



Architects, Engineers and Construction Managers Errors and Omissions Insurance Application

If coverage is issued, it will be on a claims-made basis.

Notice: this insurance coverage provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

1. Name of applicant:

Address:

Website:

2. Date established:

3. In the past five years has the applicant ever changed names or been party to any acquisition, consolidation, merger, or dissolution? Yes No

If Yes, please describe:

4. Please describe the percentages of the following services the applicant provides or intends to provide:

	Last fiscal year	Current year	Number of licensed staff
Aerospace engineering	%	%	
Architecture	%	%	
Chemical engineering	%	%	
Civil engineering	%	%	
Construction management (agency)	%	%	
Construction management (at risk)	%	%	
Electrical engineering	%	%	
Environmental engineering	%	%	
General contracting	%	%	
HVAC engineering	%	%	
Interior designer	%	%	
Land surveying	%	%	
Landscape architecture	%	%	
Machine, equipment, and/or manufacturing	%	%	
Marine engineering	%	%	
Mechanical engineering	%	%	
Nuclear engineering	%	%	
Process engineering	%	%	
Soil engineering	%	%	
Structural engineering	%	%	
Other (please specify below)	%	%	
<input style="width: 300px; height: 20px;" type="text"/>			

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5a. Does the applicant employ a licensed architect or engineer? Yes No

5b. Please list the state(s) in which the applicant will be performing these services and the percentage of work in that state:

State	Percentage	State	Percentage
	%		%
	%		%
	%		%

6. Please provide the gross billings for services listed below that were performed by the applicant:

	Last 12 months		Projected 12 months	
	Gross revenues	Construction values	Gross revenues	Construction values
Design	\$	\$	\$	\$
Design/build	\$	\$	\$	\$
Actual construction/ fabrication/erection	\$	\$	\$	\$
Construction management	\$	\$	\$	\$
Total	\$	\$	\$	\$

7. Please provide the approximate percentages of billings derived from the following services:

- a. Feasibility studies, reports and surveys not resulting in design %
- b. Design without supervisory services %
- c. Design and observation %
- d. Construction/project management %
- e. Construction observation without design %
- f. Inspection of existing structures %
- g. Inspections of homes/commercial properties for prospective buyers/lenders %
- h. Manufacture, sale or distribution of any product or service %
- i. Development, sale or leasing of any computer software or hardware %
- j. Other - please specify: %

8. Based upon billings, please provide the approximate percentages of the projects below that the applicant is engaged in.

Airports	%	Landfills	%	Schools/colleges	%
Amusement rides	%	Libraries	%	Sewage systems	%
Apartments	%	Manufacturing/industrial	%	Sewage plants	%
Arenas/stadiums	%	Mass transit	%	Retail structures	%
Bridges	%	Mines	%	Superfund/pollution	%

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Condos/townhouses:		Municipal buildings	%	Telecommunications	%
Residential	%	Nuclear/atomic	%	Theatres	%
Commercial	%	Office buildings	%	Tract homes	%
Convention centers	%	Parking structures	%	Tunnels	%
Dams	%	Petro/chemical	%	Underground storage tanks	%
Harbors/piers	%	Pools/playgrounds	%	Utilities	%
Hospitals/healthcare	%	Pre-engineered structures	%	Warehouses	%
Hotels/motels	%	Private dwellings	%	Wastewater treatment plants	%
Industrial waste treatment	%	Recreation	%	Water systems	%
Jails	%	Roads/highways	%		
Other-please specify:					%

9. Is the applicant firm involved in any business other than those described? Yes No

If Yes, please describe/attach an explanation:

10. Does the applicant or any related entity have any ownership in any other company? Yes No

If Yes, please describe/attach an explanation (including % ownership):

11. Does the applicant provide any services on any project or for any entity in which the applicant or any related entity has any ownership? Yes No

If Yes, please describe/attach an explanation (including % ownership):

12. Please provide the following information about the applicant's key employees:

Name in full of ALL partners/ principals/key employees	Professional qualifications	Date qualified	How long in practice?	How long as partner/ principal?

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13. To what professional association(s) does the applicant belong?

14. Please include a list of applicant firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

Project/client name	Nature of the services	Revenue obtained
		\$
		\$
		\$
		\$
		\$

15. Does the applicant follow in-house quality control procedures?

Yes No

Does the applicant obtain continuing education for professional employees?

Yes No

How many professional employees of the applicant have attended at least six hours of continuing education over the past 12 months?

Does the applicant use written contracts on every project?

Yes No

If No, please provide the percentage of projects where oral agreements were used:

%

Please specify the approximate percentage of professional services rendered under AIA or EJCDC standard contracts:

%

If non-standard contract, modified AIA/EJCDC contracts or letter agreements are used, are they reviewed by the applicant's legal counsel or liability implications prior to signing?

Yes No

Does the applicant seek a limitation of liability clause in contracts with clients?

Yes No

If so, what percentage of contracts contains this clause?

%

Does the applicant negotiate into its contracts a provision for alternative dispute resolution such as mediation?

Yes No

If so, what percentage of contracts contains this clause?

%

16. Does the applicant subcontract any professional services?

Yes No

If Yes, please explain:

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17. Has any similar insurance ever been non-renewed or cancelled? Yes No

If Yes, please explain:

18. Is similar insurance currently in place? Yes No

Please provide professional insurance information for the last five years:

Company	Term	Limits	Deductible	Premium

Retroactive date on policy?

mm/dd/yy

19. Please provide the applicant's current general liability coverage:

Insurance company	Type of coverage	Limits		Effective	
		BI	PD	From	To

20. Have any of the individuals listed in question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

If Yes, please explain:

21. Does the person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her? Yes No

If Yes, please explain:

22. After inquiry have any claims been made against any proposed Insured(s) during the past ten (10) years? Yes No

If Yes, please provide full loss runs and/or a Supplemental Claims Information Form for each claim.

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23. Limit of liability desired:

\$500,000 \$1,000,000 \$2,000,000 Other \$

24. Deductible desired:

\$5,000 \$10,000 \$25,000 Other \$

It is understood and agreed that with respect to questions 20, 21 and 22, that is such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Notice to New York applicants: 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 material thereto, commits a fraudulent insurance act, which is a crime.

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated.

Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

A copy of this application should be retained for your records.