Wesco Insurance Company
800 Superior Ave. East
21st Floor
Cleveland, OH 44114

RENEWAL APPLICATION FOR
ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED INSURANCE POLICY. CLAIM EXPENSES WILL REDUSE THE LIMIT OF LIABILITY. THE DEDUCTIBLE APPLIES TO BOTH DAMAGES AND CLAIM EXPENSES.

RENEWAL APPLICATION FOR ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY

(CLAIMS-MADE AND REPORTED BASIS)

Current Policy Number: _____

Expiration Date: _____ Producer No.: _____

Applicant Name: _____

Physical Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Insured Email Address: _____

1. If the Applicant has changed the name of the firm, merged with or acquired another firm within the last 12 months, please provide full details including professional liability insurance history of merged or acquired firms.

_____

_____

_____

_____

	Total Staff	Previous	Current
a.	Principals, partners, owners		
b.	Full-time architects, engineers, surveyors, inspectors & other technical employees (excluding "a" above)		
	Part-time architects, engineers, surveyors, inspectors & other technical employees (excluding "a" above)		
c.	Full-time office staff (clerks, typists & other non-technical staff)		
	Part-time office staff (clerks, typists & other non-technical staff)		

2. As a percentage of the Applicant's net billings (total gross billings less billings for consultants), please indicate which of the following services are provided (Note: Total must equal 100%).

   If no change from previous application, check box and do not complete. ☐ No Change

	Previous %	Current %
Architecture		
Interior Design		
Landscape Architecture		
Civil Engineering		
Land Surveying		
Electrical Engineering		
Mechanical Engineering		
HVAC Engineering		
Structural Engineering		
Construction Management		
Laboratory Testing		
Energy Conservation		
Environmental Engineering		
Communication Engineering		
Marine Engineering		
Traffic Engineering		
Other (please specify):		
*Please attach a narrative detailing services	100	100

3. 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.

4. 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.

5.

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 (mm/yyyy)		From (mm/yyyy)	
To (mm/yyyy)		To (mm/yyyy)	
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 ($)	**Projection for Current Fiscal Year ($)**

6.

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

f. 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: _____%

7. 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.

8. 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

9. 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.

10. Indicate the percentage relative to the type of projects undertaken by the Applicant (Note: Total must equal 100%).

	Percentage (%)		**Percentage (%)**
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			

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

	Percentage (%)
Services not resulting in construction (including feasibility studies & abandoned projects)	
Design only, with no construction phase services	
Design with periodic observation of construction to ensure design compliance only	
Design with responsibility for wholly or partly supervising the contractor	
Construction phase services without responsibility for preparing the drawings and specifications	
Other (please specify):	
**Please provide a full description of the projects, including location and details of the services performed	

12. 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%)

	Percentage (%)		**Percentage (%)**
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):	

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

Airport Runway/Taxiway	☐ Yes ☐ No	Mine Projects	☐ Yes ☐ No
Amusement Rides/Water Slides	☐ Yes ☐ No	Nuclear/Atomic	☐ Yes ☐ No
Asbestos Testing/Abatement	☐ Yes ☐ No	Prefab Buildings	☐ Yes ☐ No
Failure Analysis	☐ Yes ☐ No	Machinery/Product/Equipment Design	☐ Yes ☐ No
Fast Track or Turn-Key	☐ Yes ☐ No	Refinery/Chemical	☐ Yes ☐ No
Hazardous/Toxic Waste	☐ Yes ☐ No	HVAC Retrofit	☐ Yes ☐ No
Laboratory Analysis/Testing	☐ Yes ☐ No	Structural Renovation	☐ Yes ☐ No
Soils Engineering	☐ Yes ☐ No	Landfills/Superfund	☐ Yes ☐ No
Inspections	☐ Yes ☐ No	Material Testing	☐ Yes ☐ 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).

14. 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%).

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

15. 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.

16. 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.

17. 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 another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW JERSEY, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing 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 District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida, it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

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 application will allow for prompt issuance of coverage should quotation be offered and accepted.