

APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY

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 CV's of Principals

GROSS BILLINGS

Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and subconsulting fees.

Professional Services	Total Gross Billings (Including Billings Attributable to Consultants)	Construction Values (Pro-rate for Multi- Year Projects)
a. Joint Venture projects (Your portion of JV billings):	\$	\$
b. Projects Insured under separate Project Policies:	\$	\$
c. Projects which have been permanently abandoned:	\$	\$
d. Feasibility 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, if 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	\$	\$
i. TOTAL PAST ACCOUNTING YEAR (A+B+C+D+E+F+G+H)	\$	\$
J. Three year gross receipts (to include reimbursable expenses and sub consulting fees)		

7. Fiscal Year _____ / _____
Month / Year

Current Fiscal Year 20____ \$ _____ Last Fiscal Year 20____ \$ _____

Two Years Ago 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 20% of the Applicant's billings during the past fiscal year derived from a single client or contract?

Yes _____ No _____

PROFESSIONAL DISCIPLINES

I 0. Specify as a percentage of the Applicant's Gross Billings. (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	%	Design/Build **	%

* If yes, Supplement 1 must be submitted

** If yes, Supplement 2 must be submitted

11. Please indicate the percentage of the Applicant's billings derived from work performed on a "Fast Track" basis, i.e. those projects 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	%	m. Water systems	%
b. Hospitals, retirement homes or convalescent hospitals	%	n. Bridges, trestles or tunnels	%
c. Hotels, motels or resort properties	%	o. Land reclamation design	%
d. Condominiums	%	v. Structures for offshore use	%
e. Garages, theaters or grandstands	%	q. Harbors, 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	%
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	Subsurface 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 utilized by Applicants. (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 utilized by the Applicant.

CLIENT

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)	_____	%

FINANCIAL AND RELATED INTERESTS

21. During the past twelve months, has the Applicant or any subsidiary, parent or other organization related thereto, been 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, Process or patented production process. | Yes _____ | No _____ |
| e. Design of a building, component or systems which might be used on more than one project. | Yes _____ | No _____ |
22. Has the Applicant entered into any Joint Venture?
Is Joint Venture coverage required.
If yes, Supplement 4 must be submitted
- | | | |
|--|-----------|----------|
| | Yes _____ | No _____ |
| | Yes _____ | No _____ |
23. Does the Applicant or any principal have any financial interest in any projects for which it has provided professional services?
Is coverage for Equity interest required?
If yes, Supplement 5 must be submitted
- | | | |
|--|-----------|----------|
| | Yes _____ | No _____ |
| | 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 | _____ % | Soils | _____ % |
| Civil | _____ % | Structural | _____ % |
| Mechanical | _____ % | HVAC | _____ % |
| Electrical | _____ % | Other (please specify) | _____ % |
- b. Please describe the process by which the Applicant selects subcontractors and subconsultants:
- _____
- _____
- _____
- _____
- c. Are written contracts used for all subcontractors and subconsultants? Yes _____ No _____
- d. Do the Applicant's contracts with subcontractors and subconsultants contain indemnification and hold harmless provisions? Yes _____ No _____
- e. Does the Applicant obtain certificates of insurance from all subcontractors and subconsultants? Yes _____ No _____
- f. Is the Applicant named as an Additional Assured under all subcontractor and subconsultant 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 _____
27. Has the name of the Applicant changed or has any other firm or been merged organization amalgamated with or into the Applicant, or is any such change pending? Yes _____ No _____
If yes, please give full details by attachment
28. Is the Applicant controlled, owned by or associated with, or does the Applicant control or own any other entity? Yes _____ No _____
If yes, please give full details by attachment

LOSS HISTORY

- 29 a. After enquiry, have any claims or suits been made against the Applicant? (please include those claims arising from separately insurance projects). Yes _____ No _____
If yes, Supplement 6 must be submitted
- 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? Yes _____ No _____
If yes, please give details by attachment.

INSURANCE

30. Has insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused? Yes _____ No _____
If yes, please give details by attachment.
31. Please give details of previous insurance (past five years):

Carrier	Policy No.	Limits Each Claim/ Aggregate	Deductible	Paid Premiums	Effective From	To
1. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
2. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
3. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
4. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____
5. _____	_____	\$ _____	\$ _____	\$ _____	_____	_____

Retroactive Date of current policy: _____

32. Please state coverage Limits and Deductible, 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 misstated.

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:

Authorized signature of applicant

Title

Date

APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

ENVIRONMENTAL CONSULTANTS AND ENGINEERS COVERAGE

This Supplement to the Application for Architects and Engineers 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)		
	Last Fiscal Year	Projected Current Fiscal Year	Percentage to be Sub- Contracted
1. ENVIRONMENTAL SERVICES			
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	_____	_____	_____
in Other (please specify) _____	_____	_____	_____
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 \$000's)
 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 materials clean up/soil removal	_____	_____
On-site hazardous waste treatment	_____	_____
Ground water treatment/recovery	_____	_____
Mobile incinerators	_____	_____
Barrier construction/slurry walls/liners	_____	_____
Hazardous materials 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 _____ No _____
 Please provide a copy of the Applicant's subcontractor contract.

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

8. Please describe the extent of the Applicant's supervision of subcontractors:

PERMITS, RIGHTS, AUTHORITIES

9 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 require permits for subcontractors? Yes _____ No _____

INSURANCE

10a. 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: _____
 General Liability: _____
 Pollution Legal Liability: _____

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:

Authorized signature of applicant

Title

Date

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

DESIGN/BUILDING 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.

Name of Applicant: _____ Phone (____) _____

Address: _____

Please indicate Gross Billings attributable to each of the following.

CONSTRUCTION VALUES/PROFESSIONAL FEES

Table with 4 columns: I., Last Fiscal Year 20____, Projected Current Fiscal Year 20____, Construction Values, Professional Fees. Rows include Design and Construction, Design Only - No Construction, Construction Only - No Design, Construction Management, Other (please specify), and 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 be 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 _____ No _____
If yes, please provide details by attachment

LIABILITY ISSUES

For all "yes" responses to questions 7 - 10, please provide details be 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 malfunctioning equipment? Yes _____ No _____
8. Is the Applicant aware of any unresolved construction dispute including an unexcused delay, a budget overrun, or a change order which exceeds \$ 1 0,000? 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 subcontractor made a claim or lien against any party because of compensation due, or alleged to be due, which exceeds \$1 0,000? Yes _____ No _____
11. Please provide the following details with respect to the Applicant's Commercial General Liability and Umbrella Liability coverage:

	CGL	Umbrella
Company	_____	_____
Term	_____	_____
Limit	_____	_____
Deductible	_____	_____

12. Please detail by attachment the Applicant's Commercial General Liability loss history for the past five (5) years.

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: _____

Authorized signature of applicant

Title

Date

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

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:

Table with 4 columns: Phase Name, Beginning Dates, Completion Dates, Gross Receipts. Rows include Schematic Design Phase, Design Development Phase, Construction Documentation Phase, Bidding/Negotiation Phase, and Construction Administration Phase.

- 6. Total estimated construction value of the project: \$ _____
- 7. Total estimated gross receipts from 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 any insurer declined to provide, canceled 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

- 14. Describe nature of work the Joint Venture subcontracts to others

- 15. Does the Joint Venture require certificates 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:

Authorized signature of applicant

Title

Date

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

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.

Use a separate Supplement for each Joint Venture project

Name of Applicant: _____ Phone (____) _____

Address: _____

PROJECT INFORMATION

1. Name of project: _____

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

3. Please indicate the following:

	Beginning Dates	Completion Dates
Design Phase	_____	_____
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?
If yes, please provide details by attachment Yes _____ No _____

GENERAL INFORMATION

9. Does the Applicant or any subsidiary, parent or related entity, engage in construction, manufacturing or fabrication in connection with this project?
If yes, please explain in detail. Yes _____ No _____

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?
If yes, please explain in detail. Yes _____ No _____

11. Has any claim or suit ever been against any of the parties named in question 7?
If yes, please explain in detail. Yes _____ No _____

12. Is the Applicant aware of any circumstance which may result in any claim against the Applicant?
If yes, please explain in detail. 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:

Authorized signature of applicant

Title

Date

APPLICATION FOR
ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

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 ONLY FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET.
3. DO NOT ATTACH COPIES OF SUMMONS AND COMPLAINT 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 (check one): Open In Suit Closed
8. If pending, please indicate:

a)	Amount asked in summons:	\$ _____
b)	Claimant's Settlement demand:	\$ _____
c)	Defendant's offer for settlement:	\$ _____
d)	Total amount paid in defense costs to date:	\$ _____
e)	Total damages paid/outstanding:	\$ _____
9. If closed, please indicate amounts paid in:

Indemnity \$ _____

Costs \$ _____

I. 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:

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:

Authorized signature of applicant

Title

Date

APPLICATION FOR ARCHITECTS/ENGINEERS PROFESSIONAL LIABILITY INSURANCE

10 LARGEST PROJECTS - PAST FIVE YEARS

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

Must be signed by Owner, Partner or Officer _____

Authorized signature of applicant

Title

Date