



Application for Engineers Professional Liability Insurance

Please Note: If you are requesting a quote for Professional Liability renewal, we can quote off your renewal application from your current carrier. Please fax to us at: **(512) 330-9856**

| General Information | | | |
|----------------------------|--|-------------------|----------------------|
| Name of Firm: | <input type="text"/> | Date Established: | <input type="text"/> |
| Address: | <input type="text"/> | City/State/Zip: | <input type="text"/> |
| Branch Office Address(es): | <input type="text"/> | | |
| Phone: | <input type="text"/> | Website: | <input type="text"/> |
| Contact Name: | <input type="text"/> | Email Address: | <input type="text"/> |
| Firm is: | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other | | |

| Personnel | | | |
|---|----------------------|----------------------|----------------------|
| Specify personnel per categories below: | | | |
| | Number: | Full-Time: | Part-Time: |
| Principals, Partners, Officers & Directors: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Architects: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Engineers: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Land Surveyors: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Technical Personnel: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Others (administrative/clerical): | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Personnel: | | | |

| Gross Receipts | | |
|--|--|---|
| Gross receipts to include reimbursable expenses and fees paid to subconsultants. | | |
| Current fiscal year ends: <input type="text"/> | | |
| Gross Receipts attributable to: | Last Fiscal Year Ending: <input type="text"/> | Two Years Ago Ending: <input type="text"/> |
| Separately insured projects: | \$ <input type="text"/> | \$ <input type="text"/> |
| Total Gross Receipts: | \$ <input type="text"/> | \$ <input type="text"/> |
| Estimated Total Gross Receipts for next fiscal year: | \$ <input type="text"/> | |

| Professional Disciplines | | | | | |
|--|----------------------|---|----------------------------------|----------------------|---|
| Specify as a percentage of the firm's gross receipts. Total should equal 100%: | | | | | |
| Architecture: | <input type="text"/> | % | Landscape Architecture: | <input type="text"/> | % |
| HVAC Engineering: | <input type="text"/> | % | Civil Engineering: | <input type="text"/> | % |
| Land Surveying: | <input type="text"/> | % | Fire Protection Engineering: | <input type="text"/> | % |
| Mechanical Engineering: | <input type="text"/> | % | Construction/Project Management: | <input type="text"/> | % |
| Construction Materials Testing: | <input type="text"/> | % | Electrical Engineering: | <input type="text"/> | % |
| Process Engineering: | <input type="text"/> | % | Mining Engineering: | <input type="text"/> | % |
| Structural Engineering: | <input type="text"/> | % | Chemical Engineering: | <input type="text"/> | % |
| Interior Design: | <input type="text"/> | % | Soils Engineering: | <input type="text"/> | % |
| Environmental: | <input type="text"/> | % | Land Use Planning: | <input type="text"/> | % |
| Laboratory Testing: | <input type="text"/> | % | Hydrogeology/Geology: | <input type="text"/> | % |
| Design/Build: | <input type="text"/> | % | Soils/Geotechnical Engineering: | <input type="text"/> | % |
| Other: | <input type="text"/> | % | Grand Total Percentage: | | % |

| Services | | | | | |
|--|----------------------|---|---|----------------------|---|
| Percent gross receipts (must total 100%) | | | | | |
| Design/Studies: | | | | | |
| Design with construction observation/review: | <input type="text"/> | % | Design without construction observation/review: | <input type="text"/> | % |
| Studies, planning, permitting: | <input type="text"/> | % | | | |
| Construction Related Services: | | | | | |
| Construction Management Services (Agency): | <input type="text"/> | % | Construction Management Services (At risk): | <input type="text"/> | % |
| Project Management: | <input type="text"/> | % | Construction observation/review without design: | <input type="text"/> | % |
| Surveying: | | | | | |
| Construction Staking: | <input type="text"/> | % | Topographic/Boundary Surveys: | <input type="text"/> | % |
| Other: | <input type="text"/> | % | | | |
| Inspections as Stand-Alone Service: | | | | | |
| Construction Inspection: | <input type="text"/> | % | Real Estate Pre-Acquisition: | <input type="text"/> | % |
| Mold Inspection/investigation: | <input type="text"/> | % | Water Intrusion inspection: | <input type="text"/> | % |
| Miscellaneous Services: | | | | | |
| Forensic/Expert Witness: | <input type="text"/> | % | Plan Checking: | <input type="text"/> | % |
| Quantity/Cost Estimating: | <input type="text"/> | % | Drafting (stand alone service without design): | <input type="text"/> | % |
| Other: | <input type="text"/> | % | | | |
| Grand Total Percentage: | | | | | % |

| Clients | | | | | | |
|--------------------------------------|----------------------|---|--------------------------------------|----------------------|----------------------|---|
| Percent of Clients (must total 100%) | | | | | | |
| Government or Public Entities: | <input type="text"/> | % | Owners acting as their own builders: | <input type="text"/> | % | |
| Design/Build or turnkey contractors: | <input type="text"/> | % | Other contractors: | <input type="text"/> | % | |
| Developers: | <input type="text"/> | % | Financial and lending institutions: | <input type="text"/> | % | |
| Other design professionals: | <input type="text"/> | % | Insurance Companies/Attorneys: | <input type="text"/> | % | |
| Other: | <input type="text"/> | | | <input type="text"/> | % | |
| Grand Total Percentage: | | | | | <input type="text"/> | % |

| Projects | | | | | | |
|--|----------------------|---|--|----------------------|----------------------|---|
| As a Percent of Gross Receipts (must total 100%) | | | | | | |
| Schools, colleges: | <input type="text"/> | % | Hospitals, retirement or convalescent homes: | <input type="text"/> | % | |
| Hotels, motels or resort properties: | <input type="text"/> | % | Condominiums/Townhouses: | <input type="text"/> | % | |
| Residential subdivisions/Tract Homes: | <input type="text"/> | % | Custom single family residential: | <input type="text"/> | % | |
| Remodel only - single home: | <input type="text"/> | % | Apartments: | <input type="text"/> | % | |
| Office/Commercial/Retail: | <input type="text"/> | % | Government/Public Buildings: | <input type="text"/> | % | |
| Industrial Process: | <input type="text"/> | % | Machine design: | <input type="text"/> | % | |
| Sports Stadiums/Amusement Parks: | <input type="text"/> | % | Public Utilities/Power Generation: | <input type="text"/> | % | |
| Jails/Justice: | <input type="text"/> | % | Airports: | <input type="text"/> | % | |
| Roads/Highways/Traffic: | <input type="text"/> | % | Sewage or waste disposal systems: | <input type="text"/> | % | |
| Water systems: | <input type="text"/> | % | Wastewater Treatment Plants: | <input type="text"/> | % | |
| Pipelines: | <input type="text"/> | % | Petro Chemical (oil & Gas) other than pipelines: | <input type="text"/> | % | |
| Dams/reservoirs/mines/quarries: | <input type="text"/> | % | Harbors, jetties, docks or piers: | <input type="text"/> | % | |
| Bridges, trestles or tunnels: | <input type="text"/> | % | Parking Garages/Theaters/Convention Centers: | <input type="text"/> | % | |
| Falsework/Shoring/Temporary Structures: | <input type="text"/> | % | Other: | <input type="text"/> | % | |
| Grand Total Percentage: | | | | | <input type="text"/> | % |

| | | |
|---|-------------------------|-------------------------------------|
| In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects?: | | <input type="radio"/> Yes |
| | | <input checked="" type="radio"/> No |
| If yes, please provide details: | <input type="text"/> | |
| If yes, what are the total number of Condominium/Townhouse Projects?: | <input type="text"/> | |
| If yes, what is the approximate total construction value?: | \$ <input type="text"/> | |
| What percentage of the firm's projects are done on a Fast Track Basis?: | <input type="text"/> | % |
| What percentage of the firm's projects are outside the U.S. and Canada?: | <input type="text"/> | % |
| Which countries? (list): | <input type="text"/> | |

| Contracts | | | |
|---|------------------------|-------------------------------|------------------------|
| Please specify types of contract used by the firm (must total 100%) | | | |
| Standard industry contract (AIA, EJCDC, ASFE, etc.): | <input type="text"/> % | Firm's own standard contract: | <input type="text"/> % |
| Letter agreement: | <input type="text"/> % | Purchase order: | <input type="text"/> % |
| Client contract: | <input type="text"/> % | Oral agreement: | <input type="text"/> % |
| Other: <input type="text"/> | <input type="text"/> % | | |
| Grand Total Percentage: | | | <input type="text"/> % |
| What percentage of the firm's contracts contains a Limitation of Liability clause?: | | | <input type="text"/> % |

| Financial and Other Interests | |
|--|--|
| Does the firm have any predecessor firms or related entities?: | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, list all pre-existing entities, including mergers and their dates of existence below: | |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| During the past 12 months has the firm or any principal... | |
| ...Engaged in actual construction or hired a construction contractor to perform construction work?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Become involved with or have ownership interest in a construction or real estate development company?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Been employed by or an officer of any other firm, organization or political body?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Derived more than 60% of last fiscal year's gross receipts from any one client?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Designed a building, component or system which might be used on more than one project?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Become involved in the manufacture or fabrication of any component, device or system?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Provided electronic data processing services for others or sold software components?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> | <input type="button" value="▲"/> <input type="button" value="▼"/> |
| ...Been the subject of disciplinary action by authorities as a result of professional or business activities?: <i>(If "Yes", please provide details below)</i> | <input type="radio"/> Yes <input type="radio"/> No |

| | |
|---|--|
| <input type="text"/> | |
| Has the firm entered into any Joint Ventures?: | <input type="radio"/> Yes <input type="radio"/> No |
| Does the firm's Joint Venture agreement provide for allocation of liabilities?: | <input type="radio"/> Yes <input type="radio"/> No |
| Does the firm require evidence of professional liability insurance from all Joint Venture members?: | <input type="radio"/> Yes <input type="radio"/> No |
| Does your firm or any principal, partner, officer, director or shareholder of your firm or any immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered?: | <input type="radio"/> Yes <input type="radio"/> No |
| Other than for third party claims, does your firm seek coverage for these projects?: | <input type="radio"/> Yes <input type="radio"/> No |
| <i>If yes, an Equity Interest Supplemental Application must be submitted.</i> | |

| Subcontractors / Subconsultants | | | |
|--|------------------------|-----------------------------|---------------------------|
| Please provide, as a % of the Total Gross Receipts reported in Gross Receipts section above, the fees paid to the firm's subconsultants in the following disciplines (Should not total 100%) | | | |
| Architecture: | <input type="text"/> % | Soils: | <input type="text"/> % |
| Civil: | <input type="text"/> % | Structural: | <input type="text"/> % |
| Mechanical: | <input type="text"/> % | HVAC: | <input type="text"/> % |
| Electrical: | <input type="text"/> % | Other: <input type="text"/> | <input type="text"/> % |
| Grand Total Percentage: | | | <input type="text"/> % |
| Describe the firm's subcontractor and subconsultant selection process: | | | |
| <input type="text"/> | | | |
| Do you hire subcontractors to perform construction?: <i>(If "Yes", please explain below)</i> | | | <input type="radio"/> Yes |
| <input type="text"/> | | | <input type="radio"/> No |
| Are all subcontractors and subconsultants hired under a written contract?: | | | <input type="radio"/> Yes |
| | | | <input type="radio"/> No |
| Does the firm obtain certificates of insurance from all subcontractors and subconsultants?: | | | <input type="radio"/> Yes |
| | | | <input type="radio"/> No |

| QA / QC Issues | |
|---|--|
| Does the firm have an Ownership of Documents clause in each contract of hire?: | <input type="radio"/> Yes <input type="radio"/> No |
| If "No", what does the firm do to protect itself against reuse of its plans and specifications without knowledge or authorization?: | |
| <input type="text"/> | |
| Does the firm have a written Quality Assurance/Quality Control Program?: | <input type="radio"/> Yes <input type="radio"/> No |
| Does a principal check all plans before they are sent to the field?: | <input type="radio"/> Yes <input type="radio"/> No |
| Does the firm have an in-house program of continuing education for professional employees?: | <input type="radio"/> Yes <input type="radio"/> No |
| Has the firm participated in an Organizational Peer Review in the past five years?: | <input type="radio"/> Yes <input type="radio"/> No |

Please list all professional societies or associations to which the firm or members of the firm belong:

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Liability Issues

Have any Professional Liability claims been made against the firm or any of its members?: Yes No

Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Does the firm or any of its members have knowledge of any deficiencies, property damage or bodily injury whether actual or alleged, in connection with projects for which the firm has performed professional services?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Does the firm have any pending dispute concerning the payment of fees to the firm for services rendered?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Does the firm or any of its members have any knowledge of any circumstance, incident, situation, accident condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Has the firm or any of its members testified, provided expert testimony or given a deposition or statement in any disputes or proceedings where claim has been made or suit filed against any party to the work or project where the firm provided professional services?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Has the firm or any of its members given notice to any other Professional Liability underwriter or any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?: Yes No

Insurance History

Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?: *(If "Yes", please provide details below)* Yes No

| | |
|--|--|
| | <input type="button" value="↑"/> <input type="button" value="↓"/> |
|--|--|

Are you currently insured under a Professional Liability Policy?: Yes No
 If "Yes", please detail **below** Professional Liability insurance for the past 5 years.

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
| | | | | |

Please answer one of the two following questions (**required*)

Check here if you do **NOT** have a **current policy** No Current Policy
 or enter retroactive date on current policy below:

Retroactive date on current policy:

Please provide **below** current General Liability policy information:

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Is your firm currently insured under a separate, Project Specific professional liability policy?: Yes No

If yes, provide a copy of the Declarations and answer the following **below**:

| Project Name | Fees | Insurer | Limit/ Deductible | Policy Term | Ext Reporting Period (months) |
|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Required Additional Information (must be submitted)

- Please submit the following information along with this application:
- Current claims history/Insurance Company loss summary for the past five years.
 - Resumes of key licensed design professionals on staff.
 - List of five largest projects over the past three years.
 - Firm's brochure or website address (<http://www.>).

The firm would like a quotation based on the following limit(s) and deductible(s):

| Limit | Deductible |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Additional Firm Information

List all predecessor Firms:

| Name of Former Firm | Date of Existence | Reason for Change |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please provide any additional info regarding the firm and its services that you wish us to consider:

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 questions in the **Liability Issues** section, or any other question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

Type Your Name

Title

Date

Signature of Applicant