_\_\_%

22. Is the firm involved in any Integrated Project Delivery (IPD) or Public-Private Partnerships (P3)? Yes ☐ No ☐

If 'Yes', please describe below:

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23. Does the firm perform services under a Design-Build or Fast-Track delivery method? Yes ☐ No ☐

If 'Yes', what is the total percentage of your gross fees for the last fiscal year attributed to this delivery method? \_\_\_\_\_%

24. Does the firm provide or take responsibility for any site safety or construction means, methods, sequences or techniques? Yes ☐ No ☐

If 'Yes', please describe below:

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25. Is the firm or any principal involved in real estate development or ownership? Yes ☐ No ☐

If 'Yes', please describe below:

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26. Has the firm become involved in the manufacture, fabrication, sale, leasing or distribution of any product, process, component, device or system? Yes ☐ No ☐

If 'Yes', please describe below:

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27. Has the firm designed a building, component or system which might be used on more than one project without services for site adaptation? Yes ☐ No ☐

If 'Yes', please describe below:

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28. Has the firm entered into a joint venture agreement with an entity that did not provide professional design services? Yes ☐ No ☐

If 'Yes', please describe below:

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29. What percentage of your total gross billings was derived from projects utilizing Building Information Modeling (BIM) or Virtual Design and Construction? \_\_\_\_\_%

30. What percentage of your total gross billings was attributable to the design of projects that meet the United States Green Building Council's LEED certification? \_\_\_\_\_%

31. Does the firm provide any risk management or educational programs for your staff / managers? Yes ☐ No ☐

32. Are your negotiated contracts reviewed by a qualified attorney before they are signed? Yes ☐ No ☐

33. Does the firm follow written quality control procedures? Yes ☐ No ☐

34. Does the firm have a written procedure in place for collecting outstanding fees? Yes ☐ No ☐

35. Does the firm employ a written client selection process? Yes ☐ No ☐

## INSURANCE

It is important that claims and circumstances that may give rise to a claim are reported to your current carrier during the policy period in which you first become aware of them. The policy you are applying for here will not cover claims or circumstances that you are aware of prior to its effective date.

36. Have any claims, proceedings or lawsuits been made or threatened in the past five years against the firm, its members or an entity listed in this application? Yes ☐ No ☐

If 'Yes', have all of these claims or potential claims been reported to your current or prior insurance carriers? Yes ☐ No ☐

For each claim or potential claim, please complete a Claims Reporting Form. <https://ae-pli.com/applications>

37. Is any person intended to be covered by this policy aware of any negligent act or error or any fact, circumstance or situation which may reasonably be expected to give rise to a claim against firm, its members or an entity listed in this application? Yes ☐ No ☐

If 'Yes', have all of these circumstances been reported to your current or prior insurance carriers? Yes ☐ No ☐

For each circumstance, please complete a Circumstance Reporting Form. <https://ae-pli.com/applications>

38. Is your firm currently insured for Professional Liability coverage? Yes ☐ No ☐

If 'Yes', please provide the retroactive date on your policy: \_\_\_\_\_

Does your current policy provide first dollar defense? Yes ☐ No ☐

Carrier	Policy Period	Limits	Premium

39. Does the firm currently purchase Cyber Liability coverage? Yes ☐ No ☐

If 'Yes', please provide details:

Carrier	Policy Period	Limits	Premium

40. Please provide details on your General Liability insurance

Coverage	Carrier	Policy Expiration	Limits	Premium
General Liability				
Auto				
Workman's Comp				
Umbrella Liability				

41. Has any insurer cancelled or refused to renew any similar insurance to the firm, its members, or an entity listed in this application? Yes ☐ No ☐

If 'Yes', please describe below:

\_\_\_\_\_

42. Additional Information. Please provide any helpful insights about your firm, its management or risk management practices that will help us understand how you manage or reduce your professional liability exposure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. Please attach copies of the following to your submission.

1. Resumes/bios for Principals, Partners, and key personnel.
2. The declarations page of your current professional liability insurance policy.



## NOTICES

The insurance coverage for which you are applying is written on a Claims Made and Reported policy. Only claims that are first made against you during the policy year and reported to us within that policy year, or within 60 days after the end of the policy year, are covered, subject to policy provisions.

The limits of liability available to pay damages, including judgment or settlement amounts, shall be reduced by amounts incurred for claims expenses. Further note that amounts incurred for claims expenses and damages shall also be applied against the deductible amount.

### Notice to Alabama Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

### Notice to Arkansas, District of Columbia, Louisiana, Oregon, Rhode Island and West Virginia Applicants:

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.

### Notice to Colorado Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### Notice to Florida Applicants:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### Notice to Kansas and Kentucky Applicants:

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

### Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### Notice to Maine Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### Notice to Maryland Applicants:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Notice to New Mexico Applicants:

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 civil fines and criminal penalties.

### 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 or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### Notice to Ohio Applicants:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### Notice to Oklahoma Applicants:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to all other state Applicants:**

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.

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

Name of Principal, Partner, or Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_