

**DESIGN PROFESSIONALS LIABILITY COVERAGE
APPLICATION**

IMPORTANT NOTE: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

NEW YORK DEFENSE EXPENSES NOTICE: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this application "you" and "your" means the entity or individual applying for this insurance.

1. New Business - Effective Date requested: _____ Renewal - Renewal of Policy Number: _____

APPLICANT INFORMATION

2. Date Established (mm/dd/yyyy) _____

3. Your Full Legal Name _____

4. Your "trade name" or "doing business as" name _____

5. Your address _____

a. Street _____

City	State	Zip code	County
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b. Mailing (if different) _____

City	State	Zip code	County
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6. Your primary contact _____

Name	Title
------	-------

Phone	Fax	Email
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7. Your Website Address _____

8. Your legal status: Individual General Partnership Professional Corporation or Association
 Limited Liability Partnership (LLP) Limited Liability Company (LLC) Other (please describe): _____

New Applicants: Please attach a copy of your brochure.

GENERAL INFORMATION

9. What is the total number of your staff? _____

a. Full-Time..... _____

b. Part-Time..... _____

10. How many registered architects, landscape architects, land surveyors, and licensed engineers do you employ?..... _____

11. Please advise your annual gross billings, not including direct reimbursables, for the past three fiscal years:

	Year		Billings
a. Last Year	_____	\$	_____
b. One Year Prior	_____	\$	_____
c. Two Years Prior	_____	\$	_____

12. Please advise your projected gross billings for the current and next fiscal years:

	Year	Billings
a. Current Year	_____	\$ _____
b. Next Year	_____	\$ _____

13. Please complete the following chart for your five largest projects based on construction value over the past three years:

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

14. Please complete the following chart based on your annual gross billings from the past fiscal year (11a.) attributable to the following disciplines provided by you, excluding subconsultants. Please complete the Environmental Supplement for those services indicated by *.

Discipline	% of Annual Gross Billings	Discipline	% of Annual Gross Billings
Architect	%	Land Surveyor - Construction Staking	%
Civil Engineer	%	Land Surveyor - Topographic/Boundary	%
Construction Manager	%	Land Surveyor - Other: _____	%
Electrical Engineer	%	Mechanical Engineer	%
Environmental Consultant*	%	Process Engineer	%
Forensic Engineer	%	Structural Engineer	%
Geotechnical Engineer	%	Other: _____	%
Landscape Architect	%		

15. Please complete the following chart based on your annual gross billings from the past fiscal year (11a.) derived from each project type or category. Please complete the Environmental Supplement for those services indicated by * and for which annual gross billings derived are greater than 2%. New applicants: Please complete the Condominium Supplement for those services indicated by **.

Project Type or Category	% of Annual Gross Billings	Project Type or Category	% of Annual Gross Billings
Air Emission Control Systems*	%	Military Facilities	%
Airports	%	Mines/Quarries	%
Amusement Parks/Zoos	%	Museums	%
Apartments	%	Mold Abatement*	%
Asbestos Abatement*	%	Parking Garages	%
Banks	%	Refinery/Petro	%
Bridges/Tunnels/Dams	%	Religious	%
Condominiums – Residential**	%	Research & Development Laboratories	%
Condominiums – Commercial**	%	Residential Subdivisions	%
Educational	%	Sewer/Water Systems	%
Façade Restoration/Maintenance	%	Single Family Homes	%
Harbors/Piers/Ports	%	Stadiums/Arenas/Convention Centers	%
High Rise Commercial/Office Building (>15 stories)	%	Superfund Sites*	%
Highways/Roads	%	Swimming Pools	%
Hospitals/Assisted Living Facilities	%	Townhouses	%
Hotels/Motels	%	Toxic/Hazardous Waste Sites*	%

Project Type or Category	% of Annual Gross Billings	Project Type or Category	% of Annual Gross Billings
Industrial Manufacturing	%	Underground Storage Tanks*	%
Jails/Prisons	%	Wastewater Treatment Plants/Systems - Municipal	%
Landfills*	%	Wastewater Treatment Plants/Systems - Industrial	%
Laboratories	%	Other: _____	%
Low Rise Commercial/Office/Retail	%		

16. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from feasibility studies, master planning, reports, opinions, interior design, and forensic engineering? %

17. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) for the following categories of project owners:

Categories of Project Owners	% of Annual Gross Billings	Categories of Project Owners	% of Annual Gross Billings
Federal Government	%	Private	%
State or Local Government	%	Other: _____	%
Institutional	%	Total must equal 100%	100%

18. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) derived from the following clients:

Client	% of Annual Gross Billings	Client	% of Annual Gross Billings
Contractors	%	Developers	%
Owners	%	Other: _____	%
Design Firms	%		

19. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from repeat clients? %

20. Is more than 50% of your annual gross billings from the past fiscal year (11a.) derived from one client? Yes No

If yes, please provide details: _____

21. What percentage of your annual gross billings from the past fiscal year (11a.) were derived from projects located outside the U.S., its territories and possessions, and Canada? %

Project Name	Location	Services Rendered	Project Type	Construction Value	Your Fees

22. Do you or any of your principals, partners, members, officers, directors, shareholders or immediate family members have an ownership interest in any entity for whom professional services are being rendered? Yes No

If yes:

a. Please provide details: _____

b. Is the combined ownership interest greater than 49%? Yes No

23. Are you or any parent, subsidiary or other related organization engaged in any of the following:

a. Actual construction, fabrication, installation, or erection? Yes No

b. Computer software development for, or sales to, others? Yes No

c. Real estate development? Yes No

d. Designing, manufacturing, selling, leasing, or distributing any product, process, or patented design? Yes No

If yes to any of the above, please provide details, including relationships, description of the services performed, construction values, fees received, and sample contracts: _____

24. Do you or any parent, subsidiary or other related organization ever have single-point responsibility for both the design and construction of a project? Yes No
If yes, please complete the Design/Build Supplement.
25. Do you currently have a general liability policy? Yes No
If yes, please complete the information below:
 Carrier: _____ Policy Term: _____ to _____ Limits of Liability: _____
26. Have you or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11? Yes No
If yes, please provide details: _____
27. Is there an endorsement on your current policy that provides an additional limit for a specific project, client, or contract? Yes No
If yes, please complete the Specified Client, Contract, or Project Additional Limit Supplement.
28. Do you design projects using a model-based technology linked to a database of project information, for example, Building Information Modeling (BIM)? Yes No
If yes, on what percentage of your projects is Building Information Modeling (BIM) used? _____ %
29. Do you provide professional services on projects that are LEED certified? Yes No
If yes, what percentage of your projects are LEED certified? _____ %
30. Please provide the breakdown of design services based on your annual gross billings from the past fiscal year (11a.) as follows (total must equal 100%):
 a. Percentage with construction observation _____ %
 b. Percentage without construction observation _____ %
31. What percentage of projects based on your annual gross billings from the past fiscal year (11a.) were rendered under the fast-track delivery method? _____ %
32. Are you a Named Insured under any project policy? Yes No
If yes, please complete the following chart for all projects:

Project Name	Carrier	Policy Term	Discovery Period	Limit of Liability	Deductible
		to	to		

- a. What were your annual gross billings from the past fiscal year (11a.) associated with this project? \$ _____
 If more than one project, please attach a separate sheet for additional projects.

RISK MANAGEMENT

33. Please complete the following chart for your annual gross billings from the past fiscal year (11a.) for each contract type listed:
- | Type of Contract | % of Annual Gross Billings | Type of Contract | % of Annual Gross Billings |
|-----------------------------------|----------------------------|-----------------------|----------------------------|
| Professional Association Contract | % | Letter of Agreement | % |
| Client Drafted Contract | % | Verbal Agreement | % |
| Purchase Order | % | Other: _____ | % |
| Your Standard Contract | % | Total must equal 100% | 100% |
34. Do you incorporate a limitation of liability provision in your agreements? Yes No
If yes, what percentage of your contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)? _____ %
35. Please describe the situations when you use verbal agreements: _____
36. Are you willing to use some form of written agreement for all projects? Yes No

37. Please complete the following chart of your annual gross billings from the past fiscal year (11a.) that were paid to subconsultants:

Subconsultant	Insured for Professional Liability	Not Insured for Professional Liability
Architecture	%	%
Civil Engineering	%	%
Electrical Engineering	%	%
Environmental Engineering	%	%
Geotechnical Engineering	%	%
Mechanical Engineering	%	%
Structural Engineering	%	%
Other: _____	%	%

38. Do you use written agreements with all subconsultants? Yes No
If no, please explain when verbal agreements are used: _____

39. Do you have a client selection process? Yes No
If yes, please describe the client selection process: _____

40. Do you have a project selection process? Yes No
 a. *If yes, describe the client selection process:* _____
 b. *If no, please explain:* _____

41. Do you have:
 a. non-standard contracts reviewed by legal counsel for liability implications prior to signing? Yes No
 b. a procedure for monitoring or collecting outstanding fees? Yes No
 c. a written quality control manual? Yes No

42. How many people from your firm have attended a professional liability risk management seminar within the past year?
 Which of the following best describes the seminar(s):
 Presented by your agent Presented by your insurance carrier
 Internet Self study
 Presented by a professional society Other: _____

43. In the past three years, have you brought suit against any client to collect fees? Yes No
If yes, please provide details including date, circumstances and amount of fees: _____

44. Do you currently have any unresolved fee disputes? Yes No
If yes, please provide details including date, circumstances and amount of fees: _____

FIRM HISTORY

45. How many employees have left your firm in the past 12 months in each of the following categories?
 a. Management
 b. Licensed professionals
 c. Other staff

46. How many employees have joined your firm in the past 12 months in each of the following categories?
- a. Management.....
 - b. Licensed professionals
 - c. Other staff.....

PRIOR INSURANCE AND CLAIM HISTORY – NEW APPLICANTS ONLY

Important Note For New Applicants: You must report any known claim or suit, or incident, act, error, or omission that may in the future give rise to a claim or suit, to your current professional liability carrier before the claim reporting period under that policy expires. Any claim or suit resulting from any incident, act, error, or omission known before the effective date of any insurance policy issued in response to this application may be excluded from coverage under any such policy whether or not such knowledge is disclosed in this application.

47. Has any professional liability claim or suit been made or brought against any of the following during the past five years (ten years for firm's with gross annual billings greater than \$5 million), or earlier if still pending:
- a. You, your firm, or any member of your firm?..... Yes No
 - b. Any predecessor firm?
 - c. Any former member of your firm or predecessor firm for professional services while a member of such firm?..... Yes No
- If yes to any of the above, please complete a Claim, Suit, or Incident Supplement for each claim or suit.*

48. Do you or any person or entity seeking coverage under this proposed policy have knowledge of any incident, act, error, or omission that is or could be the basis of a professional liability claim? Yes No
- If yes, please complete a Claim, Suit, or Incident Supplement for each incident, act, error, or omission.*

49. Complete the following chart for professional liability insurance coverage carried by your firm during the past three years. If currently uninsured, please check here:

	Carrier	Policy Period From and To		Limit of Liability	Deductible	Premium	Retroactive Date	Reporting Period Purchased?
Current Year			to					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 1			to					<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Year 2			to					<input type="checkbox"/> Yes <input type="checkbox"/> No

50. Have you or any person or entity seeking coverage under this proposed policy ever been declined professional liability insurance or had such insurance nonrenewed or cancelled, other than for nonpayment of premium? (Missouri applicants: Do not complete.) Yes No
- If yes, please provide details:* _____

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH
 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 may also be subject to a civil penalty.
 (In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)
 (In Colorado, 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.)

Attention: Insureds in FL
 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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA
 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.

Attention: Insureds in PA

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.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The Company is authorized to make an investigation and inquiry in connection with this application.
- The Company is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature* (Partner, Member, Officer, Shareholder)	Date
Name (print)	Title

*If you are electronically submitting this application, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and 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

Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Submitting Insurance Name: _____ Direct Sub-produced

Address (City, State, Zip Code): _____

Phone: _____ Fax: _____ Email: _____

Licensed producer name: _____ License number: _____

ADDITIONAL INFORMATION:

In the section below you may provide additional information to any of the questions in this application (please reference the question number).