

# ARCHITECTS & ENGINEERS / CONTRACTORS

## PROFESSIONAL LIABILITY INSURANCE APPLICATION

### APPLICANT DETAILS

**(INCLUDE ALL LEGAL NAMES AND DBA'S):**

1. Named Insured(s): \_\_\_\_\_  
 Principal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different then above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_
2. a. Date established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Other  
 b. List all States in which the Applicant operates: \_\_\_\_\_  
 What percentage of work is done outside of US? \_\_\_\_%  
 c. Is the entity owned, controlled by or affiliated with any other entity? ☐ Yes ☐ No (if yes, please attach details)  
 d. During the past 5 years:  
     Has the name of the Applicant been changed? ☐ Yes ☐ No  
     Has the Applicant been involved in any merger, acquisition, consolidation or sale? ☐ Yes ☐ No
3. a. Please indicate the number of principals, partners and professional employees directly engaged in providing professional services to clients: \_\_\_\_\_ (Attach resume of each when Applicant has been in business less than 3 years)  
 b. Please indicate the number of all other nonprofessional and/or clerical employees: \_\_\_\_\_  
 c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months? ☐ Yes ☐ No (if yes, please attach details)
4. a. During the past 5 years, has any Applicant, or any of its employees, ever been subject to an investigation by a state regulatory agency, administrative agency and/or an insurance department investigation or inquiry or disciplinary investigation or proceeding in any way? ☐ Yes ☐ No (if yes, please attach details on a separate sheet)  
 b. During the past 5 years, has any Applicant, or any of its employees, ever had his license revoked or suspended, or been fined or disciplined by any state or regulatory department? ☐ Yes ☐ No (if yes, please attach details on a separate sheet)
5. Please complete the following information for each principal/partner/director/officer/owner: (Attach additional sheet if necessary)

Name	Title	License Status	Professional Designations	Years Experience	Years with Applicant

6. Is principal in the applicant's firm a licensed architect, engineer or land surveyor? ☐ Yes ☐ No  
 If 'Yes', please list states where license(s) are held: \_\_\_\_\_

7. Did less than 20% of the applicant's (plus any subsidiaries, parent or other related entities) total billings from the past fiscal year result from actual construction or erection? ☐ Yes ☐ No
8. Do you design projects using model-based technology linked to project databases, for example, Building Information Modeling (BIM)? ☐ Yes ☐ No
9. Do you provide professional services on projects that are LEED certified? ☐ Yes ☐ No
10. Does the Applicant have a written Quality Assurance/Quality Control program? ☐ Yes ☐ No

FOR ANY 'YES', BELOW, PLEASE ATTACH DETAILS

11. During the past 12 months, as the Applicant or Any Principal:
- a. Engaged in actual construction or hired a construction contractor to perform construction work? ☐ Yes ☐ No
  - b. Become involved with or have ownership interest in a construction or real estate development company? ☐ Yes ☐ No
  - c. Been employed by or an officer of any other firm, organization or political body? ☐ Yes ☐ No
  - d. Derived more than 50% of last fiscal year's gross receipts from any one client? ☐ Yes ☐ No
  - e. Designed a building, component or system which might be used on more than one project? ☐ Yes ☐ No
  - f. Become involved in the manufacture or fabrication of any component, device or system? ☐ Yes ☐ No
  - g. Provided electronic data processing services for others or sold software components? ☐ Yes ☐ No

## FINANCIALS

12. Please provide the following financial information:

- a. Fiscal year end date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- b. Gross revenues for last year: \$ \_\_\_\_\_
- c. Gross revenues for current year: \$ \_\_\_\_\_
- d. Projected gross revenues for next year: \$ \_\_\_\_\_

## REVENUE BREAKDOWN

Revenues	Projected	Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
	Month/Year to Month/Year	Month/Year to Month/Year	Month/Year to Month/Year	Month/Year to Month/Year
Professional Services Only ( <i>design, inspection, consulting, etc.</i> )	\$	\$	\$	\$
Design – Build/Manufacture	\$	\$	\$	\$
Construction / Manufacture/ Sales Only	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Revenues	\$	\$	\$	\$

## SERVICES PROVIDED

### PLEASE COMPLETE THE PROFESSIONAL SERVICES & PROJECT SUPPLEMENTAL

13. Please describe in detail the professional services performed by the Applicant: (please attach an additional sheet if necessary)

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14. a. During the past 5 years, has the Applicant been engaged in any profession or business other than as described in #13 above? (if yes, please attach details) ☐ Yes ☐ No
- b. During the past 5 years, has any principal, partner, officer, director or professional employee of the Applicant engaged in professional services for any entity in which the Applicant has any ownership/managerial interest? (if yes, please attach details) ☐ Yes ☐ No
15. Does the applicant utilize subcontractors? ☐ Yes ☐ No
- If 'Yes', what percentage of the Applicants business involves subcontracting work to others? \_\_\_\_\_%
- a. Please describe services/work subcontracted: \_\_\_\_\_
- b. Does the applicant require evidence of the errors and omissions insurance from subcontractors? ☐ Yes ☐ No  
(if no, please explain how the Applicant protect itself from acts or omissions arising out of services performed by its subcontractors.)
- c. Does the applicant require subcontractors to carry limits equal to or more than Applicants E&O limits? ☐ Yes ☐ No
- d. Does the applicant have General Liability coverage? ☐ Yes ☐ No
- Carrier: \_\_\_\_\_

#### A&E SERVICES / DISCIPLINES

**Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the Services or Disciplines listed MUST TOTAL 100%**

Discipline Type	% of Revenue	Discipline Type	% of Revenue
Aerospace Engineering	%	Geotechnical Engineering	%
Architecture	%	HVAC Engineering	%
Automations Engineering	%	Interior Design	%
Building Envelope Consulting	%	Land Surveying	%
Calibrations/Certification/Metrology	%	Landscape Architecture	%
Civil Engineering	%	Marine Engineering	%
Communications Engineering	%	Marine Surveying	%
Construction Management - Agency	%	Mechanical Engineering	%
Construction Management – At Risk	%	Nuclear Engineering	%
Cost Estimator	%	Oil/Gas Pipeline Inspection	%
Crane Engineering	%	Permitting/Regulatory Compliance	%
Cranes Inspection	%	Process Engineering	%
Drafting	%	Soils Testing (Geotechnical)	%
Efficiency Consultant	%	Structural Engineering	%
Electrical Engineering	%	Structural Steel Inspections	%
Elevators Inspection	%	Testing Laboratory	%
Environmental Consultant	%	Testing/Inspection/Auditing	%
Environmental Testing	%	Transportation Engineering	%
Feasibility Studies	%	Value/Quality Engineering	%
Forensic Engineering	%	Water Treatment Consultant	%
Geologist/Geophysicist	%	Weld Inspections	%
Other:	%	Other:	%

## CONTRACTING SERVICES / DISCIPLINES

Based on Revenues provided on CorRisk Professional Liability Application, please indicate the approximate percentage designated for each of the Services or Disciplines listed **MUST TOTAL 100%**

Discipline Type	% of Revenue	Discipline Type	% of Revenue
Acoustical contractor	%	Highway contractor/paving contractor	%
Audio/visual contractor	%	Kitchen/ bath contractor	%
Concrete contractor	%	Landscape contractor (No Retaining Wall)	%
Curtain wall/glazing contractor	%	Landscape contractor (With Retaining Wall)	%
Design/build contractor	%	Mechanical/ Plumbing/ HVAC contractor	%
Drywall contractor	%	Painting contractor	%
Electrical contractor	%	Roofing contractor	%
Elevator contractor	%	Signage contractor	%
Excavation/demolition contractor	%	Stucco/ Masonry contractor	%
Exhibit contractor	%	Telecommunications/cabling contractor	%
Fire sprinkler contractor	%	Utility contractor; excluding line locating	%
Flooring contractor	%	Wastewater/sewer contractor	%
Framing Contractor	%	Other:	%
General contractor	%	Other:	%

## PROJECTS

Project Type	% of Revenue	Project Type	% of Revenue
Airports	%	Municipal/Public Buildings	%
Apartments	%	Nuclear Facilities	%
Auditoriums/Theaters	%	Office Buildings	%
Bridges (up to 350 ft span)	%	Parking Structures	%
Bridges (over 350 ft span)	%	Parks/Playgrounds	%
Churches	%	Petrochemical/Refineries	%
Commercial	%	Pools	%
Condominiums	%	Power Plants/Utilities	%
Convention Centers	%	Recreation	%
Custom Residential	%	Restaurant	%
Dams	%	Roads/Highways	%
Harbors/Piers/Ports	%	Schools/Colleges	%
Hospital/Healthcare	%	Shopping Centers/Retail	%
Hotels/Motels	%	Site Development	%
Industrial Waste Treatment	%	Sports Stadiums	%
Jails/Justice	%	Tract Housing/Subdivisions	%
Manufacturing/Industrial	%	Tunnels	%
Mass Transit	%	Warehouses	%
Military	%	Wastewater Treatment	%
Mines	%	Other:	%

## CLIENT INFORMATION

16. Please provide the following information regarding your 5 largest clients according to the amount of revenue generated from the performance of services for the past fiscal year and as a percentage of the total revenues stated in question #12d.

Client	Service provided	Revenue derived from service	% of Applicant's total revenue
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%

## CLIENT BREAKDOWN

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

## RISK MANAGEMENT

17. a. Does the Applicant use a written contract with clients? ☐ Yes ☐ No (if no, please attach explanation)

What Percentage of the time: \_\_\_\_\_

What type of contracts are used (please indicate % of the time each type is used)

Type	% Used	Type	% Used	Type	% Used
Client Contract	%	Letter Agreement	%	Purchase Order	%
Firm's Own Standard Contract	%	Oral Agreement	%	Standard Industry Contract	%
Other:	%	Other:	%	Other:	%

- b. Does an attorney review such contracts prior to use? ☐ Yes ☐ No
- c. Does the standard contract contain hold harmless clauses for the benefit of the Applicant? ☐ Yes ☐ No
18. a. Does the Applicant have a procedure requiring the review or follow-up of complaints? ☐ Yes ☐ No
- b. Does the Applicant have any of the following risk management procedures in place? ☐ Yes ☐ No
- ☐ Limitation of Liability clauses are included at least 75% of the time
  - ☐ Membership in professional associations or organizations
  - ☐ Continuing education program for professional employees
  - ☐ Other: (please attach a copy of the procedures)
- c. Does the Applicant have a formalized training program for newly hired employees? ☐ Yes ☐ No
- d. Does the Applicant belong to any professional associations? ☐ Yes ☐ No

If 'Yes', please list the associations: \_\_\_\_\_

## CLAIMS INFORMATION

NOTE: THE APPLICANT'S DISCLOSURE OF CLAIM INFORMATION BY RESPONSE TO THE FOLLOWING QUESTIONS DOES NOT INDICATE OR IMPLY IN ANY WAY THAT ANY ACT OR OMISSION IS COVERED BY THIS POLICY.

19. a. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees? ☐ Yes ☐ No  
(if yes, please attach a supplemental claims questionnaire)
- b. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them. ☐ Yes ☐ No (if yes, please attach a supplemental claims questionnaire)
- c. Have all matters in question 19a or 19b been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? ☐ Yes ☐ No

## PRIOR ERRORS AND OMISSIONS INSURANCE

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

20. a. Is any extended reporting period (ERP) currently in place? ☐ Yes ☐ No (if yes, please attach a copy of the endorsement including effective and expiration date)
- b. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? ☐ Yes ☐ No (if yes, please attach a detailed explanation)

## ADDITIONAL INFORMATION

21. a. Limit of Liability requested: \_\_\_\_\_ b. Deductible requested: \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING:

1. A copy of standard contracts utilized with clients.
2. Latest audited financial statements.
3. Resumes of key Principals.

# SIGNATURE REQUIRED ON FOLLOWING PAGE

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

**Applicant's Authorized Representative:**

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*SIGNATURE OF AUTHORIZED REPRESENTATIVE*

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**Print Name of Authorized Representative**

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**Title of Authorized Representative**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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