

**PROFESSIONAL LIABILITY INSURANCE FOR
DESIGN PROFESSIONALS**



EMAIL: submissions@epinsurance.com

WEBSITE: www.epinsurance.com/a&e.aspx

**APPLICATION FOR ARCHITECTS & ENGINEERS
PROFESSIONAL LIABILITY COVERAGE**

CLAIMS MADE COVERAGE

APPLICANT INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet
2. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship; Partner, if Applicant is a Partnership; or Authorized Officer if Applicant is a Corporation

1. Firm Information

Name of Firm: _____

Contact Name: _____

Address: _____

Street City State Zip Code

Phone: _____ Fax: _____

Email: _____ Web Address: _____

List Branch Offices & percentage of fees derived from each location:

2. Is Firm: Sole Proprietorship Partnership Corporation Other _____

3. Date the firm was established _____

4. List any predecessor, affiliated or related entities, their relationship or percentage of ownership, dates of existence and services provided. If coverage is desired for the entity, please list the retroactive date on its current professional liability coverage.

5. Staff:

Principals, Partners, Officers and Directors _____

Licensed Professionals(Do not include above) _____

Technical Personnel _____

Administrative Personnel _____

Total Staff _____

6. How many employees have left your firm in the past 12 months in each of the following categories?

a. Management _____

b. Licensed Professionals _____

c. Other Staff _____

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

7. List professional society memberships _____

8. Gross Receipts (include reimbursable expenses and fees paid to subconsultants):

	Projection for Current Fiscal Year	Last Complete Fiscal Year Ending ____/20____	Two Years Ago Ending ____/20____	Three Years Ago Ending ____/20____
Separately Insured* Projects				
Abandoned Projects**				
Direct Reimbursable				
Foreign Projects				
All Other Billings				
Total Gross Receipts				

*Provide Detailed Information

**Submit Abandoned Project Questionnaire

a. Identify the approximate percentage of Professional Services performed by State.

State:	%	State:	%	State:	%
State:	%	State:	%	State:	%
State:	%	State:	%	State:	%

9. What percentage of the firm's last fiscal year gross receipts were paid to insured subconsultants: _____

Does the firm obtain certificates of insurance from subconsultants: Yes No

10. Professional Disciplines – Indicate the percentage of the firm's last fiscal year gross receipts that were derived from the following disciplines. Exclude services performed by your subconsultants. (total should equal 100%)

Acoustical Engineering		Environmental Engineer		Mechanical Engineer	
Architect		Forensic Engineering		Process Engineering	
Architect Planner		Geotechnical Engineering		Structural Engineer	
Civil Engineering		Interior Design		Testing Lab	
Construction Management		Landscape Architect		Traffic Engineering	
Electrical Engineer		Land Surveyor		Other	

11. What percentage of the firm's last fiscal year gross receipts is attributable to the following project delivery method?

Design/Bid/Build _____%

Design/Build – contractor led _____%

Design/Build – designer led _____%

Fast Track _____%

Integrated Project Delivery _____%

Other: _____ _____%

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

12. Services – Indicate the percentage of the firm’s last fiscal year gross receipts that were derived from the following services. (total should equal 100%)

- Design with construction observation/review _____%
- Design without construction observation/review _____%
- Construction observation review without design _____%
- Studies, planning, permitting _____%
- Forensic/Expert Witness _____%
- Plan Checking _____%
- Quantity/Cost Estimating _____%
- Drafting (stand alone service without design) _____%
- Construction Staking _____%
- Topographic/Boundary Surveys _____%
- Construction Inspection _____%
- Mold Inspection/Investigation _____%
- Water Intrusion Inspection _____%
- Construction materials testing (including compaction testing) _____%
- Geotechnical drilling and sampling _____%
- Laboratory Analysis (including soils and materials but not environmental) _____%
- Asbestos and lead studies/abatement _____%
- Environmental preliminary site assessment s(PSA) _____%
- Environmental design services _____%
- Other (describe)_____ _____%

13. Project Type - Indicate the percentage of the firm’s last fiscal year gross receipts that were derived from the following projects. (total should equal 100%)

- | | |
|--|--------------------------------------|
| Airports _____% | Military Facilities _____% |
| Airport Runways _____% | Mines/Quarries/Tunnels _____% |
| Apartments _____% | Mold Remediation _____% |
| Banks _____% | Municipal _____% |
| Bridges/Trestles _____% | Museums _____% |
| Casinos _____% | Oil Refineries _____% |
| Chemical Plants/Pipelines _____% | Parks _____% |
| Churches _____% | Parking Garages _____% |
| College/Universities _____% | Pools _____% |
| Commercial Offices _____% | Power Plants _____% |
| Convalescent/Retirement _____% | R&D Labs _____% |
| Convention Centers/Arenas/Stadium _____% | Residential Condominiums PUD _____% |
| Correctional Facilities _____% | Residential Subdivisions _____% |
| Courthouse _____% | Restaurants _____% |
| Custom Homes _____% | Retail/Malls/Shopping Centers _____% |
| Dams/Reservoirs/Levees _____% | Roads/Highways _____% |
| Golf Courses _____% | Schools K-12 _____% |
| Harbors/Piers/Ports _____% | Sewage/Water Systems _____% |
| High Rise (Over 15 Stories) _____% | Ski Lifts/Amusement Rides _____% |
| Hotels/Motels _____% | Telecommunications _____% |
| Hospitals/Healthcare _____% | Theatres _____% |
| Landfills _____% | Transportation Passengers _____% |
| Libraries _____% | Water/Wastewater Treatment _____% |
| Machine/Equipment Design _____% | Warehouses _____% |
| Manufacturing _____% | Other: _____% |
| Mass Transit _____% | |

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

14. Types of Clients – Indicate the percentage of the firm’s last fiscal year gross receipts that were derived from the following clients. (total should equal 100%)

Owners	_____%	Environmental Consultants	_____%
Developers	_____%	Other (describe)	_____%
Contractors	_____%	Public Sector	_____%
Design Professionals	_____%	Foreign	_____%

15. Types of Contracts – Indicate the percentage of the firm’s last fiscal year gross receipts that were derived from the following contracts. (total should equal 100%)

Standard Industry contract	_____%	Client Contract	_____%
Firm’s own contract	_____%	Verbal Agreement	_____%
Letter Agreement	_____%	Other _____	_____%
Purchase Order	_____%		

16. What percentage of the firm’s contracts contains a Limitation of Liability clause? _____%

a. If applicable, what percent of the firm’s current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)? _____%

17. What percentage of the firm’s contracts include a waiver of consequential damages? _____%

18. Does the firm have non-standard contracts reviewed by legal counsel prior to signing? Yes No

19. Does the firm follow written in-house quality control procedures? Yes No

20. Does the firm have procedures for monitoring or collecting outstanding fees? Yes No

21. Has the firm brought suit against any client to collect fees? Yes No

a. Do you currently have any unresolved fee disputes? Yes No

If yes, please provide complete details. Include date, circumstance and amount of fees.

22. Does the firm have an internal peer review process? Yes No

23. What percentage of the firm’s billings from the past fiscal year (6.) were derived from repeat clients? _____%

a. What percent of the fees are derived from your single largest client? _____%

24. How many people from the firm have attended a professional liability risk management seminar within the past year? _____%

a. Which of the following best describes the seminar(s):

Presented by your agent Presented by insurance carrier Internet
 Self Study Presented by a professional society Other (please describe):

25. Does your firm have an in-house continuing education program? Yes No

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

26. Is the firm or any subsidiary, parent or related organization involved in any of the following:

- Actual construction, fabrication or erection? Yes No
- Development, sale or lease of computer software to others? Yes No
- Real estate development? Yes No
- Manufacturing, sale, leasing or distribution of any product? Yes No

If any of the above answers are "yes," please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

27. In the last three years what percentage of your projects have obtained or will obtain any level of US Green Building Council LEED certification? _____%

28. Does the firm provide technology services for projects such as website hosting, database management or software training, support or maintenance? Yes No

If "yes" please describe in detail the nature and types of services you are providing.

29. What percentage of your gross receipts is attributable to technology services? _____%

30. Is the firm involved in the supplying of software or other technology, electronic products, or any services with respect to computer or telecommunications hardware? Yes No

If "yes" please provide explanation.

31. Does your firm or any principal, partner, officer, director or shareholder of your firm or any immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered? Yes No

If "yes" please provide explanation.

32. Does the firm participate in Joint Venture? Yes No

If "yes" please provide details.

33. Has the firm or any of its principals, partners or employees ever been subject to disciplinary action by authorities as a result of their professional activities? Yes No

If "yes" please provide details.

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

34. In the last five years, have any professional liability claims been made against the firm, its predecessors or any past or present principal, partner, officer, director or employee?

If "yes" please provide explanation on a separate sheet. Yes No

35. Does the firm or any of the principals, partners, or employees, have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance which might reasonably be expected to give rise to a claim under this insurance?

If "yes" please provide explanation on a separate sheet. Yes No

36. Is the firm currently insured for General Liability? Yes No

If yes, please give details

Insurance Company _____
 Expiration Date _____
 Limits _____

37. Is the firm currently insured for Professional Liability? Yes No

If yes, please provide information for the past five years.

Company	Policy Period	Limit	Deductible	Premium

- Please provide retroactive date of your policy: _____
- Has any insurer declined, cancelled or refused to renew any similar insurance for your firm, or predecessor firm or any entities listed in Question #4. (Not applicable in Missouri)
 Yes No

If "yes" please provide details.

38. Please submit the following information along with this application

- Current claims history/Insurance Company loss summary for the past five years
- Resumes of principals & key staff members
- List of five largest projects over the past three years or current Form 254
- Firm's brochure
- Copy of firm's contract

39. The firm would like a quotation based on the following limits(s) and deductible(s):

Limit	Deductible

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

STATE-SPECIFIC SUPPLEMENTS

FRAUD NOTICE

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 and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

- Arkansas** 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 and may be subject to fines and confinement in prison.
- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefit pursuant to an insurance policy 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 guilty of a crime and may be subject to fines and confinement in prison.
- Kentucky** 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.

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

Louisiana	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 and may be subject to fines and confinement in prison.
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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 and may be subject to civil fines and criminal penalties.
New York	<p>All commercial insurance forms, except as provided for automobile insurance:</p> <p>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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>Automobile insurance forms</p> <p>Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

- Oklahoma** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Oregon** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:
- A. The misinformation is material to the content of the policy;
 - B. We relied upon the misinformation; and
 - C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.
- For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.
- With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.
- Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.
- 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 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 such person to criminal and civil penalties.
- Auto:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
- Puerto Rico** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
- Rhode Island** 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 and may be subject to fines and confinement in prison.

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
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 include imprisonment, fines and denial of insurance benefits.
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 and may be subject to fines and confinement in prison.

Applicable in Alaska: As may be used within this application, the word “warrant” is replaced with the word “representation”.

Applicable in Georgia: As may be used within this application, the word “warrant” is replaced with the word “certify”.

Applicable in Kansas: As may be used within this application, the word “warrant” is replaced with the word “represent”.

Applicable in Maine: As may be used within this application, the word “warrant” is replaced with the word “representation.”

Applicable in Oklahoma: As may be used within this application, the word “warrant” is replaced with the word “representation.”

Applicable in Oregon: As may be used within this application, the word “warrant” is replaced with the word “representation.”

Applicable in West Virginia: As may be used within this application, the word “warrant” is replaced with the word “representation”.

PROFESSIONAL LIABILITY INSURANCE FOR DESIGN PROFESSIONALS

On behalf of our firm, I agree that this application is true to the best of my knowledge and that I have not suppressed or mis-stated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell nor the applicant to purchase this insurance.

Signed _____ Date _____

Print Name _____

Title _____

Applicable in Florida: In addition to the signature above, please complete the following:

Producer: _____

License No.: _____

Applicable in Iowa: In addition to the signature above, please complete the following:

Producer: _____

Producer Signature _____ Date _____

Applicable in New Hampshire: In addition to the signature above, please complete the following:

Agent Signature _____ Date _____