

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

THIS APPLICATION IS FOR A CLAIMS MADE INSURANCE POLICY

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

APPLICANT'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY; IF ANY QUESTIONS ARE CONSIDERED "NOT APPLICABLE", PLEASE EXPLAIN WHY
2. IF YOU NEED MORE SPACE, CONTINUE ON A SEPARATE SHEET AND INDICATE QUESTION NUMBER
3. PLEASE COMPLETE SUPPLEMENTS WHERE REQUIRED
4. THIS APPLICATION AND ALL SUPPLEMENT FORMS MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant:

Proprietorship:

Partnership:

Corporation:

2. Address:

City:

County:

State:

Zip:

3. Telephone:

4. Branch Office Address(es) – use a separate addendum if applicable

5. Date Established: (current entity)

PERSONNEL

6a Number of Staff Last Year This year

Principals/Partners/Directors

Other Licensed Professionals

Other Staff:

Total Licensed Professionals

b. Please indicate the applicant's annual staff turnover:

c. Please attach Resumes of key Principals

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub- consulting fees

Professional Services

7a Joint Venture projects

Total Gross Billings (including Billings Attributable to Consultants
Construction Values (pro-rate for Multi-year projects)

	(Your portion of JV billings)	\$	\$
b	Projects Insured under separate Project Policies		
c	Projects which have been permanently		
\$	\$		
	abandoned:	\$	\$
d	Feasibilities studies, master plans, reports, opinions or interior design. NOTE: Interior design refers to interior non-structural services such as space planning and the selection of furniture, fixtures and finishes, it does not include services associated with renovations (other than space planning):		
		\$	\$
e	Landscape Architecture:	\$	\$
f	Land Survey:	\$	\$
g	Direct reimbursables by contract (i.e. travel per diem, billings for reproduction, etc. Do not include consultants	\$	\$
h	All other billings	\$	\$ TOTAL PAST ACCOUNTING YEAR
	A+B+C+D+E+F+G+H)	\$	
i			

j Three year gross receipts (to include reimbursable expenses and sub consulting fees)

Fiscal Year Month / Year

Current Fiscal Year 20 \$

Last Fiscal Year 20 \$

Estimated Next Fiscal Year 20 \$

8 Please indicate percentage of the Applicant's gross billings derived from projects outside the U S A and Canada %

9 Were more than 25% of the Applicant's billings during the past fiscal year derived from a single client or contract?

Yes No

If yes then please provide details:

PROFESSIONAL DISCIPLINES

10 Specify as a percentage of the Applicant’s Gross Billings (**Total must equal 100%**)

Architecture	<u>%</u>	Landscape Architecture	<u>%</u>	HVAC Engineering	<u>%</u>
Civil Engineering	<u>%</u>	Land Surveying	<u>%</u>	Marine/Coastal Engineering	<u>%</u>
Mechanical Engineering	<u>%</u>	C.M. - AGENCY	<u>%</u>	Nuclear Engineering	<u>%</u>
Electrical Engineering	<u>%</u>	C.M. – AT-RISK	<u>%</u>	Mining Engineering	<u>%</u>
Structural Engineering	<u>%</u>	Chemical Engineering	<u>%</u>	Interior Design	<u>%</u>
Soils Engineering	<u>%</u>	Environmental*	<u>%</u>	Land Use Planning	<u>%</u>
Laboratory Testing	<u>%</u>	Hydrogeology/geology	<u>%</u>	Design/Build **	<u>%</u>
Process Engineering	<u>%</u>	Other (describe)	<u>%</u>	Other (describe)	<u>%</u>

* If yes Supplement 1 must be submitted
 ** If yes Supplement 2 must be submitted

11 Please indicate the percentage of the Applicants billings derived from work performed on a “fast Track” basis, i.e. those project in which construction begins before design is complete:

%

12. Please indicate percentage by fees of current projects where the construction contract is a: Bid contract: %
 Negotiated contract: %

13 Please indicate the percentage of the Applicant’s billings derived from repeat business %

PROJECTS

14 Please indicate types of projects as a percentage of the Applicant’s Gross Billings:

a	Schools, colleges or public buildings	<u>%</u>	m	Water Systems	<u>%</u>
b	Hospitals, retirement homes or convalescent hospitals	<u>%</u>	n	Bridges, trestles or tunnels	<u>%</u>
c	Hotels, motels or resort properties	<u>%</u>	o	Land reclamation design	<u>%</u>
d	Condominiums	<u>%</u>	p	Structures for offshore use	<u>%</u>

e	Garages, theatres or grandstands %	q	Harbours, jetties, docks or piers %
f	Shopping centers %	r	Machinery design/mechanical design %
g	Office/mercantile/commercial buildings %	s	Earth dams, reservoirs %
h	Public Utilities or industrial buildings %	t	Pipelines %
i	Single family residential %	u	Petrochemical %
j	Custom single family residential %	v	Mines and quarries %
k	Apartments and other multi-unit residential %	w	Nuclear projects %
l	Sewage or waste disposal systems %	x	Other (please specify) %

15 Please complete Supplement 3 (Largest Projects)

16 Please attach a copy of your Company's brochure

SERVICES

17 Please indicate percentages of the Applicant's Gross Billings derived from each of the following: **(Total must equal 100%)**

a	Design with construction review		%
b	Design without construction review		%
c	Construction review without design		%
d	Project or construction management		%
e	Feasibility, economic or other studies		%
f	Boundary surveying		%
g	Sub-surface soils testing, soils analysis, ground testing		%
h	Material testing		%
i	Foundation design		%
j	Interior design/space planning		%
k	Forensic/Expert witness		%
l	Other (please specify)		%

CONTRACTS

18 Please indicate types of contracts utilised by Applicant **(Total must equal 100%)**

a	Standard industry contract (ACEC,AIA, ASFE, etc)		%
b	Firm's standard contract		%
c	Letter agreement		%
d	Purchase order		%
e	Client contract		%
f	Oral agreement		%

19 Please submit a copy of a typical contract of hire utilised by the Applicant

CLIENTS

20 Please indicate percentage of the Applicant's gross Billings attributable to the following types of clients **(Total must equal 100%)**

A	Government or Public Entities, Federal, State, County or Local		%
B	Owners acting as their own builders		%
C	Turnkey contractors *		%
D	Design/build contractors *		%
E	Other contractors *		%
F	Developers		%
G	Financial and lending institutions		%
H	Other design professionals		%
I	Other (please specify)		%

* Please detail steps taken in order to avoid contractor or owner contractor litigation

FINANCIAL AND RELATED INTERESTS

21 During the past twelve months, has the Applicant or any subsidiary, parent or other organisation related thereto, being engaged in:

A	Actual construction, fabrication or erection	Yes		No	
B	Development, sale or leasing of computer software	Yes		No	
c	Real Estate development	Yes		No	
d	Manufacture, sale, leasing or distribution of any product, profess or patented production profess	Yes		No	
e	Design of a building, component or system which might be used on more than one project	Yes		No	
22	Has the Applicant entered into any Joint Venture?	Yes		No	
	Is Joint Venture coverage required? (If yes, Supplement 4 must be submitted)	Yes		No	
23	Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?	Yes		No	
	Is coverage for Equity interest required? (If yes, Supplement 5 must be submitted)	Yes		No	
24	Does the Applicant have any abandoned projects? (If yes, please give full details by attachment)	Yes		No	

SUBCONTRACTORS/CONSULTANTS

25 Please indicate types and percentages of work the Applicant subcontracts to others:

a	Architecture	<u>%</u>	Soils	<u>%</u>
	Civil	<u>%</u>	Structural	<u>%</u>
	Mechanical	<u>%</u>	HVAC	<u>%</u>
	Electrical	<u>%</u>	Other (please specify)	<u>%</u>

b Please describe the process by which the Applicant selects subcontractors and sub-consultants:

c Are written contracts used for all subcontractors and sub-consultants?

Yes

No

d Do the Applicants contracts with subcontractors and sub-consultants contain indemnification and hold harmless provisions?

Yes

No

e Does the applicant obtain certificates of insurance from all subcontractors and sub-consultants?

Yes

No

f Is the applicant named as an Additional Assured under all subcontractor and sub-consultant General Liability Policies?

Yes

No

MANAGEMENT

- 26 a Does the Applicant have an in-house quality control procedure? Yes No
- b Is it in written form? Yes No
- c Are all appropriate staff members familiar with these procedures? Yes No
- d Has the firm been given an independent peer review in the last 24 months?
- Yes No

27 Has the name of the Applicant changed or has any other firm or organisation been merged or amalgamated with or into the Applicant, or is any such change pending?

If yes, please give full details by attachment

Yes No

28 Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity?

If yes please give full details by attachment

Yes No

LOSS HISTORY

29 a After enquiry, have any claims or suits been made against the Applicant? (Please include those claims arising from separately insured projects)

If yes, Supplement 6 must be submitted
Yes No

b After enquiry, are any member(s) of the Applicant aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against the Applicant?

Yes No

If yes, Supplement 6 must be submitted

c Has the Applicant or any principal been the subject of disciplinary action by authorities as a result of their professional activities?

If yes, please give details by attachment
Yes No

INSURANCE

30 Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused?

If yes please give details by attachment
Yes No

31 Please give details of previous insurance (past five years):

Carrier	Policy No.	Limits Each	Deductible	Paid Premium	Effective		Claim/aggregate
					From	To	
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		
		\$	\$		\$		

Retroactive Date of current policy:

32 Please state coverage Limits and Deductibles required:

A Coverage Limits of Liability \$ B Self Insured Retention \$

The Applicant declares that, after enquiry, to the best knowledge of all persons to be insured the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed, omitted or mis-stated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application if, subsequent to the date of this application, but prior to the inception of such policy, there are any material alterations to the information contained herein.

Completion of this application does not bind the Underwriter to provide coverage, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters in the event a policy is issued.

This application is signed on behalf of all Owners, Principals, Partners, Shareholders, Directors and Employees.

Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services on environmental projects

Name of Applicant:

Phone ()

Address:

Please indicate Gross Billings attributable to each of the following

Gross Billings (Amounts in \$000's)

1 ENVIRONMENTAL SERVICES

Last Fiscal

Year

a Preparation of environmental studies and reports

b Phase I & Phase II remedial action investigations, feasibility studies, inspections and audits

c Remedial design with supervisory services

- d Remedial design without supervisory services
 - e Phase I & Phase II remedial action investigations
 - f Environmental project management
 - g Preparation of environmental permit applications
 - h Laboratory analysis and testing _____ i Soil, air and water sampling/testing _____ j Training and education
 - k Preparation of manuals and other publications
 - l Underground storage tank management
 - m Other (please specify)
- Projected Current
Fiscal Year
Percentage to be subcontracted

TOTAL ENVIRONMENTAL

2	ASBESTOS CONSULTING SERVICES	
a	Air monitoring	
b	Sampling and testing	
c	Abatement design	
d	Abatement project management	
e	Other (please specify)	
	TOTAL ASBESTOS	

3. Does the Applicant contract or sub-contract to product hands-on remediation services?
If yes, please complete question 4

Yes

No

4 **SERVICES**

(Amounts in \$000s)

Work Performed by you

Work performed by Others

PROFESSIONAL

Project management

Sampling/analysis

Monitoring System design/installation

Tank testing/monitoring

Tank design/installation

REMEDIAL ACTION

Hazardous material cleanup/soil removal

_____ On-site hazardous waste treatment

Groundwater treatment/recovery

_____ Mobile incinerators

Barrier construction/slurry walls/liners

Hazardous material emergency response/clean-up

Tank removal

TRANSPORTATION

Hazardous waste

Non-hazardous waste

Other (please specify)

DRILLING

Operating oil/gas wells

Oil/gas drilling

Remedial monitoring wells

Other (Please specify)

SUBCONTRACTORS

5 Please list all the Applicant's remedial action subcontractors and indicate the services they provide:

Subcontractors

Type of services

6 Are all subcontractors hired under written contract? Yes
Please provide a copy of the application's subcontractor contract
No

7. Please describe in detail the Applicant's procedures for qualifying subcontractors:

8 Please describe the extent of the Application's supervision of subcontractors:

9 PERMITS, RIGHTS, AUTHORITIES

a List all permits held with Federal, State, County or Municipal governments , including permit numbers and expiration dates:

Permit	Number	Expiration
--------	--------	------------

b What percentage of subcontractors work under their own permits, rights or authority %

c What percentage of subcontractors work under the Applicant's permits, rights or authority %

d Does the Applicant check required permits for subcontractors Yes
No

10 **INSURANCE**

a Is the Applicant named as an Additional Insured on the subcontractors' General Liability and Pollution Legal Liability Insurance policies

Yes

No

b Does the Applicant require certificate of insurance from subcontractors? Yes
No

c What minimum limits does the Applicant require?

Workers Compensation	<u> </u> \$
General Liability	<u> </u> \$
Pollution Legal Liability	<u> </u> \$

d What is the Applicant's procedure for monitoring certificates of insurance?

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

**Professional
Fees
Construction
Values
Professional
Fees**

	Design and Construction	\$ _____	\$ _____	Design Only – No construction	\$ _____	\$ _____	Construction Only – No design	\$ _____
	\$ _____ Construction Management	\$ _____	\$ _____					
	Other (please specify)	\$ _____	\$ _____					
\$	\$							
\$	\$							
\$	\$							
\$	\$							
\$	\$							
	Total – All Operations	\$ _____	\$ _____					
\$	\$							

DESIGN/BUILD SERVICES

2 Please describe relationship between the design firm and construction firm:

3 Please describe construction observation services performed by design firm :

4 Please list by attachment the 10 largest Design/Build projects in the past 5 years. Indicate names, locations, types of structures, services performed, construction values and completion dates

5 What is the Applicant's current bonding capacity? \$

6 Has a surety company ever declined to offer a bond? Yes

If yes, please provide details by attachment

LIABILITY ISSUES

No

For all "yes" responses to question 7 – 10, please provide details by attachment. Include project name and indicate if circumstance has been reported to insurance carrier

7 Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunction equipment?

Yes

No

8 Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget over-run or a change order which exceeds \$10,000?

Yes

No

9 Has the Applicant or any subcontractor ever defaulted, failed to complete a contract, or had liquidated damages or similar penalties assessed against them?

Yes

No

10 Has the Applicant or any sub-contractor made a claim or lien against any party because of compensation due or alleged to be due, which exceeds \$10,000

Yes
No

11 Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverages:

	Company	Term	Limit
Deductible			
CGL			
	Umbrella		

12 Please detail by attachment the Applicants Commercial General Liability loss history for the past five (5) years

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Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

JOINT VENTURE INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed by firms providing professional services using the Design/Build method of project delivery

Use a separate Supplement for each Joint Venture project

Name of Applicant:

Phone ()

Address:

JOINT VENTURE

1 Name of Joint Venture

2 Names and addresses of all firms comprising Joint Venture:

(Please submit a copy of the Joint Venture Agreement between the member firms)

PROJECT INFORMATION

3 Name and location of project:

4 Project description and services the Applicant is to perform

(please submit a copy of the Contract between the client and the Joint Venture)

CONSTRUCTION VALUES/FEES

5 Give estimated beginning and completion dates for all design and construction phases, indicating gross receipts for each phase:

Schematic Design Phase

Construction Documentation Phase

Beginning Dates

Completion Dates

Gross Receipts

	Bidding/Negotiation Phase:	
	Construction Administration Phase:	
6	Total Estimated construction value of the project:	\$
7	Total estimated gross receipts for project to Joint Venture	\$
8	Total estimated Gross receipts from project received by applicant to date	\$
9	Total estimated gross receipts from project to Applicant in next 12 months	\$

LIABILITY ISSUES

10 Has an insurer declined to provide, cancelled or refused to renew any similar insurance for any member firm participating in the joint Venture?

If yes, please explain in detail

Yes

No

11 Is the Applicant aware of any circumstances which may result in any claim against the Applicant or any other member firm with respect to this Joint Venture project?

If yes, please explain in detail

Yes

No

12 Has any claim or suit ever been made against the Applicant, or against any other member firm, with respect to this Joint Venture project?

If yes, please explain in detail

Yes

No

13 Indicate the Professional Liability insurance currently in force by each member firm of the Joint Venture

NAMED INSURED	COMPANY	TERM	LIMIT	DEDUCTIBLE
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14 Describe nature of work the Joint Venture subcontracts to others

15 Does the Joint Venture require certificate of insurance from its subcontractors?

Yes

No

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

EQUITY INTEREST COVERAGE

This Supplement to the Application for Architects and Engineers Professional Liability Insurance is to be completed for those projects in which the Applicant has an Equity Interest

Name of Applicant:

Phone ()

Address:

PROJECT INFORMATION

1. Name of Project:

2. Project description and services the Applicant is to perform:

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3	Please indicate the following Design Phase	Beginning Dates	Completion Dates
	Construction Phase		
4.	Total Construction value	\$	
5.	Total gross receipts to all design professionals	\$	
6	Total gross receipts to Applicant	\$	
	EQUITY INTEREST		

7 Give full name of all parties having an Equity Interest in the Project. Please indicate percentage of ownership for each party

Name

Percent Ownership
(Total must equal 100%)

8 Was Equity Interest taken in lieu of gross receipts?

Yes

No

If yes, please provide details by attachment

GENERAL INFORMATION

9 Does the Applicant or any subsidiary, parent or related entity engage in construction, manufacturing or fabrication in connection with this project?

Yes

No

If yes, please explain in detail

10 Do any of the parties named in Question 7, including their owners, officers or employees, engage in construction, manufacturing or fabrication in connection with this project?

Yes

No

If yes, please explain in detail

11 Has any claim or suit ever been made against any of the parties named in question 7?

Yes

No

If yes, please explain in detail

12 Is the Applicant aware of any circumstance which may result in any claim against the Applicant?

Yes

No

If yes, please explain in detail

I understand the information submitted herein becomes part of the Application for Professional Liability Insurance and is subject to the same representations and conditions.

Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

LLOYD'S OF LONDON

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYD'S

CLAIM FORM

APPLICANT'S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 29a AND b. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPECE IS INSUFICCIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET (DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT)
3. PLEASE NOTE THIS SUPPLEMENT IS UNDERWRITING INFORMATION AND DOES NOT CONSTITUTE NOTICE OF CLAIM. IF YOU WISH TO NOTIFY A CLAIM ON YOUR CURRENT OR EXPIRING POLICY PLEASE CHECK THE CLAIMS PROVISIONS OF YOUR POLICY AND/OR SEEK ADVICE FROM YOUR BROKER
4. PLEASE LEAVE NO BLANKS

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

a)	
b)	
c)	

2 Additional Defendants:

a)	
b)	
c)	

3 Full name of claimant:

4. Date of alleged error::

5 To what insurance company was this claim reported?

6 Date reported to insurance company:

7 Present status of claim (circle one):

Open

In Suit

Closed

8 If pending, please indicate:

a) Amount asked in summons
offer for settlement:

\$ b) Claimant's Settlement demand

\$ c) Defendant's

\$ d) Total amount paid in defense costs to date: \$

e) Total damages paid/outstanding

 \$

9	If closed, please indicate amounts paid in:	
	Indemnity	<u> </u> \$
	Costs	<u> </u> \$

10 Description of claim, including likelihood of settlement if pending: (Please provide enough information to allow an evaluation) DO NOT ATTACH SUMMONS AND COMPLAINT

a) Allegation upon which claimant bases claim:

b) Description of events:

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Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

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10 LARGEST PROJECTS – PAST FIVE YEARS

	<u>Name & Location</u>	<u>Client/Owner</u>	<u>Project Type</u>	<u>Professional Services</u>	<u>Fees</u>	<u>Construction Values</u>	<u>Completion Date</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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Must be signed by Owner, Partner or Officer:

Authorised signature of applicant

Title

Date

