



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

Expiring Policy Number _____

- 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) List all names and locations of all branch offices on separate sheet.
Note: Application must reflect information including all locations.
3. Has name of firm changed in the last year? [] Yes [] No
If "Yes", please provide details _____

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.

6. 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.

Table with 3 columns: Past Fiscal Year, Current Fiscal Year, Projection for Next Fiscal Year. Rows include From, To, and Gross Fees.

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

Table with 3 columns: Past Fiscal Year, Current Fiscal Year, Projection for Next Fiscal Year. Row includes dollar amount.

7. 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
8. 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
\$ _____	\$ _____	\$ _____

9. 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 9a) please provide the tallest building (# of stories) applicant provides services for. _____
- c) In relation to 9a) 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 9a)? Yes No
 If "Yes", please explain: _____

10. 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 10a) 4 - 7, please provide a full description of projects and services provided:

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:

11. 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: _____

12. 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 Yes No
- Construction Management Yes No
- Manufacturer, sale or distribution of any goods, products or process Yes No
- Real estate development Yes No
- Asbestos testing/detecting/abatement Yes No
- Pollution Control Systems Yes No

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

13. 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, a person or enterprise that wholly or partly owns, operates or controls the Applicant? Yes No

If "Yes", please provide details. _____

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

14. 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 provide details. _____

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

15. Has the Applicant participated in any past or present joint venture? Yes No

If "Yes", please provide details. _____

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

16. 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.
17. 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.
18. 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.
19. 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.
20. Does, has or will the applicant provide pre-purchase site assessments and/or inspections? Yes No
If "Yes", please attach a detailed narrative and the percentage of gross fees received from these services.
21. Please attach a list of the 5 largest current 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.

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: _____

 Capacity: _____

Dated: _____
 (Please Print Name)

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

OHIO INSURANCE FRAUD WARNING STATUTE

In accordance with Ohio regulation, the undersigned attests that he/she has reviewed the following passage and agrees that it be attached to the Professional Managers Incorporated/Tudor Insurance Company Architects and Engineers application dated _____.

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.”

20-1761 (1/91)

Name of Applicant/Firm _____
 Signed _____
 Capacity _____
 Date _____