

Design Professional Liability Insurance Application For Small Firms

Coverage is provided on a "Claims Made and Reported" basis

Full name of Applicant Firm: _____

Name MI Paternal Last Name Maternal Last Name

Address: _____

PO Box Development, Sector or Ward Number Street HC/RR Box

City State Zip Country

Customer E-mail: _____

Telephone: (____) _____ Fax: (____) _____

SIC Code: Division I: Services – Major Group 87: Architectural Services

Year Firm Established: 19 _____

Firm is: Corporation Partnership
 Professional Corporation
 Sole Proprietorship LLC

Note: If the firm has branch office locations, please list those on Supplement #3 or a separate sheet.

- 1. A principal of our firm is a licensed architect or engineer and our firm is in private practice. Yes No
- 2. Our firm, its predecessor, employees or past owners have had no **claims** or **potential claims** in the past five years. Yes No
- 4. Less than 5% of our firm's services (currently or in the past 5 years are rendered in connection with pollution cleanup, remediation or containment, underground storage tanks, air emission controls, landfills, superfund sites, environmental permitting or industrial piping or processes. Yes No
- 5. Does your firm have an in-house program of continuing education for professional employees? This would include attendance at AIA/NSPE/PEPP/ACEC sponsored seminars and similar functions. Yes No
- 6. Does the firm use standard, unmodified AIA or EJCDC written contracts on every project? Yes No
- 7. Does the firm, anyone associated with the firm, or any of their immediate family members have an ownership interest in any project for which the firm is providing professional services? Yes No
- 8. Does your firm **subcontract services** to others No Yes
- 9. Does any member of your firm **provide services** as an Attorney, Accountant, Realtor, Insurance Agent, Securities Broker or in any other professional capacity? No Yes
- 10. Has your firm **sued** to collect unpaid fees in the past three years? No Yes
- 11. Is your firm, anyone associated with the firm, or any subsidiary, parent or other organization related to your firm **engaged** in:
 - a. Actual construction, fabrication or erection? No Yes
 - b. Design/Build? No Yes
 - c. Development, sale or leasing of computer software to others? No Yes
 - d. Real Estate development? No Yes
 - e. Manufacture, sale, leasing or distribution of any product, process or patented production No Yes

process?

12. Our firm has rendered soils, process, chemical, nuclear, marine or mining engineering; home inspection; product design; asbestos abatement; environmental engineering; or oil/gas well engineering/siting services within the last five years? No Yes
13. Has your firm or any member of your firm had a professional liability insurance policy **canceled** or **nonrenewed** (except for ins. Co. leaving this line of business) by any insurance company?
14. Having inquired of all officers, partners, directors, shareholders and employees, does anyone have knowledge of any error, omission, unresolved job dispute (including owner-contractor disputes), accident or any other circumstance that is or could be the basis for a claim under the proposed insurance policy? No Yes

(06/01/04) 23-211-0023

15. Professional Service Billings (last fiscal year) (whether collected or not)	Total Gross Billings (Include Billings Attributable to Consultants)	Construction Values (Prorate for Multi-Year Projects)
a. *Joint venture projects (Your portion of JV billings)	\$ _____ *	\$ _____
b. *Projects insured under separate Project Policies	\$ _____ *	\$ _____
c. *Projects which have been permanently abandoned	\$ _____ *	N/A
d. Feasibility studies, master plans, reports, opinions	\$ _____	\$ _____
e. Interior design - include only interior non-structural services such as space planning and the selection of furniture, fixtures and finishes	\$ _____	\$ _____
f. Landscape Architecture	\$ _____	\$ _____
g. Land Surveying	\$ _____	N/A
h. Direct reimbursables by contract (i.e. travel, per diem, billings for reproduction, etc.) Do not include consultants.	\$ _____	N/A
i. ALL other billings	\$ _____	\$ _____
j. TOTAL PAST FISCAL YEAR (a+b+c+d+e+f+g+h+i)	\$ _____	\$ _____

16. Our estimated gross billings for the next 12 months are: \$ _____

17. Our staff consists of: Principals, Partners or Officers Employees
(Show part time staff as "1/2")

Licensed Architects	_____	_____
Licensed Engineers	_____	_____
Land Surveyors	_____	_____
Landscape Architects	_____	_____
Technical Staff	_____	_____
Administrative Staff	_____	_____
Total Staff	_____	_____

18. Members of our firm belong to:

- AIA NSPE/PEPP ACEC ASCE ASME ACSM ASLA Other (specify)

19. What percentage of your projects incorporate specifications based on or derived from an automated master specification system such as MASTERSPEC or SPECTEXT: _____%

20. **Insurance History** (For NEW APPLICANTS only):

- a. We currently have Professional Liability Insurance:

(06/01/07) 23-211-0023

If yes,

- b. Our insurance company is: _____
- c. The policy's expiration date is: ____ / ____ / ____
- d. We have continuously had coverage for ____ years
- e. Our policy provides full prior acts coverage:
- f. **If no**, the Prior Acts/Retroactive date for the current policy is: ____ / ____ / ____
- g. Our current policy limit is: \$ _____
- h. Our current deductible is: \$: _____
- i. Our current annual premium is: \$ _____

21. Desired limit of liability:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$2,000,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$3,000,000 |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$4,000,000 |
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$5,000,000 |
| <input type="checkbox"/> Other \$ _____ | |

22. Desired per claim deductible:
- | | |
|---|-----------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$20,000 |
| <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> Other \$ _____ | |

23. Describe nature of your operations. If available, please attach brochure describing your firm's services.

24. Please provide the following information regarding your firm's **five largest current projects**. (Please use the total construction values/scope of project to determine the largest project size, i.e. even if you are providing only a small portion of the services on a large sized project, describe the project in total in the list below.)

Name	City & State	Owner	Project Type	Services Performed	Estimated Total Construction Cost	Total Gross Billings

25. As a percentage of your firm's net billings (total gross billings less billings for consultants), please indicate which of the following services were performed by your firm **during the past fiscal year**. *Should Total to 100%.*

Architecture	%	Landscape Architecture	%	Marine Engineering	%
Civil Engineering	%	Land Surveying	%	Nuclear Engineering	%
Mechanical Engineering	%	Construction/Project Management	%	Mining Engineering	%
Electrical Engineering	%	Process Engineering	%	Machinery/Equipment Design	%
Structural Engineering	%	Chemical Engineering	%	Oil/Gas Well Engineering/Siting	%
Soils Engineering	%	Environmental Engineering	%	Other (please specify)	%
Laboratory Engineering	%	Communication Engineering	%	Other (please specify)	%

The undersigned being authorized by, and acting on behalf of the Applicant and all persons concerned seeking this insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares

and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may tender inaccurate, untrue, or incomplete any statement made herein will be immediately reported in writing to the Company. The undersigned acknowledges and agrees that the submission and the Company's receipt of such written report, prior to the inception of the policy applied for is a condition precedent to coverage. The signing of this application does not bind the undersigned to purchase the insurance, nor does review of the application bind the Company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. **Note:** Any claim or potential claim listed in response to Application questions 3a, 3b or 19, or any supplement, or of which any member of the applicant firm has knowledge of prior to inception of any policy by Universal Insurance Company will be excluded from any policy which may be issued.

NOTICE: "Any person who knowingly and with the intention to defraud presents false information in an insurance application or who presents, assists or allows to present a fraudulent claim for the payment of a loss or other benefits, or presents more than one claim for the same damage or loss, will incur in a felony and, if convicted, shall be sanctioned for each violation with a fine of no less than five thousand dollars (\$5,000.00) and no greater than ten thousand dollars (\$10,000.00) or a fixed prison term of three (3) years, or both penalties. If aggravating circumstances are present, the fixed prison term could be raised to a maximum of five (5) years; if attenuating circumstances are present, the fixed prison term could be lowered to a minimum of two (2) years." Law #18 January 8, 2004.

Signature _____ *Title* _____ *Date* _____
(This Application must be signed by an Owner, Partner or Principal of the Firm.)

Producer _____ Code _____

Producer Name _____ Date _____