

Contractors, Design-Builders and Construction Consultants Contractors Professional Liability Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY.

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER.

1. GENERAL INFORMATION

Name of Firm		Date Established	
Street Address		Phone	
City, State, Zip		Contact Email	
Branch Office Cities		Website	

2. PERSONNEL – Specify number of personnel in each category.

	# of Personnel	# Registered / Licensed	# Full-Time	# Part-Time
Principals, Partners, Officers & Directors				
Construction Personnel				
Engineers				
Architects				
Land Surveyors				
Construction Managers				
Certified Construction Managers (CCM)				
Nicet Level III / IV				
Registered Communications Distribution Designer (RCDD)				
LEED Certified				
Other/Administrative				
Total Personnel				

3. REQUIRED ADDITIONAL INFORMATION

Current claims history / insurance company loss summary for the past five years	<input type="checkbox"/> Attached
Resumes of key personnel	<input type="checkbox"/> Attached

List the limits and deductibles your firm would like quoted. *For deductibles of USD50,000 or more, enclose a copy of your firm's balance sheet and income statement for the most recent fiscal year.

Limits	Deductibles*

4. OPERATIONS AND REVENUE INFORMATION

Is the firm a General Contractor? Yes No Is the firm a Specialty Contractor? Yes No

Approximately what percentage of your operations are performed by subcontractors? _____ %

Describe the nature of your firm's operations or provide the firm's website or brochure.

Report all revenue generated by every entity to be listed as an Insured broken down by the following contract types/activities:

Reporting periods	Past 12 months		Estimate for next 12 months	
	From: /	To: /	From: /	To: /
Types of Contracts/Activities	Estimated Construction Values	Professional Fees	Estimated Construction Values	Professional Fees
A. Construction only – perform as general or specialty contractor with no contractual obligations for design or Construction Management (CM) services	USD	USD	USD	USD
B. Design-Build w/ Subcontracted Design – assume contractual obligation for design and construction where design is subcontracted to an outside firm/individual	USD	USD	USD	USD
C. Design-Build w/ In-House Design – assume contractual obligation for design and construction where design is performed by in-house employees	USD	USD	USD	USD
D. Agency CM – provide project administration, project management or CM services as agent of owner but hold no design or construction subcontracts	USD	USD	USD	USD
E. At-Risk CM – provide CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction	USD	USD	USD	USD
F. Design Only – perform design services only with no contractual obligations for construction or CM	USD	USD	USD	USD
G. Real Estate – property management, real estate and leasing agent fees	USD	USD	USD	USD
H. Other – revenue generated from sources other than the above contract types/activities (Please describe)	USD	USD	USD	USD
TOTALS:	USD	USD	USD	USD

5. SUMMARY OF TOTAL GROSS REVENUE

Please provide total gross revenue for all operations for the following:

Current year	USD
Past year	USD
Two years ago	USD

6. PROFESSIONAL SUBCONSULTANT RISK MANAGEMENT

Is your firm ever responsible for hiring professional subconsultants to perform design or engineering services? Yes No

What types of professional design or engineering services are typically subcontracted?

What percent of the time do you hire professional subconsultants under written agreement? % _____

Do you require your professional subconsultants to carry Professional Liability insurance? Yes No

Do you require your Design/Build subcontractors to carry Professional Liability insurance? Yes No

What Limit of Professional Liability insurance do you require from your professional subconsultants? USD _____

Do you obtain and review certificates of insurance of your professional subconsultants? Yes No

Has any claim been filed by you or your firm against a professional subconsultant or Design/Build subcontractor, in the last five (5) years?
If YES, please provide details. Yes No

7. PROFESSIONAL DISCIPLINES – % of Gross Revenue, performed in-house and/or by subconsultants

Architecture	%	Landscape Architecture	%	Environmental	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Soils / Geotechnical Engineering	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction / Project Management	%	Hydrogeology / Geology	%	Construction Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Laboratory Testing	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Land Use Planning	%	Interior Design	%
Other (specify):							%

8. SPECIALTY SERVICES

Please check any of the following services rendered by or on behalf of your firm:

- Commissioning Value engineering Building Information Modeling (BIM)
 Constructability review Design-assist LEED consulting

9. PROJECTS - % of Gross Revenue, totaling 100%

Schools / Colleges	%	Agricultural – Silos / Grain Elevators / Barns	%	Office / Commercial / Retail	%	Water Systems	%
Hospitals / Retirement or Convalescent Homes	%	Industrial Process	%	Roads / Highways / Traffic	%	Wastewater Treatment Plants	%
Hotels / Motels / Resort Properties	%	Machine Design	%	Sewage or Waste Disposal Systems	%	Pipelines	%
Condominiums / Townhouses	%	Sports Stadiums / Amusement Parks	%	Government / Public Buildings	%	Dams / Reservoirs / Mines / Quarries	%
Residential Subdivisions / Tract Homes	%	Public Utilities / Power Generation	%	Retaining Walls / Foundation Repair	%	Harbors / Jetties / Docks / Piers	%
Custom Single Family – Residential	%	Alternative Energy / Wind / Solar / Biofuels	%	Falsework / Shoring / Temporary Structures	%	Bridges / Trestles / Tunnels	%
Remodel only – Single Home	%	Parking Garages / Theaters / Convention Centers	%	Jails / Justice	%	Airports	%
Apartments	%	Other (specify):					%

THREE LARGEST CURRENT PROJECTS

Project 1	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross revenue	USD
	g) Project construction value	USD
	h) Year completed	

Project 2	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross revenue	USD
	g) Project construction value	USD
	h) Year completed	

Project 3	a) Name of project	
	b) Client's name	
	c) Location	
	d) Description of project	
	e) Services provided by your firm	
	f) Project total gross revenue	USD
	g) Project construction value	USD
	h) Year completed	

10. ADDITIONAL PROJECT INFORMATION

What percentage of your gross revenue is attributable to projects located outside the U.S., its territories and possessions, and Canada?

%

If any, list the countries:

In the past five years has your firm, any related entity, or any predecessor firm provided any services on residential condominium or townhouse projects (including mixed-use)?

Yes No

If Yes, what is the total number of condominium / townhouse projects (including mixed-use)?

#

If Yes, what is the approximate total construction value?

USD

Has your firm, any related entity, any predecessor firm, or any principal in the last ten (10) years been involved on any of the following types of projects?

- Superfund sites Storage, containment or treatment of hazardous waste materials
 Environmental clean-up or remediation Transportation or disposal of hazardous waste materials

If Yes, please explain in detail:

11. CLIENTS – Must total 100%

Government or Public Entities	%
Owners	%
Contractors / Design-Builders	%
Developers	%
Financial and Lending Institutions	%
Design Professionals	%
Insurance Companies / Attorneys	%
Other (specify):	%

12. CONTRACTS – Must total 100%

Standard Industry Contract (e.g. AIA, AGC, DBIA)	%
Firm's own Standard Contract	%
Letter Agreement	%
Purchase Order	%
Client Contract	%
Oral Agreement	%
Other (specify):	%

13. BUSINESS ACTIVITIES

During the last five (5) years has your firm, any related entity, any predecessor firm, or any principal:

Been employed by or an officer of any other firm, organization or political body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Derived more than 50% of last fiscal year's gross revenue from any one client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designed a building, component or system which might be used on more than one project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sold or supplied goods or products that have been designed, fabricated or manufactured by or on behalf of your firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been the subject of disciplinary action by authorities as a result of professional or business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever held or do you now hold a patent for any product or process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided inspections of residential / commercial properties for prospective buyers or lenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided services as a real estate broker/agent, leasing agent or Property Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declared bankruptcy? If yes, when: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm had (1) a breach of network security, (2) unauthorized acquisition, access, use or disclosure of personal information; (3) violation of any privacy law, rule or regulation; or (4) transmission of any virus or malicious code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES to any of the above, please explain in detail:

14. OWNERSHIP INTERESTS and RELATED ENTITIES

Does your firm render services on behalf of any other entity in which any principal, partner, officer, director or shareholder or an immediate family member of any such person have an ownership interest in any entity or project for which professional services or contracting activities have been or are to be performed? Yes No

If Yes, explain in detail:

Is your firm controlled, owned by, or does your firm control or own any other entity? Yes No

If Yes, explain in detail:

Does your firm have any related entities? Yes No

If Yes, complete the following section and use additional sheets if necessary:

Name of Related Entity	Nature of Operations (e.g. general contracting, design firm, manufacturing, real estate development...)	Explain Relationship	Does your firm work on the same projects as the related entity?	% of your revenue generated from projects where the related entity is involved
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
			<input type="checkbox"/> Yes <input type="checkbox"/> No	%

15. PREDECESSOR OR FORMER FIRMS

During the past ten (10) years has your firm, any related entity, or any predecessor firm discontinued operations, closed its doors or reformed under a new or different name? Yes No

List all Predecessor or Former Firms	Dates of Existence	Reason for Change

16. CONTRACTORS POLLUTION LEGAL LIABILITY RISK INFORMATION Check if not applying for this coverage option.

Complete this section only if your firm is applying for Contractors Pollution Incident Liability Coverage (Optional Insuring Agreement B)

Does your firm have any written policies and procedures for complying with OSHA health, safety, training and medical monitoring requirements? Yes No

Does your firm have a written health and safety manual? Yes No

Does your firm carry Contractors Pollution Liability coverage? Yes No

If Yes, please provide the following information

- A. Name of Insurer _____
- B. Limit of Liability per claim _____
- C. Deductible/SIR/per claim _____
- D. Retroactive date (N/A if occurrence policy) _____
- E. Annual premium _____

Is your firm, any related entity, or any predecessor firm responsible for the removal, disposal and/or transportation of hazardous waste materials? If Yes, please explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm, any related entity, or any predecessor firm subcontract the removal, disposal and/or transportation of hazardous waste materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do you require the subcontractor to name you as an additional insured on their pollution liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your General Liability policy contain a mold exclusion limitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm, any related entity, or any predecessor firm own or lease any waste Treatment, Storage or Disposal (TSD) facility or landfill? If Yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm, any related entity, any predecessor firm, or any subcontractor have responsibility for selecting and contracting with a TSD facility or landfill? If Yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm, any related entity, any predecessor firm, or any subcontractor get involved in asbestos, lead or mold abatement? If Yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. INSURANCE HISTORY

Has any insurer cancelled or refused to renew any similar insurance issued to your firm, any related entity, or any predecessor firm? If Yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your firm currently have Professional Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List your firm's current Professional Liability policy and the previous two years:				
Carrier	Term	Limits	Deductible	Premium
		USD	USD	USD
		USD	USD	USD
		USD	USD	USD
Specify the Retroactive Date for your firm's current Professional Liability policy				
Is your firm currently insured under any separate project or excess professional liability policies? If Yes, provide details of the coverage or a copy of the Declarations page(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List your firm's current General Liability (CGL) policy				
Carrier	Term	Limits	Deductible	Premium
		USD	USD	USD
In the past five years has your firm reported a claim under your General Liability (CGL) policy where payment or reserves, including your deductible, exceeded USD100,000? If Yes, please provide loss runs and an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your General Liability (CGL) policy contain any of the following Endorsements: <input type="checkbox"/> CG 22 43 <input type="checkbox"/> CG 22 79 <input type="checkbox"/> CG 22 80				

18. CLAIM INFORMATION

If Yes to any question, complete the Claim / Incident Information Supplement.

a. Have any professional liability claims been made or legal action been brought against your firm, its predecessor(s) or any current or former principal, partner, director, officer or employee in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have any pollution liability claims been made or legal action been brought against your firm, its predecessor(s) or any current or former principal, partner, director, officer or employee in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. After complete investigation and inquiry, do any of the principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy? Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 18a and 18b of this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your firm, its predecessor(s) or any related entity have any current outstanding deductible obligations on any insurance policies? If Yes, give the exact amount owed to the insurance company and, if a payment schedule is in place, the amount and dates of repayment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. NOTICE TO APPLICANT

APPLICABLE IN NEW YORK: 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.

APPLICABLE IN ALABAMA: 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.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS: 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.

APPLICABLE IN CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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.

APPLICABLE IN DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN 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.

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

APPLICABLE IN 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.

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

APPLICABLE IN LOUISIANA: 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN MARYLAND: 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.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN OREGON: 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.

APPLICABLE IN RHODE ISLAND: 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.

APPLICABLE IN TENNESSEE: 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.

APPLICABLE IN WASHINGTON AND VERMONT: 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.

APPLICABLE IN 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.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON and VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE TO 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.

APPLICABLE IN OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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. In ME and TN, insurance benefits may also be denied.

20. CERTIFICATION AND SIGNATURE

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to the questions in section 18 or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

(Applicable in North Carolina only: The applicant further agrees that the Application and any material submitted herewith shall be considered attached to and a part of the Policy.)

Must be signed by a Principal, Partner, Officer or Director

Print or Type Applicant's Name:	Title of Applicant:
Signature of Applicant:	Date Signed by Applicant:
When the Applicant is in New Hampshire, must also be signed by the Producer	
Print or Type Producer's Name and Title:	Print or Type Agency's Name:
Signature of Producer:	Date Signed by Producer: