



# EVEREST

## ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY APPLICATION

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

1. a. Name of Applicant/Firm: \_\_\_\_\_
- b. Principal Business Address: \_\_\_\_\_
- City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
- Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Internet address: \_\_\_\_\_
- c. **Please list all branch offices on a separate sheet and include a breakdown of the staff at each location.**

2. a. Applicant's practice is:  Full-time (more than 30 hours/week)  Part-time
- b. Date current firm was established: \_\_\_\_\_
- c. If the firm is less than two years old, attach a resume for the principal(s).
- d. If part-time, specify other employment: \_\_\_\_\_

3. List all pre-existing entities, including name changes, acquisitions and mergers, date of existence and nature of the change. Attach additional details if necessary. Firms that are accepted for coverage will be listed on the policy.

Name of Predecessor Firm	Dates in Existence	Nature of Change
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Total Staff (include branch offices): Indicate part-time by ½

	Officers, partners, owners	Employees
Licensed architects	_____	_____
Licensed engineers	_____	_____
Technical staff	_____	_____
Administrative staff	_____	_____

5. List professional society memberships:
- AIA       NSPE       ACEC       ASLA       ASCE       ASME
- ASID       ASGCA       Other (please specify): \_\_\_\_\_

6. What percentage of professional employees have participated in continuing education programs within the last two years? \_\_\_\_\_%

7. a. Does the firm currently carry professional liability insurance? .....  Yes       No  
If "yes", provide details of insurance history below:

Insurance Company	Policy Period	Limit of Liability	Deductible	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Retroactive date on current policy: \_\_\_\_\_

8. Is the firm covered by any professional liability specific project policy? .....  Yes  No

If "yes" provide the name and address of project name of insurance company and term of policy:

9. Does the firm carry general liability insurance?.....  Yes  No

10. Specify the services provided by the firm: (Note: Total must equal 100%)

Architecture	_____ %	Civil Engineering	_____ %
Interior Design	_____ %	Land Surveying	_____ %
Landscape Architecture	_____ %	Traffic Engineering	_____ %
Golf Course Architecture	_____ %	Communication Engineering	_____ %
Electrical Engineering	_____ %	Environmental Engineering	_____ %
Mechanical Engineering	_____ %	Structural Engineering	_____ %
HVAC Engineering	_____ %	Process Engineering	_____ %
Other (specify): _____			_____ %

11. If the firm's practice includes fees passed through to consultants for architectural, engineering or surveying services:

a. Specify the types of services provided by consultants: \_\_\_\_\_

b. Percentage of consultants that carry professional liability insurance: \_\_\_\_\_ %

c. Consultant's fees should be specified in question 12.d. \_\_\_\_\_

12. Specify annual revenues: \_\_\_\_\_

	<b>Second Past Fiscal Year</b> From _____ (mo/yr) To _____	<b>Last Complete Fiscal Year</b> From _____ (mo/yr) To _____	<b>Projection for Current Year</b> From _____ (mo/yr) To _____
a. Projects insured separately			
b. Joint Venture projects			
c. Fees from abandoned projects			
d. Fees passed through to consultants			
e. Direct Reimbursables			
f. All other professional services			
<b>g. ANNUAL TOTAL REVENUES</b>			

13. Indicate the services provided by the firm: (Note: must total 100%):

- a. Feasibility studies..... %
- b. Design only, no construction phase services..... %
- c. Design with observation of construction..... %
- d. Design with construction management services\*..... %
- e. Construction management without design\*..... %
- f. Complete responsibility for construction, including design\*\*..... %
- g. Other (specify): %

\*Complete the Construction Management Information Sheet.

\*\*Complete the Design/Build Information Sheet.

14. Indicate the types of projects undertaken (Note: must total 100%):

Airports	_____ %	Environmental Impact	_____ %	Religious	_____ %
Apartments	_____ %	Highways/Roads	_____ %	Sewer/Water Lines	_____ %
Bridges less than 500 feet	_____ %	Hospitals	_____ %	Shopping Centers	_____ %
Bridges greater than 500 feet	_____ %	Hotels/Motels	_____ %	Site Development	_____ %
Condominiums	_____ %	Industrial	_____ %	Subdivisions/Tract Housing	_____ %
Convention Centers	_____ %	Marine/Naval	_____ %	Subsidized Housing	_____ %
Correctional Facilities	_____ %	Mass Transit Lines	_____ %	Tunnels	_____ %
Custom Homes	_____ %	Municipal Water Systems	_____ %	Warehouses	_____ %
Dams	_____ %	Office Buildings	_____ %	Wastewater Treatment	_____ %
Educational	_____ %	Parking Garages	_____ %		
Other (specify): _____					_____ %

15. Indicate the types of clients (Note: must total 100%):

Commercial	_____ %	Institutional	_____ %
Contractors	_____ %	Lending Institutions	_____ %
Design Professionals	_____ %	Owners who act as builders	_____ %
Developers	_____ %	Other (specify):	_____ %
Governmental	_____ %		
Industrial	_____ %		

16. What percentage of annual billings come from your largest single client? \_\_\_\_\_%

17. Has the firm participated in any of the following projects or services in the last 10 years?

Projects constructed outside the U.S.A.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear or Atomic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides or Water Slides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refinery or Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Testing or Abatement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phase I, II or III Site Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous or Toxic Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runways or Taxiways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Testing or Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stadiums or Arenas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Soils Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No
Machinery, Equipment or Product Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	Superfund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If "yes", please provide details of the project(s), including project named, location, client, billings, constructions values and completion date.

18. Does the firm or any enterprise financially related to the firm or its principals, partners, directors or officers engage in any of the following:

- Construction, erection, fabrication or installation..... Yes  No
- Manufacture, sale or distribution of any product or process..... Yes  No
- Real estate development..... Yes  No

If "yes", provide full details.

19. Has the firm ever provided any professional services on projects for which the firm or a related person or enterprise has acted as a general contractor by providing or subletting construction?..... Yes  No  
If "yes", provide full details or complete the Design/Build Information Sheet.

20. a. Does the firm wholly or partly own, manage or control any other enterprise? ..... Yes  No

If "yes", provide full details.

b. Is the firm wholly or partly owned, managed or controlled by any other enterprise?..... Yes  No

If "yes", provide full details.

21. Does the firm provide professional services for any client in which any member of the firm or their relatives own a financial interest or serves as an officer, director, trustee or partner?.....  Yes  No

If "yes", provide the name of the client, project, percentage of equity interest, nature of relationship, gross billings for the last year and type of services.

22. Has the firm participated in a Joint Venture in the last five years?..... Yes  No

If "yes", please attach a Joint Venture Information Sheet or statement providing full details for each joint venture project.

23. a. Does the firm use written contracts on every project?..... Yes  No

b. If "no", please indicate the percentage of projects during the last 12 months that used verbal contracts: \_\_\_\_\_%  
Describe circumstances under which verbal agreements are used:

c. What percentage of professional services are rendered under AIA or EJCDC standard forms of agreement? \_\_\_\_\_%

d. When non-standard contracts including "letter agreements" and modified AIA or EJCDC contracts are used, are they reviewed by the firm's legal counsel prior to signing?..... Yes  No

24. a. Has the firm adopted a policy against suing for fees?.....  Yes  No

b. Please indicate the number of suits filed for the collection of fees during the last two years:

25. Have any claims involving professional services been made against the firm or any predecessor firm in the last ten years?.....  Yes  No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details, including actions taken to prevent similar claims in the future.

26. Has the firm or any predecessor firm reported a potential claims to a professional liability insurer in the last five years? .....  Yes  No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details.

27. After inquiry, is any member of the firm or a predecessor firm aware of any circumstance that could possibly result in a professional liability claim being made against them? .....  Yes  No

If "yes", complete a Claim/Circumstance Information Sheet or attach full details.

28. Has any member of the firm ever been the subject of a complaint to authorities or disciplinary action as a result of the professional activities? .....  Yes  No

If "yes", please attach a statement providing full details.

29. Attach a list of the firm's five largest completed projects. Include the project name, client, location, services rendered, billings, construction values and completion date.

30. Attach a list of the firm's five largest current projects, including the details requested in question 29.

31. Please attach any literature, including government forms, brochures or descriptive information which is sent to new or prospective clients, that describes the firm's capabilities and practice.

**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 (NY: SUBSTANTIAL) CIVIL PENALTIES. IN MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

BY SIGNING THIS APPLICATION I HEREBY AUTHORIZE THE INSURANCE COMPANY TO USE THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THEIR 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.