

**ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
 LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)**

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions; leave no blank spaces.
- c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The **LIMITS OF LIABILITY** stated in this Policy are reduced by CLAIMS EXPENSES. CLAIM EXPENSES are also applied against you deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker

1. Name of Applicant: _____ Phone: _____

2. Address: _____

3. Indicate applicant's Professional Liability Insurance currently in force:

COMPANY	TERM	LIMIT	DEDUCTIBLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROJECT INFORMATION

4. Name and/or designation of project:

5. Location of project:

6. Description of project:

7. Name and address of prime design professional on project (if same as applicant, please indicate):

8. Name and address of project owner:

**ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)**

9. Contractor/general contractor:

10. Name and address of applicant's client (for whom professional services are being rendered):

11. Has the applicant worked with the client in the past? Yes No
If yes, please provide details by attachment

12. What prior experience does the applicant have with similar projects?

GROSS RECEIPTS

13. Total estimated project construction value: \$ _____
14. Total estimated professional fees to be paid to Design Team: \$ _____
15. Give estimated beginning and completion dates for all design and construction phases, including gross receipts for each phase.

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase	_____	_____	_____
Design Development Phase	_____	_____	_____
Construction Document Phase	_____	_____	_____
Bidding/Negotiation Phase	_____	_____	_____
Construction Administration Phase	_____	_____	_____

DESIGN TEAM INFORMATION

16. Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc)
Note: *Sum of Percent Total Professional Fees should equal 100% of fees shown in Question 14 above*

**ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
 LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)**

	Name and Address	Discipline	Percentage of Total Professional Fees	Firm's Current Professional Liability Coverage
A)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
B)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
C)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
D)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
E)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
F)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			
G)	_____	_____	_____	Co.: _____
	<i>Prime Professional</i>	_____	_____	Limit: _____
	_____	_____	_____	Ded.: _____

	<i>Check if hired by applicant</i>			

Please list additional consultants by attachment.

**ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
 LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)**

For all “**yes**” answers to any of the following, please provide complete details by attachment.

17. Does the applicant or any member of the Design Team (including partners, officers, employees, parent or subsidiary firms):
- | | YES | NO |
|--|-----|----|
| a. Have any equity interest in the project? | | |
| b. Plan to act as a general contractor on the project? | | |
| c. Plan to engage in any actual construction on the project? | | |
| d. Plan to manufacture, fabricate or supply any materials to be used on the project? | | |
| e. Plan to participate in a joint venture for any activity on the project? | | |
| f. Plan to hire a geotechnical consultant? | | |
| g. Plan to arrange or procure financing for the project? | | |
18. Does the project owner plan to act as his own contractor on the project?
19. Will the applicant’s client act as a contractor on the project?
20. Indicate the percentage of total gross receipts to be derived from the following activities. Please provide complete description of services performed by attachment
- | | |
|---|---------|
| Geotechnical studies | _____ % |
| Site specific product design | _____ % |
| Material testing/non-destructive testing | _____ % |
| Environmental engineering services | _____ % |
| Construction management (if different from normal | _____ % |
| Construction administrative services) | _____ % |
21. Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be the basis for a claim against any member of the Design Team on this project?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- If yes, please provide details by attachment.*

ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
 LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)

ADDITIONAL INFORMATION

22. **Please attach a copy of the following:**

- a) Owner/Prime Professional Agreement
- b) Scope of services provided by the Design Team
- c) Site plan or diagram of the proposed project
- d) Claim history for each Design Team member

23. The applicant would like a quotation based upon the following Professional Liability limit and deductible:

Limit	Deductible

Note: If the deductible exceeds \$50,000, please enclose a copy of the applicant's balance sheet and income statement for the most recent fiscal year.

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 Underwriter's quotation.

It is further agreed that if, in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to Question 21 of this Application, such information shall be revealed in writing to the Underwriter.

Application must be signed by Owner, Partner or Officer

_____ Title: _____
Authorized Signature of Applicant Date: _____

**ARCHITECTS AND ENGINEERS SINGLE PROJECT PROFESSIONAL
LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)**

**CLAIM/INCIDENT INFORMATION SUPPLEMENT
SINGLE PROJECT ARCHITECTS & ENGINEERS PROFESSIONAL LIABILITY INSURANCE**

This supplement is to be completed if the firm answered yes to Question 21. If space is insufficient to answer any question fully, please provide further details by attachment. Do not attach copies of Summons & Complaint. Please leave no blanks.

USE A SEPARATE SUPPLEMENT FOR EACH CLAIM/INCIDENT.

Name of Firm: _____

1. Full name of individual(s) and name of firm involved in the claim/incident:

2. Additional Defendants:

3. Full name of claimant/plaintiff:

4. Date of alleged error: _____

5. Description of project and scope of services provided:

6. Allegations and/or nature of claim/incident:

