



2803 Butterfield Road, Suite 260  
Oak Brook, IL 60523

**ARCHITECTS, ENGINEERS AND CONSTRUCTION MANAGERS  
PROFESSIONAL LIABILITY INSURANCE APPLICATION  
(Claims Made and Reported Basis)**

NOTE: The insurance coverage for which you are applying is written on a CLAIMS MADE and reported basis. Only claims which are first made against you during the policy period are covered, subject to the policy provisions. The Limits of Liability stated in the policy are reduced by defense costs. Defense costs are also applied against your deductible. Please consult your policy directly for specific coverage. If you have any questions about the coverage, please discuss them with your insurance agent or broker.

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street City State Zip Code

Address of all Branches: \_\_\_\_\_  
Street City State Zip Code

3. Website Address: \_\_\_\_\_

4. When was firm established: Month: \_\_\_\_\_ Year: \_\_\_\_\_

5. Is the firm: A Corporation?  Partnership?  Individual?

6. Has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes  No  If yes, please give full details (including dates)

\_\_\_\_\_  
\_\_\_\_\_

7. In which of the following professions is your firm engaged? Please check and indicate percentages.

- A.  Architects \_\_\_\_\_ %
- B.  Building Designers \_\_\_\_\_ %
- C.  Land Surveyors \_\_\_\_\_ %
- D.  Civil Engineers \_\_\_\_\_ %
- E.  Soil Engineers \_\_\_\_\_ %
- F.  Electrical Engineers \_\_\_\_\_ %
- G.  Mechanical Engineers \_\_\_\_\_ %
- H.  Heating, Ventilation & Air Conditioning Engineers \_\_\_\_\_ %
- I.  Structural Engineers \_\_\_\_\_ %
- J.  Chemical Engineers \_\_\_\_\_ %
- K.  Marine Surveyors \_\_\_\_\_ %
- L.  Construction Management \_\_\_\_\_ %
- M.  Others not shown, please specify below

\_\_\_\_\_  
\_\_\_\_\_

8. Personnel:

NAME OF INDIVIDUAL OR PRINCIPALS	PROFESSIONAL QUALIFICATIONS	DATE & PLACE ACQUIRED	HOW LONG WITH FIRM

Is any individual or principal employed by or an officer of any other firm, organization, political body or sub-division thereof? Yes  No  If yes, please give full details

9. Total Personnel:

a. Principals as above	_____	d. Total number of Draftsmen	_____
b. Licensed Engineers, Surveyors & Architects	_____	e. Total number of clerks, secretaries, phone operators, typists, etc.	_____
c. Total number of Fieldmen	_____		
		TOTAL STAFF	_____

10. States in which firm or Principals are licensed? \_\_\_\_\_ Any foreign work? \_\_\_\_\_  
If yes, give details \_\_\_\_\_

11. Have any of those listed in Questions 8 or 9 ever been the subject of disciplinary action by authorities as a result of their professional activities? \_\_\_\_\_ If yes, give details \_\_\_\_\_

12. What professional Associations does the firm or Principals belong to? \_\_\_\_\_

13a. Type of Work

Indicate the proportion of work under each heading in which the firm engages.

I. TYPE OF SERVICES

II. TYPE OF PROJECTS

Work on:

- 1. Feasibility studies, surveys where applicant is not involved in design None  Yes  \_\_\_\_\_%
  - 2. Design/Supervision of Construction None  Yes  \_\_\_\_\_%
  - 3. Supervision of Construction only None  Yes  \_\_\_\_\_%
  - 4. Boundary surveys None  Yes  \_\_\_\_\_%
  - 5. Sewage systems None  Yes  \_\_\_\_\_%
  - 6. Water systems None  Yes  \_\_\_\_\_%
  - 7. Foundations None  Yes  \_\_\_\_\_%
  - 8. Interior design None  Yes  \_\_\_\_\_%
  - 9. HV&AC None  Yes  \_\_\_\_\_%
  - 10. Marine surveys None  Yes  \_\_\_\_\_%
  - 11. CONSTRUCTION MANAGERS None  Yes  \_\_\_\_\_%
  - 12. MACHINE DESIGN None  Yes  \_\_\_\_\_%
  - 13. Subsurface soil exploration None  Yes  \_\_\_\_\_%
  - 14. Ground testing or soil analysis None  Yes  \_\_\_\_\_%
  - 15. Other, please specify below
- TOTAL 100%

Work in connection with:

- 1. Mines None  Yes  \_\_\_\_\_%
- 2. Harbors & jetties None  Yes  \_\_\_\_\_%
- 3. Bridges & tunnels None  Yes  \_\_\_\_\_%
- 4. Dams None  Yes  \_\_\_\_\_%
- 5. Nuclear & atomic projects None  Yes  \_\_\_\_\_%
- 6. Petrochemicals, refineries, fertilizers, ammonia, urea plants None  Yes  \_\_\_\_\_%
- 7. Hospitals None  Yes  \_\_\_\_\_%
- 8. Schools None  Yes  \_\_\_\_\_%
- 9. Industrial buildings None  Yes  \_\_\_\_\_%
- 10. Commercial buildings None  Yes  \_\_\_\_\_%
- 11. Municipal buildings None  Yes  \_\_\_\_\_%
- 12. Private dwellings None  Yes  \_\_\_\_\_%
- 13. Condominiums None  Yes  \_\_\_\_\_%
- 14. Highrise apartment buildings None  Yes  \_\_\_\_\_%
- 15. Other, please specify below:

TOTAL 100%

13b. Does the Applicant foresee any substantial changes in the percentages of Question 13a during the next twelve months? \_\_\_\_\_

13c. Is the Applicant embarking on any operation not detailed above during the next twelve months? \_\_\_\_\_

14. Fee and Contract Values Where Applicant involved (show separately for (1) A & E Services, (2) Construction Managers Services and (3) Construction only Services where applicable). **PLEASE STATE APPLICABLE FISCAL OR CALENDAR YEAR.**

	PAST 12 MONTHS	PRESENT 12 MONTHS	ESTIMATE FOR COMING YEAR
<u>Domestic Operations</u>			
a. Construction or	(1) _____	_____	_____
Contract Values	(2) _____	_____	_____
	(3) _____	_____	_____
b. Gross Billing/Fees whether collected or not (excluding fees derived from Joint Ventures), but inclusive of consulting fees.	(1) _____	_____	_____
	(2) _____	_____	_____
	(3) _____	_____	_____
<u>Overseas Operations</u>			
a. Construction or	(1) _____	_____	_____
Contract Values	(2) _____	_____	_____
	(3) _____	_____	_____
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures), but inclusive of consulting fees.	(1) _____	_____	_____
	(2) _____	_____	_____
	(3) _____	_____	_____

15a. What percentage of the Applicant's practice involves any of the following:

1. Subletting of work to others \_\_\_\_\_% If yes, please advise what is sublet.

\_\_\_\_\_

2. Professional services on projects for owners who act as their own builder \_\_\_\_\_%

3. Professional services on projects for package or "Turnkey" contractors:

a. as Manager of Project \_\_\_\_\_%

b. as Member of Project \_\_\_\_\_%

15b. On projects where the Applicant renders Construction Management Services, does the Applicant use the American Institute of Architects or the Associated General Contractors Standard Form or Agreement between Owner and Construction Manager? \_\_\_\_\_ If any other Form of Agreement used, please submit a copy of the Standard Form used.

16. Does any one contract or client represent more than 50% of annual work? Yes  No  If yes, please give details

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17a. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing, fabrication, or real estate development? Yes  No

17b. Are any of the individuals named in Question 8 owners, officers or employees of firms engaged in such work? Yes  No  If yes, give details concerning the extent of such work and in the case of individuals named in item 8 the exact relationship of the individuals to the firms engaged in actual construction, manufacturing, fabrication or real estate development. \_\_\_\_\_

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17c. Is the Applicant controlled, owned or associated with any other firm, Corporation or Company, other than as stated above? Yes  No  If yes, please give details. \_\_\_\_\_

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17d. If coverage for all past completed Joint Venture projects is required, provide list of all these joint ventures for last five years giving same information as per 17e below.

17e. If coverage for current Joint Venture projects is required, please give details as under:

1. Names and Address of other Members: \_\_\_\_\_
2. Type of project and location? \_\_\_\_\_
3. Nature of work to be performed: \_\_\_\_\_
4. Total Construction value of Joint Venture Project: \_\_\_\_\_
5. Gross Receipts from Joint Venture for all Members: \_\_\_\_\_
6. Gross Receipts for Applicants share: \_\_\_\_\_
7. Gross Receipts for Applicants share during the next 12 months: \_\_\_\_\_
8. Give duration of the Joint Venture project including approximate dates both design and construction will begin and end: \_\_\_\_\_
9. Has the applicant's portion of the Joint Venture been insured thus far? \_\_\_\_\_
10. Do the other members carry insurance on the Joint Venture? If yes, please give details. \_\_\_\_\_

18a. **Previous Coverage:** Please give particulars of previous similar Insurance carried: (including earliest date of first coverage purchased)

COMPANY	POLICY NO.	LIMITS	DEDUCTIBLE	PERIOD (INCLUDING DATES)
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18b. Has any application for similar Insurance made on behalf of the Applicant, any predecessors in business or present partners, directors, officers or employees ever been declined or has any such Insurance ever been cancelled or renewal refused? Yes  No  If yes, please give details: \_\_\_\_\_

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**Important information required to obtain “Prior Acts” coverage as well as qualify the applicant for insurance.**

19a. Have any claims or suits been made during the past five years against the Applicant, its predecessors in business, any of the present partners, directors or officers of the Applicant or to the knowledge of the Applicant against any past partners, past officers, or past directors of the Applicant? **Yes**  **No**  If yes, state briefly the cause, nature of claim, the amount involved and the name of the project and claimant, the date when the claim was made, the date the act which gave rise to the claim was committed and the final disposition of the claim including amounts of settlement.

19b. Is the Applicant (after proper inquiry of each director, officer or partner of the Applicant or other prospective insured party) aware of any circumstance, incidents, situations or accidents have occurred during the past five years which may result in claim being made against the Applicant, his predecessors in business, or any of the present or past partners, officers or directors of the Applicant?  
**Yes**  **No**  If yes, give full details similar to 19a.

19c. Has the Applicant (or other proposed party for insurance) been involved during the past five years in any disputes with respect to fees or other compensation (in excess of \$10,000) which may be due him for professional services rendered which have not been resolved? **Yes**  **No**  If yes, give full details similar to 19a.

19d. Is the Applicant (or other proposed party for insurance) aware of any deficiencies in work where he has performed professional services or deficiencies in work by others for whom the Applicant is legally responsible and which exceed \$10,000 in amount during the last five years? **Yes**  **No**  If yes, give full details similar to 19a.

19e. Is the Applicant (or other proposed party for insurance) aware or has the Applicant received notice of any disputes with respect to professional services performed by or on behalf of the Applicant and which exceed \$10,000 in amount during the last five years? **Yes**  **No**  If yes, give full details similar to 19a.

19f. Has the Applicant (or other proposed party for insurance) testified in or provided expert testimony in any disputes, proceedings where claim has been made or suit filed against any party to the work or project where the Applicant(s) provided professional services during the last five years for sum(s) in excess of \$10,000? **Yes**  **No**   
If yes, give full details similar to 19a.

19g. Has the Applicant (or other proposed party for insurance) knowledge of injury to people or damage to property during the last five years on or at projects where the Applicant has rendered professional services?  
**Yes**  **No**  If yes, give full details similar to 19a.

19h. Has the Applicant (or other proposed for insurance) rendered any professional service at a project wherein one or more of the following events or circumstances have occurred during the last five years:  
(1) insolvency of any contractor, subcontractor, supplier or other party? **Yes**  **No**   
(2) delay in substantial completion beyond 90 days of the contract completion date? **Yes**  **No**   
(3) abandonment of any project at any state after completion of working drawings and prior to substantial completion of project? **Yes**  **No**   
If any of the above is answered yes, please give full details similar to 19a.

**It is agreed that if there be knowledge of any fact, circumstance, incident, situation, or accident or other matter which subsequently results in claim being made against the Applicant or other insured party, that coverage under the proposed insurance shall not apply; and it is agreed by all parties that any future claim or action emanating therefrom shall be excluded from coverage under the proposed insurance.**

**20. Coverage requested:**

Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Effective from \_\_\_\_\_ to \_\_\_\_\_

21 Attach list of 10 largest jobs in last five years. Give names, type of structure and services performed, construction values and inception and completion date for each job. Also attach audited financial statement.

Insurance may be effective only upon payment of premium. Premium check or draft may be handled for collection in accordance with the practices of the collection Bank or Banks and the insurance shall be void if the full amount of premium check or draft is not received by the company.

The Applicant accepts notice that any policy which may be issued will apply on a “claims made” basis.

I/WE HEREBY DECLARE that the above statements and particulars are true and that no facts have been suppressed or mis-stated any material facts and that at the present time I/WE have no reason to anticipate any claim being brought against me/us for any error of, or omission on the part of me/us or any Insured, and agree that this Application Form shall be the basis of any Policy of Insurance which may be issued by the Company and shall be deemed a part thereof, one signed copy will be attached to the Policy if issued. Should the Applicant become aware of any circumstance subsequent to the completion of the application, he agrees that he will submit to Professional Underwriters Agency, Inc. supplementary advices conveying any pertinent information or change so derived and Professional Underwriters Agency, Inc. may alter any quotation previously given.

In the absence of subsequent advices to Professional Underwriters Agency, Inc. to the contrary it will be assumed by Professional Underwriters Agency, Inc. that there is no additional pertinent information or change.

Signature of Owner, Partner, Officer \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

It is agreed that the completion of this Application does not bind the Company nor the Applicant to complete the Insurance.

**Please attach BROCHURE**