



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 of five largest current projects	<input type="checkbox"/> Attached

List the limits and deductibles your firm would like quoted. *For deductibles of \$50,000 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	\$	\$	\$	\$
B. Design-Build w/ Subcontracted Design – assume contractual obligation for design and construction where design is subcontracted to an outside firm/individual	\$	\$	\$	\$
C. Design-Build w/ In-House Design – assume contractual obligation for design and construction where design is performed by in-house employees	\$	\$	\$	\$
D. Agency CM – provide project administration, project management or CM services as agent of owner but hold no design or construction subcontracts	\$	\$	\$	\$
E. At-Risk CM – provide CM services during preconstruction and self-perform or hold and manage all construction subcontracts during construction	\$	\$	\$	\$
F. Design Only – perform design services only with no contractual obligations for construction or CM	\$	\$	\$	\$
G. Other – revenue generated from sources other than the above contract types/activities (Please describe)	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$

5. SUMMARY OF GROSS REVENUE

Please provide gross revenue for all operations for the following:

Current year	\$
Past year	\$
Two years ago	\$

6. PROFESSIONAL SUBCONSULTANT RISK MANAGEMENT

Do you require your professional subconsultants to carry professional liability? Yes No

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

Do you hire your professional subconsultants under written contract? Yes No

What types of professional services are typically subcontracted:

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

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Fire Protection Engineering	%
Mechanical Engineering	%	Construction / Project Management	%	Construction Materials Testing	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Environmental	%	Soils / Geotechnical Engineering	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology / Geology	%	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 Receipts, totaling 100%

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

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? \$

Is your firm controlled, owned by, or does your firm control or own any other entity? If Yes, explain in detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your firm have any related entities? If Yes, complete the following section and use additional sheets if necessary:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	%

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List all Predecessor or Former Firms	Dates of Existence	Reason for Change

16. CONTRACTORS POLLUTION LEGAL LIABILITY RISK INFORMATION

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your firm have a written health and safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your firm carry Contractors Pollution Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide the following information		<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Name of Insurer	_____	
B. Limit of Liability per claim	_____	
C. Deductible/SIR/per claim	_____	
D. Retroactive date (N/A if occurrence)	_____	
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
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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
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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
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Does your General Liability policy contain a mold exclusion limitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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Does your firm currently have Professional Liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List your firm's current Professional Liability policy and the previous two years:				
Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Specify the Retroactive Date for your firm's current Professional Liability policy	
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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
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List your firm's current General Liability policy				
Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$

In the past five years has your firm reported a claim under your CGL policy where payment or reserves, including your deductible, exceeded \$100,000? If Yes, please provide loss runs and an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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UMBRELLA Liability Policy				
Carrier	Term	Limits	Deductible	Premium
		\$	\$	\$

18. ADDITIONAL INFORMATION

Provide any additional information regarding your firm and its services that you would like us to consider (use additional sheets as necessary):

19. 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 19a and 19b 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

20. 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE 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 or an application 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 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 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 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 MINNESOTA:

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO:

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

APPLICABLE IN OKLAHOMA:

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 WASHINGTON:

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 ALL 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 LA, ME, TN, and VA, insurance benefits may also be denied.

21. 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 19 or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

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: