



**APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY
(CLAIMS-MADE BASIS)**

1. a) Name of Applicant/Firm: _____

b) Applicant is: Sole Proprietor Partnership Corporation

2. a) Address: _____

City: _____ State: _____ Zip Code: _____

b) Web Site Address (if none, then so state) _____

c) Date Current Firm Established: _____

d) List all names and locations of all branch offices on separate sheet.

Note: Application must reflect information including all locations.

3. If the name of the Applicant has ever changed, or if there has been a consolidation, dissolution or change in business structure, please provide details listing each firm in chronological order and specify date of change. If the predecessor firms are not listed they will not be included for coverage. If firms are accepted for coverage they will be listed on the Policy. Without direct lineage or being the source of the current firm, a firm will not be considered a predecessor.

Name of Predecessor Firm(s)

Date Established

Name of Predecessor Firm(s)	Date Established
_____	_____
_____	_____
_____	_____

4. Indicate the percentage of the following disciplines in which the Applicant is engaged.
NOTE: Total must equal 100 percent.

_____ Acoustical Engineering	_____ HVAC Engineering	_____ Mining Engineering
_____ Architecture	_____ Interior Design	_____ Nuclear Engineering
_____ Asbestos Testing/Abatement	_____ Land Surveying	_____ Process Engineering
_____ Chemical Engineering	_____ Landscape Architecture	_____ Soils Engineering
_____ Civil Engineering	_____ Machine/Equipment Design	_____ Structural Engineering
_____ Construction Management	_____ Marine Engineering	_____ Traffic Engineering
_____ Electrical Engineering	_____ Materials Testing	_____ Other (Specify) _____
_____ Energy Conservation Consultant	_____ Mechanical Engineering	_____ Other (Specify) _____

5. List all Principals, Partners, Owners or Officers (use separate sheet if necessary). If firm has been in existence for less than two years, supply resume of each principal including prior project experience.

Name	College/Degree	Years in Practice	Date Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Number of total staff:

	Full Time	Part Time
a) Principals	_____	_____
b) Architects/Engineers and other technical staff (excluding principals)	_____	_____
c) Clerks, typists, accountants and other non-technical staff	_____	_____

7. a) To what professional organization(s) does the Applicant belong:

b) What, if any, continuing education programs has the Applicant attended during the past year?

c) Please indicate the states in which the Applicant or staff as individuals is licensed. If any state accounts for more than 25 percent of the overall work volume, please indicate the percentage by state: _____

8. Has any member of the Applicant ever been the subject of complaint to or disciplinary action by authorities as a result of their professional activities? Yes No
If "Yes", provide full details. _____

9. Has the Applicant, predecessors in business or any other person for whom coverage is being requested had any professional liability application denied, policy canceled or policy not renewed? Yes No
If "Yes", please explain:

10. a) Does your firm use written contracts on every project? Yes No
If "No", provide the percentage of your past 12 months' billings where oral agreements were used: _____ %

b) Specify the approximate percentage of your firm's professional services rendered under AIA or EJCDC standard forms of agreement: _____ %

c) If non-standard contracts or modified AIA or EJCDC contracts of "letter" agreements are used, are they reviewed by your firm's legal counsel for liability implications prior to signing? Yes No

11. a) Has the applicant or its predecessor in business carried similar professional liability insurance? Yes No
If "Yes", provide full details of current and prior insurance:

Insurance Company	Policy Period	Limits of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide retroactive date on current policy: _____ (month/day/year)

b) Requested limits for your quotation: _____ Deductible: _____

c) Does the Applicant maintain General Liability Insurance? Yes No
If "Yes", please specify **insurance carrier, limit** and **expiration date**: _____

d) Is the Applicant covered by any specific professional liability project policy? Yes No
If "Yes", provide full details including name and location of project as well as name of Insurance Company:

12. a) Gross Fees are to be reported on an accrual basis (whether collected or not). Gross Fees are defined as the exact dollar amount of gross income including fees paid to consultants and direct reimbursables but not including Joint Venture Fees, interest income or rental income.

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
From: _____	From: _____	From: _____
To: _____	To: _____	To: _____
Gross Fees: \$ _____	Gross Fees: \$ _____	Gross Fees: \$ _____

- b) Please specify the estimated value of construction put in place that the Applicant designed:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

13. a) Does the Applicant's practice involve subletting or subcontracting work to others? Yes No
 If "Yes", specify what disciplines are sublet or subcontracted: _____

- b) Is evidence of professional liability coverage required of all subconsultants? Yes No

- c) If "No", specify the subcontracted disciplines that are not required to maintain professional liability coverage:

- d) Indicate fees paid to subconsultants:

Past Fiscal Year	Current Fiscal Year	Projection for Next Fiscal Year
\$ _____	\$ _____	\$ _____

14. a) Please indicate percentages of the type of projects undertaken. NOTE: Total must equal 100 percent.

_____ Airports	_____ Hotels/Motels	_____ Recreation/Sports
_____ Airport Runways	_____ Industrial Waste Treatment	_____ Roads/Highways
_____ Amusement Rides/Water Slides	_____ Jails	_____ Schools/Colleges
_____ Bridges under 500 feet	_____ Landfills	_____ Sewage Treatment Plants
_____ Bridges over 500 feet	_____ Low Income Housing	_____ Sewer/Water Lines
_____ Chemical/Processing Systems	_____ Manufacturing/Industrial	_____ Shopping Centers/Retail
_____ Churches/Synagogues	_____ Mass Transit	_____ Site Develop./Street Plans
_____ Condominiums/Townhouses	_____ Mining	_____ Superfund/Pollution
_____ Convention Halls/Stadiums	_____ Municipal Pumping Stations	_____ Tract Homes/Subdivisions
_____ Custom Homes	_____ Nuclear/Atomic	_____ Traffic Planning
_____ Dams	_____ Office/Commercial Buildings	_____ Tunnels
_____ Environmental Impact Statements	_____ Parking Structures	_____ Utility (Specify) _____
_____ Flood Plain Studies	_____ Petrochemical	_____ Water/Sewer Systems
_____ Foundations	_____ Playgrounds	_____ Other (Specify) _____
_____ Harbors/Piers/Ports	_____ Pools	_____
_____ Hazardous/Toxic Waste	_____ Power Plants	_____
_____ Hospital/Health Care	_____ Prefabricated Structures	_____

- b) In relation to 14a) please provide the tallest building (# of stories) applicant provides services for.

- c) In relation to 14a) please provide the total percentage of projects which involve the renovation or alteration of existing structures.

- d) Does the Applicant foresee any substantial changes in the percentages in question 14a)? Yes No

If "Yes", please explain:

15. Please indicate the percentage of services rendered for each of the following categories of clients. NOTE: Total must equal 100 percent.

_____ Commercial	_____ Developers	_____ Industrial
_____ Contractors	_____ Governmental	_____ Utilities
_____ Design Professionals	_____ Institutional	_____ Other (Specify) _____

16. Does, has or will the Applicant provide professional services on projects resulting in construction outside the United States or Canada? Yes No

Please be advised these projects are excluded by Tudor's policy form. To consider for coverage, please provide a detailed listing of such projects including name, location, client gross fees, construction value and date of completion.

17. Does any one client or contract represent more than 50 percent of annual gross income? Yes No
 If "Yes", please provide name of client or contract and provide the actual percentage: _____

18. a) Please specify the percentages relative to the Applicant's total work volume.
 NOTE: Total must equal 100 percent.

- 1) Planning and feasibility studies: _____
- 2) Design with no construction phase services: _____
- 3) Design with periodic observation of construction to ensure design compliance: _____
- 4) Construction Management: _____
- 5) Inspection services on existing structures: _____
- 6) Construction observation with no design: _____
- 7) Other (Specify): _____

b) If Applicant has responded to any of 18a) 4- 7, please provide a full description of projects and services provided:

19. Does the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following:

Construction, erection, fabrication or installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer, sale or distribution of any goods, products or process	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos testing/detecting/abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pollution Control Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" to any of the above, please attach a description of services provided.

20. Does the Applicant ever perform services on a salaried or annual retainer basis? Yes No
 If "Yes", please provide full details: _____

21. Does the Applicant or any principal, partner, officer or employee wholly or partly own, operate, manage or control any other enterprise or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise? Yes No

If "Yes", please provide full details and include nature of relationship: _____

22. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by the Applicant? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

23. Does, has or will the Applicant be providing design services on any project for which any construction, installation, assembly or supplying of materials or products was also provided by a subcontractor of the Applicant, a person or enterprise that wholly or partly owns, operates or controls the Applicant or by the Applicant's principals, partners, directors or officers? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

24. Does the Applicant or any principal, partner, officer, employee or an immediate family member of such person have any ownership interest in any project for which professional services have been, are being or will be done? Yes No
If "Yes", please attach complete details:

Please be advised these projects are excluded by Tudor's policy form.

25. Has the Applicant participated in any past or present joint venture? Yes No
If "Yes", please attach complete details:

Please be advised such projects are excluded by Tudor's policy form.

26. Is the Applicant directly involved in the design or re-design of HVAC systems? Yes No
If "Yes", please comment on any engineering or administrative controls that are routinely employed to insure acceptable indoor air quality: _____

27. Is the Applicant involved in the selection of furnishings or building materials? Yes No
If "Yes", comment on any controls or procedures that are employed to minimize the introduction of sources of chemical contamination: _____

28. Does, has or will the applicant provide any professional services related to the design, evaluation, removal or the replacement of underground storage tanks? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

29. Does, has or will the applicant provide any professional services related to solid waste site evaluations or the design, evaluation, monitoring or closure of landfill projects? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

30. Does, has or will the applicant provide any environmental site assessments, environmental audits or environmental monitoring services? Yes No
If "Yes", please attach complete details of the services rendered and a list of specific projects.

31. Does, has or will the applicant be involved in asbestos inspection, asbestos abatement services or does the applicant accept responsibility for those services within their contracts? Yes No
If "Yes", please attach complete details.

32. Does, has or will the applicant provide pre-purchase site assessments and/or inspections? Yes No
If "Yes", attach a detailed narrative and the percentage of gross fees received from these services.

CLAIMS AND LOSS HISTORY

33. Have any claims involving professional service ever been made against the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is requested? Yes No

If "Yes", on a separate sheet please supply the following: a) name of project, b) date of contract, c) name of claimant, d) allegations, e) date of claim, f) demand amount, g) reserve, h) expenses paid to date, i) current status and j) carrier handling claim.

34. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of any act, error, omission or circumstance which may result in a claim being made against them? Yes No

If "Yes", provide details requested in question #33 above a) through j).

35. Has the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested ever reported a potential claim or circumstance to a professional liability carrier? Yes No

If "Yes", provide details requested in question #33 above a) through j).

36. Is the Applicant aware of any actual or alleged defective or incomplete construction, installation, assembly (including roof leakage and structural problems) that has not been remedied to the client's satisfaction? Yes No

If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier.

37. Is the Applicant aware of any unresolved construction dispute including but not limited to an unexcused delay, an exceeding of a budget, a change order or compensation dispute that has not been agreed upon (whether or not the insured is an involved party)? Yes No

If "Yes", provide a statement of full details including name of project, basis of disagreement and indicate if such circumstance has been reported to a professional liability carrier.

38. During the past two years, has anyone been seriously injured or died during construction, or has bodily injury or property damage occurred at a project that has been accepted or occupied? Yes No

If "Yes", please attach a statement providing name of project, name of injured party, injury and indicate if such circumstance has been reported to a professional liability carrier.

39. Is the Applicant, predecessors in business, joint venture or any other person or entity for whom coverage is being requested aware of or have knowledge of any error, omissions, unresolved job dispute or accident involving the discharge, dispersal, seepage, migration or release of a pollutant(s) or contamination? Yes No

If "Yes", provide a statement of full details.

40. Please attach a list of the 10 largest projects in the last five years including the following information: a) name and location of project, b) services performed, c) construction value and, d) completion date. If Applicant's practice is over 20 percent structural, provide the number of stories on each project.

41. Please attach a list of the 10 largest current projects including all information requested in question #40 a) through d).

42. Please attach any literature, including government forms, and brochures which describe the Applicant's capabilities and practice.

43. Provide financial statements including most current income statement and balance sheet if available.

THE APPLICANT AND FIRM ACCEPTS NOTICE THAT ANY POLICY ISSUED WILL APPLY ON A "CLAIMS-MADE" BASIS.

The undersigned represents that the statements and particulars herein are true and there has been no suppression or misstatement of any material facts and agrees that this application shall be the basis of coverage and considered part of any Policy issued by the Company.

Signed: _____ Dated: _____

(Please Print Name)

Capacity: _____

MUST BE SIGNED BY PRINCIPAL OR PARTNER OF FIRM.

SIGNING THIS FORM OR TENDERING PREMIUM WITH THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE