



PROFESSIONAL LIABILITY INSURANCE APPLICATION

GENERAL INFORMATION

1. Firm name _____
 Address _____ City _____ State _____ Zip _____
 Insurance contact at your firm _____ Title _____
 Email _____ Phone _____ Ext _____
 Fax _____ Website _____
 Firm is Corporation Partnership LLC LLP Sole Proprietorship Joint Venture
 Other (provide details) _____

List all pre-existing entities, including acquisitions and mergers, and their dates of existence.
 Check this box if there are no entities other than that listed above

Entity	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date original firm commenced operations _____ Federal Tax ID _____

2. How did you hear about our program?
 Renewal Quoted previously Referral Web search Sales call NGWA IECA Other _____

3. Number of staff:

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

4. Has the applicant or any subsidiary in the past three years been involved with, or contemplated in the next 12 months any merger, acquisition or divestment? Yes No If yes, please describe details in question #24.

GROSS BILLINGS

5. Firm's gross annual billings for the past three years.

	Projected	Last Year*	2 Years Ago	3 Years Ago
a. Fiscal year end date				
b. Gross billings	\$	\$	\$	\$
c. Subconsultants	\$	\$	\$	\$
d. Direct reimbursable expenses	\$	\$	\$	\$
e. Net billings	\$	\$		
f. % Subconsultants (line c as a percent of line b)		%		
g. Feasibility studies	\$	\$	\$	\$
h. Projects which have been permanently abandoned	\$	\$	\$	\$
i. Projects insured under separate project policies	\$	\$	\$	\$
j. Joint venture projects (your portion of JV billings)	\$	\$	\$	\$

*Last full fiscal year

DISCIPLINES

6. Please indicate disciplines as a percentage of your Last Year's net billings (from question 5e). Total must equal 100%.

Discipline	%	Discipline	%	Discipline	%
Architecture	%	Forensics Describe type	%	Marine Engineering	%
Chemical Engineering	%	Geotechnical Engineering	%	Mechanical Engineering	%
Civil Engineering	%	HVAC/Plumbing/Fire Protection	%	Mining Engineering	%
Commissioning/Testing/Balancing	%	Hydrology/Geology	%	Naval Architecture	%
CM - Agency	%	Interior Design	%	Process Engineering	%
CM - At Risk	%	Laboratory Testing	%	Structural Engineering	%
Drafting	%	Landscape Architecture	%	Telecommunication Engineering	%
Electrical Engineering	%	Land Surveying - Construction Staking	%	Traffic Engineering	%
Environmental Consulting	%	Land Surveying - Topographic/ Boundary	%	Other Please Describe	%
Environmental (Haz Mat)	%	Land Surveying - Other	%	Other Please Describe	%
Environmental Permitting	%	Land Use Planning	%	TOTAL	%

SERVICES

7. Indicate the services provided by your firm. Total must equal 100%.

Service	%	Service	%
Design Services (without Construction Phase Services)	%	Feasibility Studies/Planning/Reports	%
Design with Construction Observation Services	%	Inspections: Describe type	%
Design with Responsibility for Construction	%	Surveying, Planning, Platting, Mapping, Flood Plain Studies	%
Construction Management without Design	%	Other: Please Describe	%
		TOTAL	%

8a. Have you ever provided services for a project outside the US, its territories and possessions and Canada? Yes No
If yes, please provide details below:

8b. What percentage of your annual gross billings for the past year was derived from projects outside the US, its territories and possessions and Canada? _____%

9. What percentage of your firm's annual gross billings for the past year was derived from each of the following categories of owners? (Total must equal 100%)

Federal	State & Local Government	Institutional	Private	Other: Describe _____	Total
%	%	%	%	%	%

10. What percentage of your firm's annual gross billings for the past year was derived from each of the following categories of clients. Total must equal 100%.

Contractors	Developers	Owners	Design Firms	Other: Describe _____	Total
%	%	%	%	%	%

PROJECTS

11. Please indicate types of projects as a percentage of Last Year's Net billings (Question 5e). Total of all projects must equal 100%.

Residential Projects	% of Gross Billings	Project	% of Gross Billings
Apartments	%	Mixed use buildings (other than condominiums)	%
Condominiums	%	Single family homes	%
High rise residential	%	Townhouses/Duplexes	%
Residential subdivision	%	Other	%
Industrial Projects			
Industrial, manufacturing buildings	%	Petrochemical plants	%
Industrial waste treatment	%	Petrochemical/Chemical/Industrial Waste Pipelines	%
Machinery, products: Describe Type	%	Research and development laboratories	%
Mines, quarries	%	Other	%
Commercial Facilities Projects			
Amusement parks, zoos	%	Parking garages	%
High-rise commercial, office building > 15 stories	%	Parks, golf courses	%
Hotels, motels, resort properties	%	Shopping centers/Retail	%
Museums	%	Stadiums, arenas	%
Office buildings < 15 stories	%	Swimming pools	%
Other	%	Other	%
Institutional			
Churches	%	Jails, prisons	%
Colleges and universities	%	Military facilities	%
Hospital, healthcare, convalescent	%	Schools, through grade 12	%
Other	%	Other	%
Infrastructure			
Airport runways	%	Structures for offshore use	%
Bridges, trestles, tunnels	%	Telecommunications	%
Dams, reservoirs	%	Transmission lines, power utilities	%
Harbors, jetties, docks, piers or ports	%	Wastewater collection, water distribution, water reclamation systems	%
Highways, roads	%	Wastewater/water treatment plants	%
Nuclear	%	Other	%
Passenger transportation terminals	%	Other	%
Power plants (non-nuclear)	%	Other	%
Environmental			
Preliminary site assessments (Phase I)	%	EIS/EIR (CEQA/NEPA)	%
Environmental site assessments (Phase II)	%	Air quality/noise studies	%
Remedial design (Phase III)	%	Cultural resources	%
Site remediation/UST removal	%	Habitat/biological/wetland studies & design	%
Asbestos & mold abatement	%	Other	%
Environmental training	%	Other	%
		TOTAL	%

* Please complete and return [list of largest projects](#).

CONTRACTS/RISK MANAGEMENT

12. a) Please indicate your firm's contract usage as a percentage of your gross receipts for the past year. Total must equal 100%.

Professional Association Contract (AIA/ACEC/ASFE)	Firm's Standard	Letter Agreement	Purchase Order	Client Agreement	Oral Agreement	Total
%	%	%	%	%	%	%

- b) What percentage of the work performed by subcontractors and subconsultants is performed under written contracts? _____%
- c) When you hire subcontractors and subconsultants, for what percentage of those projects do you obtain professional liability certificates of insurance? _____%
- d) Does your firm incorporate a limitation of liability clause in its contracts? Yes No
If yes, what percentage of your firm's current contracts contain a limitation of liability clause less than or equal to \$250,000? _____%
- e) Does your firm have non-standard contracts reviewed by legal counsel or your insurance provider for liability implication prior to signing? Yes No
- f) Does your firm provide continuing education and training programs for its professional and technical staff? Yes No
- g) What percent of your firm's licensed staff have participated in risk management training in the last completed fiscal year? _____%
- h) Are any principals or employees of your firm members of any professional associations? (AIA, ASCE, ACEC, NSPS, etc.) Yes No
- i) Does your firm have procedures for monitoring or collecting outstanding fees? Yes No
- j) In the past three years have you brought suit to collect any fees? Yes No
- k) Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or Chapter 11? Yes No
- l) Does your firm (or any related firm) perform actual construction, erection or fabrication? Yes No
- m) Does your firm (or any related firm) engage in computer software development for or sale to others? Yes No
- n) Does your firm (or any related firm) engage in Real Estate Development? Yes No
- o) Does your firm (or any related firm) engage in the manufacture, sale, leasing or distribution of any product or production process? Yes No
- p) Do you or any principal, owner or officer, director or an immediate family member have an ownership interest in any entity for whom professional services are being rendered? Yes No

If the answer to any item j through p is Yes, please provide details under Question 24: Additional Information.

13. What percentage of billings for the past fiscal year was derived from repeat clients? _____%

14. Has the applicant firm, any subsidiary, or any predecessor rendered services in the past 3 years, or do they expect to render services in the next 12 months, for any project where all or a portion of the project is currently titled, or is expected to be sold, under a condominium or cooperative form of ownership?

(Note: Do not include services provided for the owner of a single condominium or co-op unit) Yes No

SUBCONSULTANTS

15. What percentage of Last Year's Gross Billings was paid to subconsultants? (Total should match the percentage from 5f, not 100%)

Subconsultants	Insured for Professional Liability	Not Insured for Professional Liability	
Architecture	%	%	
Civil engineering	%	%	
Electrical engineering	%	%	The total for this table should equal the subconsultant percent calculated from question 5f, which is: _____ %
Environmental engineering	%	%	
Geotechnical engineering	%	%	
Mechanical engineering	%	%	
Structural engineering	%	%	
Other: Please describe below	%	%	
	Subtotal	Subtotal	

INSURANCE

16. Does your firm currently carry Professional Liability Insurance? Yes No

17. Please provide details of any Professional Liability insurance presently carried in the past year.

	Insurance Company Name	Per Claim Limit	Aggregate Limit	Deductible	Annual Premium	Expiration Date	Retroactive Date
Last year		\$	\$	\$	\$		

18. Does your current policy provide first dollar defense? Yes No

19. Do you have a Specific Additional Project Limit Endorsement on your current policy? Yes No

20. Is your firm a named insured under a project policy? Yes No

If yes, please provide a copy of the declarations page of this policy.

21. Current General Liability insurance company: _____ Expiration date: _____

22. Have you or any principal, partner, officer, director, or shareholder of your firm ever been declined for Professional Liability Insurance or had such coverage canceled (except for nonpayment of premium) or non-renewed? (Not applicable in in Missouri) Yes No

If yes, please provide details in Additional Information, question 24.

CLAIMS

23. Litigation: circumstances, previous losses and claims

It is important to report claims as well as situations of which you are aware that may give rise to a claim during the policy period in which you are first aware of them. The policy that you are applying for will not cover claims or situations that you are aware of prior to the effective date.

a) Have any claims, proceedings or suits ever been made or threatened in the past five years against the Applicant or any entity intended to be covered or any present or former directors, officers, trustees or employees in the past 5 years? Yes No

In the past 10 years? (for firms with more than \$5 million in billings) Yes No

b) Is the Applicant or any entity or person intended to be covered aware of any negligent act, error or any other fact, circumstance or situation which may reasonably be expected to give rise to a claim against it or any of its directors, officers, trustees or employees? Yes No

If yes to either question, please complete a Claim Reporting Form for each claim on page 7.

Claim Reporting Form

For each claim that has been made against the Applicant or any of its present or former directors, officers, trustees or employees, please provide the following:

Description of claim:

Full name of the claimant(s):

Date of alleged act, error or omission: _____ Date Claim was made: _____

Name of the insurance company to whom this claim has been reported:

Present status of the claim: Open Closed

If claim is closed, please state:

Total Damages paid / outstanding: \$ _____ Defense Expense paid/outstanding \$ _____

If claim is opened, please state:

The Maximum amount demanded: \$ _____ Your opinion as to likely settlement value: \$ _____

Insurance Company loss reserves: \$ _____

If settlement negotiations have begun, please state:

Claimant's settlement demand: \$ _____ Defendant's offer to settle: \$ _____

Defense cost to date: \$ _____

Description of actions taken to avoid similar future claims:

COLORADO: 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.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

MINNESOTA: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

NEW MEXICO: 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.

NEW YORK (Non Auto): 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.

OHIO: 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE (Non WC): 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.

VIRGINIA: 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.

WEST VIRGINIA: 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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Not applicable in Nebraska.

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments hereto are true and no material facts have been suppressed, omitted or misstated. Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

AssuredPartners sends policies, endorsements, invoices, and other correspondence pertaining to your policies to you electronically via e-mail. To ensure timely delivery, please provide the name of the individual who should receive these documents and their e-mail address. You agree to notify us of any changes with respect to the name of the individual and the e-mail address you've provided. You may opt out of electronic delivery at any time. Email your opt out instructions to your account representative.

Your Signature and Authorization

* If you are electronically submitting this document, apply your electronic signature to this form by typing your name in the Applicant's Signature field and checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Name: _____ **Date:** _____

Title: _____

Email: _____

Applicant's Signature: _____