



Professional Coverage Managers, Inc.
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Architects, Engineers and Construction Managers
Professional Liability Insurance Application
(Claims-Made Basis)

NOTE: In applying for coverage, you understand that the insurance coverage you are applying for is written on a CLAIM 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 are also applied against the deductible. If you have any questions about the coverage, please discuss them with your insurance agent.

New Application: _____ **Renewal Application** _____ **Policy No.** _____

Limits requested: _____ **Deductibles:** _____

1. Name of Applicant: _____

2. Street Address: _____

City: _____ State: _____ Zip Code: _____

3. Street Address of all Branches: _____

City: _____ State: _____ Zip Code: _____

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

5. Is the Firm: _____ Corporation _____ Partnership _____ Professional Corporation _____ Individual

6. Has the name of the Firm been changed, or has any other business been purchased or any merger or consolidation taken place?
 _____ Yes _____ No If "Yes", please detail changes in chronological order:

7. a. List all Principals, Partners, Owners: (use separate sheet if necessary)

<u>NAME</u>	<u>EDUCATION</u>	<u>DATE & PLACE LICENSED</u>	<u>YEARS IN PRACTICE</u>

b. Total Personnel: (including those listed in 7.a. above)

	<u>FULL TIME</u>	<u>PART TIME</u>
Architects, Engineers: _____		
Surveyors and other technical personnel: _____		
Office staff: _____		
TOTAL: _____		

8. Foreign work? Yes No

If "Yes", please give full details:

9. Have any of those listed in item 7. even been subject to disciplinary action by authorities as a result of their professional activities?

Yes No If "Yes", please give full details: _____

10. a. To what professional associations does the Firm or Principals belong:

b. Does your Firm follow an in-house quality control procedure? Yes No

c. Is it in written form? Yes No

d. Are all appropriate staff members familiar with the procedure? Yes No

e. Name of Insurance or Risk Manager _____

11. a. Indicate the approximate percentages of your total gross billings derived from the professions listed below in which the Firm is engaged:

Architecture	_____%	Interior Design	_____%
Building Design	_____%	Landscape Architecture	_____%
Chemical Engineering	_____%	Land Surveying	_____%
Civil Engineering	_____%	Mechanical Engineering	_____%
Construction Management*	_____%	Naval/Marine	_____%
Design/Build*	_____%	Nuclear Engineering	_____%
Electrical Engineering	_____%	Process Engineering	_____%
Environmental Engineering*	_____%	Soil Engineering	_____%
Forensic Engineering	_____%	Structural Engineering	_____%
HVAC	_____%	Testing Labs	_____%
Hydrological Engineering	_____%	Other (details below)	_____%

* If Construction Management or Design/Build services are greater than 10% of the total billings, complete the Design/Build/Construction Management Supplemental Application. 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.

b. Show the approximate percentages of the services listed below that the Firm is engaged in:

1. Feasibility studies, surveys, reports where applicant is not involved in design	___ None	___ Yes	___ %
2. Design, with observation of construction	___ None	___ Yes	___ %
3. Design only, no construction phase duties	___ None	___ Yes	___ %
4. Design, with supervision of construction	___ None	___ Yes	___ %
5. Boundary surveys	___ None	___ Yes	___ %
6. Design/Build	___ None	___ Yes	___ %
7. Foundations, sheeting and shoring	___ None	___ Yes	___ %
8. Interior design	___ None	___ Yes	___ %
9. Construction management	___ None	___ Yes	___ %
10. Machine design	___ None	___ Yes	___ %
11. Subsurface soil exploration	___ None	___ Yes	___ %
12. Ground testing or soil analysis	___ None	___ Yes	___ %
13. Testing labs	___ None	___ Yes	___ %
14. Product design	___ None	___ Yes	___ %
15. Site development	___ None	___ Yes	___ %
16. Continuing services or inspection services	___ None	___ Yes	___ %
17. Asbestos evaluation/deletion	___ None	___ Yes	___ %

18. Asbestos abatement	___ None	___ Yes	___ %
19. Environmental Consulting	___ None	___ Yes	___ %
20. Permitting	___ None	___ Yes	___ %
21. Other (specify) _____			___ %
TOTAL			100%

c. Indicate the approximate percentages of the types of projects listed below in which the Firm is engaged:

Airports	___ %	Parking Structures	___ %
Amusement rides/parks	___ %	Petro/Chemical	___ %
Apartments	___ %	Pools/Playgrounds	___ %
Asbestos abatement	___ %	Pre-engineered buildings	___ %
Asbestos evaluation	___ %	Private dwellings	___ %
Bridges	___ %	Recreation/Sports	___ %
Churches	___ %	Roads/Highways	___ %
Condominiums	___ %	Schools/Colleges	___ %
Convention centers/Theaters	___ %	Sewage systems	___ %
Dams	___ %	Sewage treatment plants	___ %
Harbors/Piers/Ports	___ %	Shopping centers	___ %
Hospitals/Healthcare	___ %	Superfund/Pollution*	___ %
Hotels/Motels	___ %	Tunnels	___ %
Industrial waste treatment	___ %	Warehouses	___ %
Jails	___ %	Water treatment plants	___ %
Manufacturing/Industrial	___ %	Other (specify)	___ %
Mass transit	___ %	_____	___ %
Mines	___ %	_____	___ %
Nuclear/Atomic	___ %	_____	___ %
Office Buildings	___ %	_____	___ %

* Complete the Environmental Supplement.

d. Does the Applicant foresee any substantial changes in the percentages of item 11.a. during the next 12 months?
 ___ Yes ___ No If "Yes", please provide details:

12. Please indicate the approximate percentage of your total gross billings in item 11.a. derived from the following categories of clients?

Commercial	___ %	Local government	___ %	Other (specify)	___ %
Contractors	___ %	Real estate developers	___ %	_____	___ %
Other design professionals	___ %	Lending institutions	___ %	_____	___ %
Industrial	___ %	Owners who act as their	___ %		
Federal government	___ %	own contractors	___ %		
State government	___ %	Joint Ventures	___ %		

13. 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 leasing of computer software to others?	___ Yes	___ No
c. real estate development?	___ Yes	___ No
d. manufacture, sale, leasing or distribution of any product?	___ Yes	___ No

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

14. Are any of the Principals, Partners, Directors or Employees of your Firm involved in any activities described in item 13?
 ___ Yes ___ No If "Yes", provide details:

15. Is the Applicant controlled, owned and or associated with any other firm, corporation or company or does your Firm own or control any other entity?
 ___ Yes ___ No If "Yes", provide details:

16. Does any one contract or client represent more than 25% of annual work? Yes No If "Yes", provide details:

Equity Ownership

17. 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 to be rendered by your Firm? Yes No
- b. Does the Firm seek coverage for these projects? Yes No If "Yes", complete the Equity Interest Supplemental Application.
18. Does your Firm render services on behalf of any entity in which any Principal, Partner or Officer of your Firm or an immediate family member of such person is a partner, officer, director, shareholder or employee?
19. Does the Applicant work with other firms in joint ventures? Yes No If coverage is desired, complete the Joint Venture Supplemental Application.
20. a. Does the firm subcontract to other design professionals? Yes No If "Yes", indicate the percentage of receipts subcontracted: _____ % Type: _____
- b. Does the Firm obtain insurance certificates from all subcontractors or consultants? Yes NO

21. Gross Billings and Construction Values

	<u>Total Gross Billings</u> Current Fiscal Period From: _____ To: _____	<u>Construction Values</u> Current Fiscal Period From: _____ To: _____
a. Projects insured under separate project policies*	_____	_____
b. Projects which have been permanently abandoned*	_____	_____
c. Foreign Projects	_____	_____
d. All other billings	_____	_____
e. TOTAL GROSS BILLINGS	_____	_____
f. Projection for upcoming year _____	_____	_____
g. Gross billings for each of past 5 years:		
	(19 __) _____	(19 __) _____
	(19 __) _____	(19 __) _____
	(19 __) _____	(19 __) _____
	(19 __) _____	(19 __) _____

* Provide listing on separate sheet.

Risk Management

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 an in-house program of continuing education for professional employees? Yes No
- e. How many professional employees of your firm have had at least six hours of continuing education in the past 12 months? _____

- f. Does your firm use written contracts on every project? Yes No
If "No", provide the percentage of your past 12 months' billings where oral agreements were used: _____ %
- g. Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____ %
- h. If non-standard contracts or modified AIA or EJCDC contracts or "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No
- i. Does your firm have procedures for monitoring or collecting outstanding fees? Yes No
- j. Does your firm have a pre-screening methodology for potential clients? Yes No

23. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?
Name of Company _____ Limits _____

ONLY NEW APPLICANTS NEED TO COMPLETE THE FOLLOWING QUESTIONS:

24. a. Detail present Architects & Engineers Professional Liability Insurance coverage:
Insurance Company: _____
Limits: _____ Deductible: _____ Policy number: _____
Expiring premium is: \$ _____ Expiration Date: _____
Retroactive date on present policy: _____

b. Any coverage for specific projects not covered under practice policy? Yes No If "Yes", provide details:

25. Detail Architects and Engineers Professional Liability Coverage for five years prior to present coverage:

COMPANY	TERM	LIMITS	DEDUCTIBLE	PREMIUM

Date uninterrupted insurance began: _____

26. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? Yes No
Insurance company: _____ Limits: Bodily Injury: _____ Property Damage: _____
Effective Date: From _____ To _____

27. Has the Applicant, as a member of this firm or any predecessor firm, or any present partner of this firm ever been declined for Professional Liability Insurance Coverage or has any such coverage been canceled or renewal refused?
 Yes No If "Yes", please give details: _____

Claims

28. a. Has any claim ever been made against the Applicant, its Predecessors in business, any of the present Partners, Directors, or Officers of the Applicant or to the knowledge of the Applicant against any past Partners, Officers or Directors of the Applicant
 Yes No If "Yes", complete the Supplemental Claim Form.

b. Is the Applicant (after proper inquiry of each Director, Officer or Partner of the Applicant or other prospective insured party) aware of any circumstance, incident, situation or accident during the past ten years which may result in claim a claim being made against the Applicant, its Predecessors in business, or any of the present or past Partners, Officers or Directors of the Applicant? Yes No If "Yes", provide details:

c. Is the Applicant aware of any deficiencies in work where he, or any other proposed party for insurance, has performed professional services or deficiencies in work by others whom the Applicant is legally responsible and which exceed \$10,000 in amount during the last five years? Yes No If "Yes", provide details:

d. Has the applicant or any other party proposed for insurance knowledge of injury to people or damage to property during the last five years on or at projects where the Applicant has rendered professional services? Yes No If "Yes", provide details:

29. List of abandoned projects for which no coverage is wanted and fees for projects:

- 30. a. Attach a list of the ten largest jobs in the last five years detailing project name, type of structure, services performed, construction values and fees and date of project.
- b. Attach a copy of Form 254 and firm's brochure.
- c. Financial statements may be required for optional deductibles.

Warning -- New York Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed \$5,000, and the stated value of the claim for such violation.

Fraud Prevention -- Ohio Warning

Any person who, with the 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.

I/We declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or mis-stated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Dated this _____ day of _____ 20_____

Signature of Director/Partner/Principal: _____

Title: _____

Producer: _____

Address: _____

City: _____ State: _____ Zip Code: _____