



RENEWAL APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

THIS POLICY IS WRITTEN ON A "DEFENSE WITHIN LIMITS" BASIS. THE LIMITS OF INSURANCE AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES AS DEFINED IN THE POLICY.

6. During the past twelve months has the applicant been covered by any professional liability specific project policy?
 Yes No If "Yes", attach details that specify the name and location of the project, insurance company and policy expiration date.
7. Within the last twelve months, has the Applicant provided services for projects resulting in construction outside the United States or Canada? Yes No If "Yes", please attach details including project name and location, client, gross billings, construction value and date of completion.
8. a) Billings are to be reported below on an accrual basis (whether collected or not). Billings are defined as the exact dollar amount of gross income, including fees paid to consultants but not including joint ventures, project insured under separate policies, direct reimbursable expenses, interest income or rental income.

Immediate Past Fiscal Year		Projection for Current Fiscal Year	
From	(mo/yr)	From	(mo/yr)
To _____	(mo/yr)	To _____	(mo/yr)
Billings \$		Billings \$	

- b) Please specify, per the fiscal periods noted above, the estimated value of construction put in place on projects designed by the Applicant.

Immediate Past Fiscal Year	Projection for Current Fiscal Year
\$	\$

- c) Please specify, per the fiscal periods noted above, the Applicant's billings received from joint venture projects.

Immediate Past Fiscal Year	Projection for Current Fiscal Year
\$	\$

- d) Please specify the amount of income accrued by the Applicant that was paid to consultants for architectural, engineering or surveying services.

Immediate Past Fiscal Year	Projection for Current Fiscal Year
\$	\$

9. a) If the Applicant's practice includes any subletting or subcontracting of services to others, specify the type of services: _____

- b) What is the approximate percentage of your firm's total annual gross billings for the past accounting year that is attributable to consultants that maintain professional liability insurance _____%

10. Within the past twelve months, has the Applicant or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engaged in any of the following:
- | | | |
|---|-----|----|
| Construction, erection, fabrication or installation | Yes | No |
| Manufacture, sale or distribution of any good, product or process | Yes | No |
| Real Estate Development | Yes | No |

If "Yes" to any of the above, please attach a statement providing full details.

11. Does the Applicant wholly or partly own, operate, manage, or control any other enterprise, or is the Applicant wholly or partly owned, operated, managed or controlled by any other enterprise? Yes No
 If "Yes", provide details of the relationship on a separate sheet.
12. Within the past twelve months, has the Applicant performed any professional services for any client in which any member of the Applicant or their relatives own an equity or financial interest or serves as an officer, director, trustee or partner? Yes No If "Yes", attach details that include the name of the client, percentage of equity interest, the nature of the relationship, gross billings for the last fiscal year and the nature of the services performed.

13. Indicate the percentage relative to the type of projects undertaken by the Applicant.

(Note: Total must equal 100%)

Airports	_____ %	Office Buildings	_____ %
Amusement Rides	_____ %	Parking Garage	_____ %
Apartments	_____ %	Pipelines (Oil & Gas)	_____ %
Bridges	_____ %	Religious	_____ %
Less than 500 feet	_____ %	Sewage Systems	_____ %
More than 500 feet	_____ %	Sewage Treatment	_____ %
Condominiums/Townhouses	_____ %	Shopping Centers	_____ %
Convention Centers	_____ %	Silos	_____ %
Custom Homes	_____ %	Site Development	_____ %
Dams	_____ %	Stadiums/Arenas	_____ %
Educational	_____ %	Subdivisions/Tract	_____ %
Health Care	_____ %	Developments	_____ %
Highways/Roads	_____ %	Subsidized Housing	_____ %
Hotels/Motels	_____ %	Superfund/Pollution	_____ %
Industrial/Process	_____ %	Tunnels	_____ %
Jails/Prisons	_____ %	Warehouses	_____ %
Landfills	_____ %	Water Systems	_____ %
Marine/Naval	_____ %	Other (please specify):	_____ %
Mass Transit	_____ %	_____	_____ %

14. Specify percentages relative to the Applicant's total services. (Note: Total must equal 100%)

- a) Services not resulting in construction (including feasibility studies & abandoned projects) _____ %
- b) Design only, with no construction phase services _____ %
- c) Design with periodic observation of construction to ensure design compliance only _____ %
- d) Design with responsibility for wholly or partly supervising the contractor _____ %**
- e) Construction phase services without responsibility for preparing the drawings and specifications _____ %**
- f) Other (please specify): _____ %

** Please provide a full description of the projects, including location and details of the services performed.

15. If the Applicant's practice is more than 20% civil engineering, please complete the following with respect to the civil engineering services ONLY: (Note: Total must equal 100%)

Bridges under 500 feet	_____ %	Municipal Pumping Stations	_____ %
Bridges over 500 feet	_____ %	Sewer/Water Lines	_____ %
Environmental Impact Statements	_____ %	Site Development/Street Plans	_____ %
Flood Plain Studies	_____ %	Traffic Planning	_____ %
Foundations	_____ %	Tunnels	_____ %
Highways/Roads	_____ %	Wastewater Treatment Plants	_____ %
Industrial Waste Treatment	_____ %	Utilities	_____ %
Landfills	_____ %	Other (please specify):	_____ %
		_____	_____ %

16. Within the past twelve months has the Applicant provided any of the following services or projects?

Airport Runway/Taxiway	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mine Projects	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amusement Rides/Water Slides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nuclear/Atomic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asbestos Testing/Abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Prefab Buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Failure Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Machinery/Prdct/Eqpmnt Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fast Track or Turn-Key	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refinery/Chemical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous/Toxic Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HVAC Retrofit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory Analysis/Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Structural Renovation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Soils Engineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landfills/Superfund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Material Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes", please provide complete details, including a description of the project(s), project location, dates of service, client, gross billings, and construction value (if appropriate).

17. Please indicate the percentage of services rendered for each of the following categories of clients for the past twelve months. (Note: Total must equal 100%)

Commercial	_____ %	Institutional	_____ %
Contractors	_____ %	Industrial	_____ %
Other Design Professionals	_____ %	Lending Institutions	_____ %
Developers	_____ %	Owners who act as builder	_____ %
Government		Utilities	_____ %
Federal	_____ %	Others (please specify):	
State	_____ %	_____	_____ %
Local	_____ %		

18. Please attach a complete description of each of the Applicant's ten largest current projects. Specify the project name, client, location, services provided, value of completed construction, billings and the date construction is expected to be completed.

19. Please attach a joint venture information sheet or statement for each of the Applicant's joint venture projects entered into during the past twelve months. Information for each joint venture should include the name of the joint venture, name and location of other joint venture members, a description of the project and the construction value, the location, the completion date of the project, total joint venture billings, annual billings collected by the Applicant and professional liability insurance to date. Full details of each project must be provided for the Company to consider coverage for the Applicant's joint venture liabilities.

20. Please attach a listing of any partners, owners, officers or directors that have been added or joined the firm during the past twelve months. Be certain to include educational qualifications, number of years in practice, date of licensing, and professional organization memberships.

THE APPLICANT AGREES TO PROVIDE WRITTEN NOTIFICATION TO THE COMPANY OF ANY CHANGES TO THIS APPLICATION THAT BECOME KNOWN TO THE APPLICANT BEFORE THE PROPOSED EFFECTIVE DATE.

Applicant hereby represents that the statements and answers made herein and in attachments hereto are true and Applicant has not omitted or misrepresented any information. The Applicant agrees that this renewal application shall be the basis of coverage and shall become a part of any Policy signed by the Company.

Warning:

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 INSURANCE ACT, WHICH IS A CRIME. IN SOME JURISDICTIONS, INSURANCE FRAUD MAY ALSO BE SUBJECT TO CRIMINAL AND / OR SUBSTANTIAL CIVIL PENALTIES.

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE COMPANY TO USE THE INFORMATION CONTAINED IN THIS RENEWAL APPLICATION AND IN ITS FILES FOR THE PURPOSE OF UNDERWRITING THIS INSURANCE.

THE APPLICATION MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL.

Signed _____ Date _____

_____ ←=== Please print name

Title _____

Licensed Insurance Agent _____

SIGNING THIS APPLICATION OR INCLUDING PREMIUM WITH ITS SUBMISSION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE.

Application must be signed and dated to be considered for quotation. A properly completed, signed and dated, original renewal application will allow for prompt issuance of coverage should quotation be offered and accepted.

Warning:

If you are located in New York State, the following applies:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.