



Application for Engineers Package Liability Insurance

Please Note: It is highly recommended that you read and/or print this form in its entirety and gather materials or information for your responses prior to filling out the form online. Any information you input will be lost if you close your browser or navigate to another page or website prior to submitting your information by pressing the "Submit" button at the bottom of this form.



This Online Application is on a Secure Server. Click on the seal on the left for more information on the certificate's authentication.

[Assureguard](#)

[EVSSL](#)

Privacy Statement: Any information provided by a consumer or customer via our online forms WILL be held in the strictest confidence. No information will be shared with others. All submissions will be responded to within three business days.

General Information

**Required Field*

Company Name:*

Business Type:*

Contact Name:*

Phone #: * Fax: *

Email Address:*

Mailing Address:*

City: * State: * Zip: *

Year Business Started:*

Federal ID #: * (Please enter Soc. Sec. # if Sole Proprietor)

Proposed Effective Date:*

Description of Operations:*

Package Policy (General Liability and Property)

***** Coverage for Equipment *****

In order to quote coverage for equipment, please attach a schedule including make, model, year, vin # and cost of each item new.

Physical Address: *

City: * State: * Zip: *

County: *

of Stories in Building: *

Are You in the City Limits? Yes No

If no, what fire dept responds?: *

Year Building Built: *

If over 25 yrs, list years and extent of updates to wiring, plumbing, roof below: *

Square Footage You Occupy: *

Do You Have a Central Station Alarm? Yes No

Construction of Bldg: **-- Select One --** ▼ If Other: *

Replacement Cost of Building if owned by you: \$ (don't include if work out of home)

Replacement Cost of Office Contents: \$ *

	Cost if Brand New	Present Value
Equipment/Contents used off premises:	\$	\$
(don't include these values in contents limit above)		

Do you use watercraft in your business? Yes No

Is your equipment ever waterborne? Yes No

If "yes", value: \$

Continuous coverage for past 3 years? Yes No

If YES, With Whom:

Policy#:

Have you had any claims in the last 3 years? Yes No

Liability Limits Desired: -- Select One --

Years experience management has in industry:

Please provide details as to type of experience:

Text input field for experience details.

What are the annual gross sales? \$ (Project next 12 months if new business)

What is annual payroll & number of employees? \$ Employees:

Check if you need coverage for: Additional Insureds Waivers of Subrogation

Do you do oil/gas work? Yes No

If yes, what percentage of receipts?: %

Are you using drones? Yes No

Workers' Compensation

*** Estimated Payroll for upcoming 12 months ***

Please Note: The maximum payroll to include is:

- \$43,800 for self employed (Sole Proprietors)
• \$62,400 for Executive Officers

Surveyors: \$ # of Employees:

Engineers: \$ # of Employees:

Executive Officers Who Don't Work in Field: \$ # of Employees: (\$62,400 is maximum salary used for rating)

Clerical Employees: \$ # of Employees:

Other Employees: \$ # of Employees:

Job Description(s) of other Employee(s):

Executive Officer(s) Information

Table with 4 columns: Name, Title, % Ownership, Payroll. Contains 5 empty rows for data entry.

Do you have any: (Check if applies) Waivers of Subrogation

Yes No

Continuous Workers' Comp coverage past 3 yrs?

If "Yes", please answer next question below

Name of Carrier:

Policy Number:

Have you had any claims in the last 3 years? Yes No

Liability Limits Desired: -- Select One --

Are the owners covered by health insurance?: Yes No

Commercial Auto Insurance

(Please Note: If you use your own personal auto, you do not need to provide commercial auto insurance information.)

Limits desired: -- Select One -- (Please make a selection)

Vehicle Information

Table with 8 columns: Year, Make, Model, VIN Number, Cost New*, Deductibles** (Comp/Collision), County. Lists 5 vehicles (Auto #1 to #5).

Driver Information

Driver Name Date of Birth State Licensed Drivers License #

Driver #1				
Driver #2				
Driver #3				
Driver #4				
Driver #5				

Continuous coverage for the past 3 years? Yes No If "Yes", please answer next question below

Name of Carrier:

Policy Number:

Any claims in the last 3 years? Yes No

* What the vehicle cost new is only required if you want full coverage (physical damage) on the auto. Even if you bought used, estimate cost new.

** If you only want liability coverage, mark "N/A".

Commercial Umbrella

Limits requested:

Additional Comments

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough fields above, please enter them here.

Submission Info

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 Underwriters quotation.

Your Name:

Your Title:

Date:

PLEASE DO NOT SUBMIT this application unless you have completed the General Information section at the [top](#) of this form.

Important: Please click on the **Print Application** button prior to the **Submit Application** button. You will need to sign the printed copy and then mail it to us. You should also keep a copy of this application for your records to use as a reference for your renewal.

Check Here: I acknowledge that the information I am providing in this submission is true and accurate to the best of my knowledge.