



Design Professionals' Professional Liability Insurance Application

CLAIMS MADE AND REPORTED COVERAGE – PLEASE READ ALL POLICY PROVISIONS

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

WARNING – COLORADO, FLORIDA, HAWAII, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, PENNSYLVANIA AND VIRGINIA RESIDENTS ONLY.

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 may be subject to fines and confinement in prison (for New York residents only: 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). (For Colorado residents only: Any insurance company or agent of an insurance company who knowingly provide false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department Regulatory Authority Agencies). (For Hawaii residents only: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss is a crime punishable by fines or imprisonment, or both).

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.



First, determine if you may qualify for A-E-Z™ – Answer these twelve questions:

1. At least one principal of our firm is a licensed architect or engineer: Yes: ☐ No: ☐
2. Our firm is in private practice: Yes: ☐ No: ☐
3. Our firm's gross billings were less than \$1,000,000 in our last fiscal year: Yes: ☐ No: ☐
4. Our firm has not had a claim in the past five years: Yes: ☐ No: ☐
5. Our firm has no more than 15 total employees (including principles): Yes: ☐ No: ☐
6. Our firm agrees to use a written agreement or letter of understanding on all future projects: Yes: ☐ No: ☐
7. Our firm's areas of practice are limited to the following disciplines – Architecture; Civil Engineering; Electrical Engineering; Forensic Engineering; HVAC Engineering; Interior Design; Land Surveying; Landscape Architecture; Master Planning; Mechanical Engineering; Inspection Services; and/or Cost Estimating. Yes: ☐ No: ☐
8. During the past five years, our firm has not provided any of the following types of services – Home Inspections; Soils Testing; Process Engineering; Chemical Engineering; Nuclear Engineering; Marine Engineering or Architecture; Mining Engineering; Product Design; Asbestos Abatement; and/or Machinery/Equipment Design: Yes: ☐ No: ☐
9. During the past five years, our firm has not provided services in connection with any of the following types of projects – Airports; Arenas/Stadiums; Bridges/Tunnels over ten feet in length; Convention Centers; Correctional Facilities; Harbors/Piers/Dams; Industrial Waste Water Plants; Landfills; Nuclear/Atomic Facilities; Pipelines; Petrochemical Facilities; Pools; Quarries/Mines; Condominiums; Superfund Sites; Tract Homes; Utility Plants; and/or Sewer Systems (other than individual connections). Yes: ☐ No: ☐
10. Our firm does not accept responsibility for construction means, methods, techniques, sequences, procedures or safety precautions; or to supervise construction: Yes: ☐ No: ☐
11. During the past five years, our firm has not provided any design build*; fast track or turnkey services: Yes: ☐ No: ☐
12. We do not provide services outside of the USA: Yes: ☐ No: ☐

**If you answered, “yes” to each of the fourteen questions above, then complete pages 3 & 4.
If you answered, “no” to any of the above questions please contact your broker.**

* where the applicant is not responsible for means and methods of construction.



1. Name of Applicant: _____
 Contact: _____ E-mail Address: _____
 Mailing Address: _____
 City, State Zip: _____
 Telephone #: _____ Fax #: _____
 Please additional offices on a separate sheet of paper.
 URL: http:// _____
 Date Established: _____
 Individual: ☐ Corporation: ☐ Partnership: ☐ LLC/LLP: ☐ Other: ☐ _____
 Current Insurer: _____ Expiration Date: _____ Retro Date: _____

2. Number of personnel:

Personnel:	Licensed	Non-Licensed
Principal, Partner, Officer or Director		
Technical (other than above)		
Support / Administrative / Clerical		
TOTAL		

Please attach resumes for Principals, Partners, Officers, Directors and key personnel

3. GROSS BILLINGS:

Please provide Gross Billings derived from Professional Services for the past reporting period (12 months), whether or not collected by the Applicant. Include fees paid to consultants.

Newly established firms should use an estimate for the upcoming 12 month period.

Reporting Period: __/__/__ to __/__/__	Gross Billings	Construction Values
Projects insured under separate project policies*	\$	\$
Projects permanently abandoned*	\$	\$
Feasibility studies; reports and opinions	\$	\$
Fees paid to subconsultants (that carry their own insurance) – Provide copies of Certificates	\$	\$
Direct reimbursables	\$	\$
All other billings	\$	\$
Total	\$	\$
Projection for Next 12 Months	\$	\$
Total Fees for the Prior Reporting Period	\$	\$

*Please provide details on a separate sheet



4. Loss Prevention

Have any principals of the Applicant attended a loss prevention seminar within the past twelve months?
within the past three years?

Yes: ☐ No: ☐
Yes: ☐ No: ☐

5. Areas of Practice – Project Types

Please check all areas of practice / Project Types:

Areas of Practice				Project Types			
Architecture	<input type="checkbox"/>	Civil Eng.	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>
Electrical Eng.	<input type="checkbox"/>	Forensic Eng	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Religious	<input type="checkbox"/>
HVAC Eng.	<input type="checkbox"/>	Interior Design	<input type="checkbox"/>	Schools	<input type="checkbox"/>	Housing	<input type="checkbox"/>
Land Surveying	<input type="checkbox"/>	Landscape Arch.	<input type="checkbox"/>	Roads	<input type="checkbox"/>	Other Private*	<input type="checkbox"/>
Master Planning	<input type="checkbox"/>	Mechanical Eng.	<input type="checkbox"/>	Other Public*	<input type="checkbox"/>		
Inspection Services	<input type="checkbox"/>	Cost Estimating	<input type="checkbox"/>				

* Please list on a separate sheet of paper

6. Claims

Please complete a supplement for each claim made against the firm, any predecessors in business or any principals, partners or employees.

After inquiry, does the Applicant or any other party for which coverage is requested, have knowledge of any act, error, omission, fee dispute, incident or other circumstance that could reasonably be the basis for a claim under this proposed insurance policy: Yes: ☐ No: ☐

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Signature of Applicant* _____ Date: _____
Title: _____ Firm: _____

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.