

PT PRO PROFESSIONAL LIABILITY APPLICATION ARCHITECTS AND ENGINEERS

(This is an Application for a Claims Made and Reported Policy)

1. APPLICANT INFORMATION

Name (First/Middle Initial/Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: _____

Does the Applicant render professional services through a legal entity?..... Yes No

If "Yes," complete the following:

Legal Name of Entity: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Entity Type: _____ Website: _____ FEIN: _____

Total employees (including the Applicant):..... _____

Is the entity one hundred percent (100%) owned by the Applicant?..... Yes No

2. PRACTICE PROFILE

Provide the following gross revenue figures, construction values and average weekly billable hours:

	Last Fiscal Year	Current/Next Fiscal Year (estimate)
Fiscal Year Ending (MM/DD/YYYY)		
Gross Revenue	\$	\$
Construction Values	\$	\$
Average Weekly Billable Hours	Hours:	Hours:

What percentage of the Applicant's business is from repeat clients? %

Applicant's Activities:

Does the Applicant engage in any Design/Build work?..... Yes No

Provide the percentage of gross revenues for the last reporting period (12 months), whether or not collected, including fees paid to consultants.

Services	Percent of Gross Revenues
Feasibility Studies, reports where no design is completed	%
Design only, with no construction phase duties	%
Design, with observation of construction	%
Observation of construction only	%
Construction management only	%
Design with construction responsibility (construction subcontracted)	%
Construction with design responsibility (design subcontracted)	%
Other (describe):	%
TOTAL	%

Professional Services:

Based on the Applicant’s gross revenues, please indicate approximate percentage of services listed below which are performed by the Applicant. Do not include services of consultants. (Note: This section should total one hundred percent [100%.])

Services	Percent	Services	Percent	Services	Percent
Acoustical Engineering	%	Forensic Engineering	%	Nuclear Engineering	%
Architecture	%	HVAC Engineering	%	Process Engineering	%
Chemical Engineering	%	Hydrological Engineering	%	Geo Technical	%
Civil Engineering	%	Interior Design	%	Structural Engineering	%
Communication Engineering	%	Land Surveying/ Construction Stakeout	%	Testing Labs	%
Construction Management	%	Landscape Architecture	%	Other (specify):	%
Electrical Engineering	%	Mechanical Engineering	%		
Environmental Engineering	%	Naval/Marine	%	TOTAL	100%

Subcontracted Services:

Does the Applicant subcontract professional services? Yes No

If “Yes,” indicate the percentage of professional billings subcontracted..... %

Does the Applicant obtain insurance certificates of professional liability from subconsultants? Yes No

Other Services:

a. Is the Applicant involved in any of the following activities?..... Yes No

- Asbestos Related Work
- Destructive Testing
- Environmental Impact Statements
- Fast Track, Turnkey or Prototype Projects
- Foundations, Sheeting and Shoring Design
- Ground Testing/Soil Analysis
- Inspection Services
- Machine/Equipment Design
- Pipelines
- Product Design
- Subsurface Soil

b. Based on the Applicant’s gross revenues, indicate the approximate percentages of the projects listed below in which the Applicant is engaged. (Note: This section should total one hundred percent [100%.])

Services	Percent	Services	Percent	Services	Percent
Airports	%	Manufacturing/Industrial	%	Sewage Treatment Plants	%
Amusement Rides	%	Mass Transit (train/bus stations)	%	Shopping Centers/ Retail	%
Apartments	%	Mines	%	Superfund/Pollution	%
Arenas/Stadiums	%	Municipal Buildings	%	Telecommunications	%
Bridges less than 500 ft. Bridges 500 ft. and over	% %	Nuclear/Atomic	%	Theaters	%

Services	Percent	Services	Percent	Services	Percent
Condominium/ Townhouses	%	Office Buildings	%	Tract Homes	%
Commercial	%	Parking Structures	%	Traffic/Transportation	%
Convention Centers	%	Petro/Chemical	%	Tunnels	%
Dams	%	Pools/Playgrounds	%	Underground Storage Tanks	%
Harbors/Piers/Ports	%	Pre-engineered Buildings/Structures	%	Utilities	%
Hospitals/Healthcare	%	Private Dwellings (Custom)	%	Warehouses	%
Hotels/Motels	%	Religious/Churches	%	Wastewater Treatment Plants	%
Industrial Waste Treatment	%	Residential	%	Water Systems	%
Jails	%	Roads/Highways	%	Other (specify):	%
Landfills	%	Schools/Colleges	%		
Libraries	%	Sewage Systems	%	TOTAL	100%

Is the Applicant engaged in any of the following activities:

- a. Actual construction, fabrication or erection? Yes No
- b. Development, sale or lease of computer software to others?..... Yes No
- c. Real estate development? Yes No
- d. Manufacturing, sale, leasing or distribution of any product?..... Yes No
- e. Is the applicant engaged in projects located outside the United States, its territories or Canada?..... Yes No
- f. Is the Applicant controlled, owned and/or associated with any other Firm, corporation or company or does the Applicant own or control any other entity? Yes No

Joint Ventures

- a. Does the Applicant participate in joint ventures? Yes No

Condominiums/Townhouses:

In the past ten (10) years has the Applicant provided any professional services related to Residential Condominiums and/or Townhouses? Yes No

3. PROFESSIONAL PROFILE

List the Applicant's active memberships in professional associations or organizations:

PROFESSIONAL ASSOCIATION/ORGANIZATION	YEAR JOINED

List the Applicant's professional qualifications:

INSTITUTION	DEGREE	YEAR QUALIFIED

How many years of professional experience does the Applicant have? _____

4. RISK MANAGEMENT

- a. Does the applicant have quality control procedures in place?..... Yes No
- b. Has the applicant attended at least six hours of continuing education in the past twelve (12) months?..... Yes No
- c. What percentage of projects does the applicant use written contracts on? _____ %
- d. What percentage of written contracts does the applicant include a limitation of liability clause?..... _____ %
- e. Specify the approximate percentage of the applicant’s professional services rendered under AIA or EJCDC standard forms of agreement:..... _____%
- f. If non-standard contracts or modified AIA or EJCDC contracts or “letter agreements” are used, are they reviewed by an attorney for liability implications prior to signing? Yes No
- g. Does the applicant have procedures for monitoring or collecting outstanding fees? Yes No

5. INSURANCE

Does the Applicant currently carry General Liability insurance? Yes No

Does the Applicant currently carry Professional Liability (Errors & Omissions) insurance? Yes No

If “Yes,” complete the following:

Expiring Policy Expiration Date: _____

Expiring Policy Prior Acts Date: _____

If “No,” complete the following:

Desired Effective Date of Coverage: _____

6. CLAIMS

In the past five years, have any professional liability claims or suits been made against the Applicant?..... Yes No

If “Yes” is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

Is the Applicant aware of any fact, circumstance or situation which may reasonably be expected to give rise to a professional liability claim or suit against the Applicant?..... Yes No

If “Yes” is selected, please complete additional questions in the CLAIM/SUIT/CIRCUMSTANCE section.

CLAIM/SUIT/CIRCUMSTANCE

- 1. Name of Claimant or Potential Claimant: _____
- 2. Claim Status: Open Closed
- 3. Date Reported: _____
- 4. Describe the claim, suit and/or circumstances: _____

- 5. Provide the reserved and/or payment amounts made for this claim, suit or circumstance:

RESERVE AMOUNT BY INSURER	PAYMENT BY INSURER	DEDUCTIBLE PAYMENTS BY APPLICANT
\$	\$	\$

THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A “CLAIMS MADE AND REPORTED” BASIS.

The undersigned authorized person, on behalf of the applicant, attests that to the best of the his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application Form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

The undersigned authorized person on behalf of the applicant declares that the above statements are true, that neither the undersigned person nor the applicant has suppressed or misstated facts and that at the present time the applicant has no reason to anticipate any claims being brought against the applicant or any representative of the applicant or knowledge of any negligent act, error, omission or offense on the applicant's part or any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind the applicant to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____