



ZURICH

Application for Architects and Engineers Professional Liability
Claims Made and Reported Basis

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIMS MADE basis. Only claims which are first made against you and reported to the Company during the Policy Period are covered subject to the policy provisions. The Limits of Liability stated in the Policy are reduced by claim expenses. Claim Expenses may also be applied against the deductible. If you have any questions about the coverage, please discuss them with your insurance agent.

Coverage Requested: Limits: _____ Deductibles: _____

FIRM PROFILE

1. Firm Name: _____
Address: _____
City, State, Zip Code: _____
E-Mail address: _____
Branch Offices: Yes No (List Branch offices on separate sheet)

2. Key Contact and/or Risk Manager:
Name: _____ Title: _____ Telephone: _____

3. Date Firm was established: Month: _____ Day: _____ Year: _____

4. Firm is: Corporation; Partnership; Professional Corporation; Sole Proprietorship; Other _____

5. Has the name of your Firm ever changed, or been party to any acquisition, consolidation, dissolution or merger ?
Yes No

If "Yes" please detail changes on separate sheet in chronological order.

6. Total Staff

	Architects	Engineers	Land Surveyors	Landscape Architects	All Other	TOTAL
Principals, Partners, Officers & Directors						
Licensed Staff						
Unlicensed Staff						

7. Identify the primary state(s) in which you perform your professional services:

State	%	State	%	State	%	State	%	State	%
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8. **Disciplinary Action.** Have any Principals, Partners, Officers or Directors ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No If "Yes" please give full details:
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ACCOUNTING DATA

9. Provide Gross Billings derived from professional services for the past reporting period (12 months), whether or not collected, including fees paid to consultants. (Newly established firms should use an estimate for the Upcoming Year.)

	<u>Last 12 Months</u>	<u>Construction Values</u>
A. Projects insured under separate project policies*	\$ _____	\$ _____
B. Projects permanently abandoned*	\$ _____	\$ N/A
C. Foreign Projects Billings*	\$ _____	\$ _____
D. Direct Reimbursables	\$ _____	\$ N/A
E. All other billings	\$ _____	\$ _____
F. TOTAL GROSS BILLINGS (a through e)	\$ _____	\$ _____
G. Projection for Upcoming year	\$ _____	\$ _____
H. Gross billings for each of past 5 years:		
	\$ _____	\$ _____
	1st year prior	2nd year prior
	\$ _____	\$ _____
	3rd year prior	4th year prior
	\$ _____	\$ _____
	5th prior year	

* Provide details on a separate sheet

10. Firm's Activities

Provide percentage of gross billings for the last reporting period (12 months), whether or not collected, including fees paid to consultants

Services	% of Gross Billings or Construction Values (see F above)
Feasibility Studies, reports where no design is completed	
Design Only, with no construction phase duties	
Design, with observation of construction	
Observation of Construction Only	
Construction Management only	
Design with Construction Responsibility (Construction subcontracted)	
Construction with Design Responsibility (Design subcontracted)	
Other (Describe)	
TOTALS	

PRACTICE DETAILS

11. Professional Services

Based on your Firm's net billings, please indicate the approximate percentage of services listed below which are performed by your Firm. *Do not include services of your consultants.* (Note: This section should total 100%)

Acoustical Engineering	%	Forensic Engineering	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geo Technical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying	%	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other (detail below)	%
Electrical Engineering	%	Mechanical Engineering	%		%
Environmental Engineering*	%	Naval/Marine	%		%

Note: If Environmental Engineering or Consulting services are greater than 10% of the total billings or Environmental Contracting coverage is desired, complete the Environmental/Contractors Pollution Liability Supplemental application.

12. Subcontracted Services

Does your firm subcontract professional services? Yes No

If "Yes," indicate the percentage of professional billings subcontracted and the types of professional services subcontracted: _____

Does your firm obtain insurance certificates of professional liability from your sub-consultants? Yes No

If No, please explain _____

13. Other Services

Based on your Firm's Gross Billings, indicate the approximate percentages of activities listed below in which your firm is involved. (Note: This section need not total 100%)

Asbestos Related Work	%	Ground Testing/Soil Analysis	%	Services Provided for Real Estate Transfers	%
Building Design	%	Inspection Services	%	Site Development	%
Continuing Service	%	Instrumentation/Controls	%	Software Development/ Sales	%
Cost Estimating	%	Lead Related Work	%	Subsurface Soil Exploration/Drilling Operations	%
Destructive Testing	%	Machine/Equipment Design	%	Traffic/Transportation	%
Environmental Impact Statements	%	Pipelines	%	Underground Utility Locating	%
Fast Track, Turnkey or Prototype Projects	%	Product Design	%	UST	%
Foundations, Sheet piling and Shoring Design	%	Residential Subdivisions	%	Wetland Delineation	%

14. Project Type

A. Based on your Firm's gross billings, indicate the approximate percentages of the projects listed below in which your firm is engaged. (Note: This section should total 100%)

Airports	%	Landfills	%	Schools/Colleges	%
Amusement Rides	%	Libraries	%	Sewage Systems	%
Apartments	%	Manufacturing/Industrial	%	Sewage Treatment Plants	%
Arenas/Stadiums	%	Mass Transit	%	Shopping Centers/Retail	%
Bridges	%	Mines	%	Superfund/Pollution	%
Condominium/Townhouses	%	Municipal Buildings	%	Telecommunications	%
Residential	%	Nuclear/Atomic	%	Theaters	%
Commercial	%	Office Buildings	%	Tract Homes	%
Convention Centers	%	Parking Structures	%	Tunnels	%
Dams	%	Petro/Chemical	%	Warehouses	%
Harbors/Piers/Ports	%	Pools/Playgrounds	%	Wastewater Treatment Plants	%
Hospitals/Healthcare	%	Pre-engineered Buildings/Structures	%	Water Systems	%
Hotels/Motels	%	Private Dwellings (Custom)	%	Utilities	%
Industrial Waste Treatment	%	Recreational	%	Other	%
Jails	%	Roads/Highways	%		%

B. Has the Applicant undergone any substantial changes in the percentages of item 14.A. during the past 2 years or anticipate any significant changes in the next 12 months? Yes No If "Yes" please give details.

C. **Largest Current Projects.** On a separate sheet, attach a list of your ten largest projects in the past 2 years. Include type of structure, services performed, construction values, professional fees and project location.

D. Condominiums/Townhouses

In the past ten years has your firm, predecessor or any other insured provided any professional services related to:

Residential Condominiums and/or Townhouses Yes No If yes, please complete the following:

Total Number of Condominium/Townhouse projects _____. Approximate Total Construction Value \$ _____.

15. Firm's Clients

A. Please indicate the approximate percentage of your Firm's Gross Billings in item 9. that were derived from the following client categories: (Note: This section should total 100%)

Attorneys	%	Government Local	%	Owners (who act as their own builder)	%
Commercial	%	Institutional	%	Real Estate Developers	%
Contractors	%	Industrial	%	Other: (specify)	%
Government Federal	%	Lending Institutions	%		%
Government State	%	Other Design Professionals	%		%

B. What percentage of your firm's business is from repeat clients? _____ %

C. Does any one contract or client represent more than 25% of annual work Yes No

If "Yes" provide details: _____

16. Is your firm or any subsidiary, Parent or other Organization related to your Firm, engaged in:

- A. Actual construction, fabrication or erection? Yes No
- B. Development, sale or lease of computer software to others? Yes No
- C. Real estate development? Yes No
- D. Manufacturing, sale, leasing or distribution of any product? Yes No

If any answers are "Yes", use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

17. Are any of the Principals, Partners, Directors or Employees of your Firm involved in any activities described in item 16?
 Yes No If "Yes", provide details on a separate sheet.
18. **Affiliation With Other Firms.** Is your Firm controlled, owned or associated with any other firm, corporation, or company, or does your Firm own or control any other entity?
 Yes No
 If "Yes," use a separate sheet to provide details.
19. Does your Firm render services on behalf of any entity in which any Principal, Partner, Officer or Director of your Firm, or an immediate family member of such Person is a Principal, Partner, Officer, or Director?
 Yes No
 If "Yes" please provide full details: _____

EQUITY OWNERSHIP

20. A. Does your Firm or any Principal, Partner, Officer, Director or Shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being or are rendered by your Firm?
 Yes No
- B. Does your Firm seek coverage for these projects?
 Yes No
 If "Yes" and greater than 20% complete an Equity Interest Supplemental Application.

JOINT VENTURES

21. A. Does your Firm participate in joint ventures?
 Yes No
 If yes, on a separate sheet of paper, please identify your joint venture projects, partners and allocation of responsibilities.
- B. Does your Firm obtain insurance certificates of professional liability from Joint Venture Partners? Yes No
 If no, please explain _____

RISK MANAGEMENT/LOSS PREVENTION

22. A. Does your firm follow written in-house quality control procedures?
 Yes No
- B. Are all staff members familiar with these procedures?
 Yes No
- C. Does your firm use an automated master specification system such as MASTERSPEC@ or SPEC System@?
 Yes No
- D. Does your firm use a computer assisted drafting program?
 Yes No
 If so, what percentage of design is done using the CAD program? ____%
- E. Does your firm have an in-house program of continuing education for professional employees?
 Yes No
- F. How many professional employees of your firm have attended at least six hours of continuing education in the past 12 months? _____
- G. Does your firm use written contracts on every project?
 Yes No
 If no, provide the percentage of the projects where oral agreements were used: ____%
- H. Does your firm seek a limitation of liability clause in contracts with clients?
 Yes No
 If so, what percentage of your contracts contain such a clause? ____%
- I. Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: ____%
- J. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by the firm's legal counsel for liability implications prior to signing?
 Yes No
- K. Does your firm have procedures for monitoring or collecting outstanding fees?
 Yes No
- L. Does your firm have a pre-screening methodology for potential clients?
 Yes No
- M. Does your firm negotiate into its contracts a provision for alternative dispute resolution such as mediation?
 Yes No If so, what percentage of your contracts contain such a provision? ____%
23. **Professional Associations.** Please list your firm's and/or principals' professional associations:

- THE AMERICAN INSTITUTE OF ARCHITECTS
- NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS
- AMERICAN CONSULTING ENGINEERS COUNCIL
- AMERICAN SOCIETY OF CIVIL ENGINEERS
- AMERICAN CONGRESS ON SURVEYING AND MAPPING
- AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS
- OTHER (SPECIFY) _____

24. **Current General Liability Insurance Coverage.** Please identify your firm's current General Liability Insurance Coverage.
 Insurance Company: _____
 Limits: _____ Deductible: _____

NEW APPLICANTS ONLY

25. **Professional Liability Insurance History**

- A. Retroactive date on current policy: _____
- B. Does your current policy have specific project excess coverage for any projects? Yes No
 If "Yes" provide details: _____
- C. Do you currently have First Dollar Defense Coverage? Yes No
- D. Has your Firm, or any Principal, Partner, Officer or Director or any predecessor firms, ever been declined for Professional Liability Insurance coverage or has any such coverage ever been canceled or non-renewed?
 Yes No If "Yes," please give details: (Not Applicable in Missouri) _____

26. Please detail your Architects and Engineers Professional Liability coverage five year history:

COMPANY	TERM	LIMITS	DEDUCTIBLE	PREMIUM

27. **Claims Information**

- A. Has any claim been made or legal action been brought in the past 10 years (or made earlier and still pending) against your Firm, its Predecessors, or any past or current Principal, Partner, Officer or Director of your firm.? Yes No
 If "Yes," please supply on a separate sheet:
 - 1. Date of Claim
 - 2. Allegations
 - 3. Insurance Company Reserve
 - 4. If closed, total paid indemnity and defense costs
 - 5. Claimant or plaintiff
 - 6. Demand of amount of Claim
 - 7. Defense attorney's or insurance company's evaluation of claim
 - 8. Deductible applied to claim
- B. Is your Firm (after proper inquiry of every Principal, Partner, Officer or Director or other prospective insured party) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being

made against your Firm, its Predecessors in business, or any of the present or past Principals, Partners, Officers or Directors? Yes No If "Yes," please provide details on a separate sheet.

C. Is your Firm aware of any deficiencies or alleged deficiencies in work where your firm, predecessor or any other Insured performed professional services or aware of any deficiencies or alleged deficiencies in work by others for whom your firm is legally responsible during the last five years? Yes No
If "Yes," provide details on a separate sheet.

D. Does the Applicant or any other party proposed for insurance have knowledge of injury to people or damage to property during the past five years on or at projects where the Applicant has rendered professional services? Yes No
If "Yes", provide details on a separate sheet.

28. Please provide the following:

- A. A copy of Form 254
- B. Financial statement.
- C. Insurance Company Loss Runs
- D. Principals' Resumes
- E. Company brochure describing services

THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS MADE IN THIS APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly that he or she 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 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 material 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 be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

DATED this _____ day of _____, 19_____.

Signature of Director/Partner/Principal: _____

Title: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____