

Design build/contractors application

**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.

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**Firm information:**

1. Name of Applicant (*please list all entities for which coverage is required*):

\_\_\_\_\_

2. Address: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website: \_\_\_\_\_

3. Date Established (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. During the past five (5) years, has the name of the Applicant been changed or has any other business been purchased or any merger or consolidation taken place?  Yes  No

If Yes, please give full details (including dates): \_\_\_\_\_

5. What Professional Societies & Associations does the Applicant and their professional staff belong to?

\_\_\_\_\_

6. Personnel (*please include all staff – professional **and** non professional*):

		Number
a	Architects	
b	Engineers	
c	Other Professionals	
d	Project/Construction Managers	
e	Others (Construction Personnel/Administrative/Clerical)	
f	Total	

**Revenues:**

7. What percentage (%) of the Applicant's revenues are generated from overseas services?  
\_\_\_\_\_ %

Please list the countries services are provided in: \_\_\_\_\_

\_\_\_\_\_

8. a) Of the firm’s total gross receipts above, please break down as follows:

	CURRENT FISCAL YEAR		IMMEDIATE PAST YEAR		TWO YEARS AGO	
	Construction Values	Professional Fees	Construction Values	Professional Fees	Construction Values	Professional Fees
<b>Construction Contracting Only</b> (No responsibility for design services by the firm or its subconsultants)		N/A		N/A		N/A
<b>Design/Build</b> with in house Design						
<b>Design/Build</b> with subcontracted design						
<b>Construction Management Services</b>						
- Agency						
- At Risk						
<b>Other – please describe</b>	\$		\$		\$	
- Applicable revenue						
- Description of services						
<b>Total Revenue (Gross)</b>						

b) **Estimated gross receipts for the next fiscal year:** \$ \_\_\_\_\_

9. What percentage (%) of the Applicant’s revenues are generated from Technology Based Services? \_\_\_\_ %  
(If greater than five percent (5%), please complete the Technology Supplemental Application.)

**Contracting services**

10. Please break out Contracting revenue percentage (Total must equal 100%)

Excavation/Grading	%	Restoration Contractor (Fire/Water Damage)	%
Carpentry/Framing	%	Roofing/Insulation	%
HVAC/Mechanical/Industrial	%	Operation and Maintenance for Others	%
Street/Road Paving	%	Plumbing	%
Drilling	%	Oil and Gas Contracting	%
General Commercial or Residential	%	Alternative Energy Contracting	%
Civil/Industrial Construction	%	Steel Erection	%
Electrical	%	Paintings/Coatings Application	%
Utility Work	%	Pesticide/Herbicide/Fertilizer Application & Landscaping	%
Heavy Highway/Bridge	%	Construction Lead Design/Build	%
Demolition/Renovation	%	Other Non-Environmental Contracting	%
Construction Management	%	Masonry/Concrete	%

**Professional services:**

11. Specify as a percentage of the Applicant’s Professional Fee’s . (Total must equal 100%)

Architecture	%	Landscape Architecture	%	HVAC Engineering	%
Civil Engineering	%	Land Surveying	%	Marine/Coastal Engineering	%
Mechanical Engineering	%	Construction Management	%	Nuclear Engineering	%
Electrical Engineering	%	Process Engineering	%	Mining Engineering	%
Structural Engineering	%	Chemical Engineering	%	Interior Design	%
Soils Engineering	%	Environmental	%	Land Use Planning	%
Laboratory Testing	%	Hydrogeology/Geology	%	Other( <i>please list</i> )	%

12. Does Applicant subcontract services?  Yes  No

- What percentage (%) of the Applicant’s subconsultants/contractors are insured for professional liability and/or pollution liability: \_\_\_\_\_%
- type of work subcontracted? \_\_\_\_\_
- Is evidence of insurance required from consultants/contractors?  Yes  No
- Are certificates annually updated for each consultant/contractor?  Yes  No

13. What percentage (%) of the Applicant’s professional services are provided using the following project delivery methods:

Delivery method	% Revenues
Design/Bid/Build	
Design/Build – Contractor Led	
Design/Build – Designer Led	
Fast Track ( <i>attach details</i> )	
Engineer/Procure/Construct (EPC)	

Projects

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

Schools, colleges, dormitories	___%	Bridges, Elevated Highways, Trestles or Tunnels	___%
Sports facilities, gymnasiums, sports stadiums, grandstands or bleachers.	___%	Roads/ Mass Transit	___%
Hotels, motels or resort properties	___%	Airports	___%
Country Clubs/Golf Courses	___%	Parking Garages	___%
Amusement / Water Parks/Playgrounds/swimming pools	___%	Earth Dams / Reservoirs / Retaining Walls	___%
Theatres/museums	___%	Pipelines	___%
Shopping Centers	___%	Inland Oil and Gas	___%
Office/Mercantile/commercial buildings	___%	Offshore Oil and Gas	-----%
Ethanol / Biofuels	___%	Water Systems, Waste Water Treatment Plants, Sewerage	___%
Retirement homes	___%	Mines and Quarries	___%
Churches	___%	Public Utilities or Industrial/Manufacturing Buildings	___%
Apartments and other multi unit residential	___%	Nuclear	___%
Custom Single Family Residential and High value homes	___%	Machinery Design/Mechanical Design	___%
Single Family Residential	___%	Structures for offshore use	___%
Condominiums (see Q15 below)	___%	Harbours, Jetties, Docks, piers	___%
Curtain Walls	___%	Public Buildings	___%
Cranes, hoists or any other heavy lifting equipment	___%	Hospitals	___%
Powerplants	___%	Renewable Energy	___%
Other (please list):	___%		___%

15. In the past 5 years has your firm, a predecessor firm or any other insured provided services on residential condominium or townhouse projects?  Yes  No

If Yes, please provide details and complete the following:

Total Number of Condominium/Townhouse Projects? \_\_\_\_\_

Approximate total Construction Values? \$ \_\_\_\_\_

16. In the past 5 years please estimate on average what percentage of your work involved wood frame construction \_\_\_%

17. List of Five (5) Largest Projects in the Last Three (3) Years:

Project Name/Client: \_\_\_\_\_

Construction Values: \_\_\_\_\_ Professional Fee: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_  
 Construction Values: \_\_\_\_\_ Professional Fee: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_  
 Construction Values: \_\_\_\_\_ Professional Fee: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_  
 Construction Values: \_\_\_\_\_ Professional Fee: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Services Provided: \_\_\_\_\_

Project Name/Client: \_\_\_\_\_  
 Construction Values: \_\_\_\_\_ Professional Fee: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Services Provided: \_\_\_\_\_

18. What is the Applicant's current bonding capacity? \$ \_\_\_\_\_

**Clients**

19. What percentage (%) of the Applicant's professional services are attributable to the following types of clients:

PRIVATE SECTOR	% Revenues	PUBLIC SECTOR	% Revenues	FOREIGN	% Revenues
Contractors	%	Local Government	%	Private Owner	%
Design Professionals	%	State Government	%	Governmental	%
Developers	%	Federal Government	%	Design Professionals	%
Owners	%	Other (describe)	%	Other (describe)	%
Other (describe)	%				

20. What percentage (%) of Applicant's work is derived from repeat clients?  
 \_\_\_\_\_ %

**Financial and related interests**

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

- a. Development, sale or leasing of computer software.  Yes  No
- b. Manufacture, sale, leasing or distribution of any product, Process or patented production process.  Yes  No

(if yes, please confirm revenue and the percentage split between replicated \_\_\_\_\_% and customised \_\_\_\_\_% products)

- c. Design of a building, component or systems which might be used on more than one project.  Yes  No
- d. Real Estate development.  Yes  No
22. Has the Applicant entered into any Joint Venture?  Yes  No
- Is Joint Venture coverage required.  Yes  No  
If yes, Supplement 4 must be submitted
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?  Yes  No  
If yes, Supplement 5 must be submitted
24. Does the Applicant have any abandoned projects?  Yes  No  
If yes, please give full details by attachment

**Risk management:**

25. Does the Applicant have a written in-house quality control procedure?  Yes  No
26. Do client deliverables undergo an internal peer review?  Yes  No
- If Yes, please describe: \_\_\_\_\_
27. Does the Applicant perform project file audits on a routine basis?  Yes  No
- If Yes, please describe: \_\_\_\_\_
28. Has the Applicant participated in a peer review program?  Yes  No
- If Yes, please describe and provide the date(s) of the review: \_\_\_\_\_  
\_\_\_\_\_
29. What percentage (%) of the Applicants' professional services are performed under the following contract types:
- |                                   |        |
|-----------------------------------|--------|
| Professional Association Contract | _____% |
| Firm's Standard Agreement         | _____% |
| Firm's Letter Agreement           | _____% |
| Client Drafted Agreement          | _____% |
| Purchase Orders                   | _____% |
| Verbal Agreements                 | _____% |
30. Are all non-standard agreements reviewed by Applicant's legal counsel or insurance broker before they are executed?  Yes  No
- Please explain: \_\_\_\_\_
31. What percentage (%) of the Applicant's contracts include a waiver of consequential damages? \_\_\_\_\_%
32. What percentage (%) of Applicant's contracts use limitation of liability provisions, where the firm's liability is limited to:

- A specific dollar amount which is less than the Applicants' insurance limit? \_\_\_\_\_%
- A specific dollar amount equal to the Applicants' insurance limit? \_\_\_\_\_%
- Other, please explain: \_\_\_\_\_

33. Does the Applicant have:

- An in-house continuing education program for professional employees?  Yes  No
- Procedures to evaluate and screen potential new clients?  Yes  No
- Procedures for monitoring and collecting outstanding fees?  Yes  No

**Current insurance information:**

34. Please provide the following details regarding the Applicant's Professional Liability, Pollution Legal and General Liability Insurance Coverage for the most current year:

**Professional Liability:**

Policy Period	Insurer	Limits	Deductible / Retention	Premium	Retro Date
		\$	\$	\$	

**Contractors Pollution Liability:**

Policy Period	Insurer	Occurrence or Claims Made	Limits	Deductible / Retention	Premium	Retro Date
			\$	\$	\$	

**Commercial General Liability:**

Policy Period	Insurance Company	Occurrence or Claims Made	Limits	Deductible / Retention	Premium
			\$	\$	\$

**Environmental liability information**

35. Does Applicant want their quote to include the following environmental liability enhancements:

a) **Contractors Microbial Condition Liability**  Yes  No.

If Yes please answer the following:

- i) Does your firm have written protocols/ procedures that specifically address water intrusion events?  Yes  No If 'yes', please provide a copy.
- ii) Does your firm have written protocols/ procedures that specifically address discovery of Microbial Conditions?  Yes  No If 'yes', please provide a copy.
- iii) Are water intrusion and Microbial Condition protocols/ procedures communicated to subcontractors?  Yes  No

- iv) Are training programs in place to address water intrusion and Microbial Conditions.  Yes  No
  - v) Are subcontractors required to carry Microbial Condition/ Mold coverage?  Yes  No  
If 'yes', please provide limits and trade \_\_\_\_\_
  - vi) Percentage of services that are involved in new construction, if applicable: \_\_\_\_\_
  - vii) Percentage of services that are involved in restoration services, if applicable: \_\_\_\_\_
  - viii) Are hand over protocols/ communication procedures in place that address prevention of Microbial Conditions (regarding the proper operation of heating, ventilation and air-conditioning (HVAC) systems and what to do in the event of leaks or other water intrusion events and the importance of maintaining internal conditions that do not favor Microbial Conditions)?  
 Yes  No
  - ix) Details of any past or potential water intrusion/ Microbial Condition/ Mold claims/ incidents including lessons learned (if appropriate). \_\_\_\_\_
- b) **Transportation Pollution Liability**  Yes  No  
If Yes please answer the following:
- i) Do you transport or subcontract the transportation of any Hazmats that require a license or DOT placarding/liquids in bulk?  Yes  No *(if yes please provide additional details)*
- c) **Non owned Disposal site Pollution Liability)?**  Yes  No  
If yes please answer the following:
- i) Does the applicant dispose or subcontract the disposal of any waste other than construction/demolition/municipal type waste? *(if yes please provide additional details)*

**Claim and circumstance information:**

- 40. Have any of the Applicant's principals, partners, directors or officers ever been subject to disciplinary action by authorities as a result of their professional activities?  Yes  No  
If Yes, please provide details: \_\_\_\_\_
- 41. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners in a prior firm ever been declined or has the insurance ever been cancelled or renewal refused?  Yes  No  
If Yes, please give details: \_\_\_\_\_
- 42. Has any claim or legal action been brought against the Applicant, its predecessor(s) or any past principal, partner, director, or officer in the past ten (10) years (whether insured or not)?  Yes  No  
If Yes, please complete supplement.
- 43. After inquiry, is the Applicant, its predecessor(s) or any other person or entity for which coverage is requested aware of any act, error, omission or circumstance (including, but not limited to any unresolved job dispute, fee disputes or accident) which may possibly result in a claim being made against them?  Yes  No  
If Yes, please complete supplement.



44. Please provide details of any open claims under your CGL Policy (including products completed operations) and or any closed claims with a total incurred exceeding \$100,000 (including expenses, indemnity and your deductible)

If none please tick  None

45. Do you have any pending dispute concerning the payment of fee's to the firm for services rendered?  Yes  No

46. Is the Applicant aware of any actual or alleged faulty or defective workmanship or faulty or malfunctioning equipment?  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.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Owner, Partner, Authorized Officer)

Title: \_\_\_\_\_