



& ASSOCIATES

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**APPLICATION FOR  
PROFESSIONAL LIABILITY  
INSURANCE  
ARCHITECTS &  
ENGINEERS  
(CLAIMS-MADE FORM)**

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

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Year Established: \_\_\_\_\_ Corporation  Partnership  Individual

4. During the past five years 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, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Is the firm engaged in, owned by, associated with or controlled by any other business:

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Fees & Receipts/Construction Values:

	Estimate for Coming Year		Present 12 Months		Previous 12 Months	
	From	To	From	To	From	To
<b>Domestic Operations</b>						
a. Construction Values:						
b. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures):						
<b>Foreign Operations</b>						
c. Construction Values:						
d. Gross Billings/Fees whether collected or not (excluding fees derived from Joint Ventures):						

7. Professional Activities and Specialty (Attach narrative description if necessary)

a. Describe in detail the professional activities for which coverage is desired and indicate percentage of gross receipts derived from each activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Please attach separately, lists of:

(i) five largest projects and description of work performed for each;

(ii) names of partners, key employees, etc. and their professional qualifications including resumes.

c. Please attach copies of:

(i) advertisements, brochures, descriptive literature;

(ii) sample contract between you and your clients outlining services to be rendered;

(iii) latest financial data (Annual Report or Balance Sheet).

8. TOTAL PERSONNEL: (including those listed in 7.b. (ii) \_\_\_\_\_
- |                               |  |
|-------------------------------|--|
| a. Number of Engineers _____  | b. Number of Fieldmen (rodmen, chairmen, etc.) _____ |
| c. Number of Surveyors _____  | d. Number of Draftsmen _____                         |
| e. Number of Architects _____ | f. Number of Technical Employees _____               |
| g. Number of Inspectors _____ | h. Number of Clerical & Accounting employees _____   |

9. States in which licensed? \_\_\_\_\_

10. Please indicate the approximate percentages of the professions in which your firm is engaged:

Architects _____ %	Testing Lab _____ %
Build. Designers _____ %	Electrical Eng. _____ %
Civil Eng. _____ %	HVAC Eng. _____ %
Design/Const. _____ %	Land Surveyors _____ %
Environmental Eng. _____ %	Mechanical Eng. _____ %
Naval/Marine _____ %	Interior Design _____ %
Process Eng. _____ %	Const. Mgmt. _____ %
Struct. Eng. _____ %	Soil Eng. _____ %

Others not shown please specify: \_\_\_\_\_

11. Has the Applicant ever provided any service other than noted under Question 10? Yes  No   
 If "Yes", please explain. \_\_\_\_\_

12. Does the Applicant's practice involve any subletting or subcontracting of work to others? Yes  No   
 If "Yes", please specify what is sublet or subcontracted. \_\_\_\_\_

13. Foreign Work? Yes  No  If Yes, please give full details: \_\_\_\_\_

14. Have any of those listed in item 7.b. (ii) ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes  No   
 If yes, please give details: \_\_\_\_\_

15. What professional Association does the Applicant belong to? \_\_\_\_\_

16. Please indicate the type and approximate percentage of work under each heading:

**I. Type of Services**

Work in connection with:

a. Feasibility studies, reports, surveys where applicant is not involved in design:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
b. Design without supervisory services:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
c. Design and Observation:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
d. Boundary Surveys:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
e. Soil Testing:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
f. Sewerage Systems:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
g. Water Systems:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
h. Foundations:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
i. Interior Design:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
j. HVAC, plumbing & electricity:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
k. Naval/Marine:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
l. Work as construction managers:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
m. Testing Labs:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
n. Materials handling:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
o. Disposal or handling of hazardous waste:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
p. Other: _____	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %

Please specify the percentages relative to the Applicant's total work volume.

Services not resulting in construction:	_____ %
Design with no construction phase services:	_____ %
Design with periodic inspection of construction to ensure design compliance (per AIA/ACEC/NSPE contracts):	_____ %
Design with responsibility for directing the contractor:	_____ %
Other: _____	_____ %
<b>TOTAL</b>	<b>100 %</b>

Please indicate the type and approximate percentage of work under each heading:

**II. Type of Projects**

Work in connection with:

a. Private dwelling, apts., and condominiums	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
b. Commercial Buildings	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
c. Hospitals, Schools, Churches and Municipal Bldgs.	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
d. Industrial buildings:	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
e. Petrochemical, refinery, fertilizer, ammonia, urea plants	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
f. Mines	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
g. Harbors & jetties	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
h. Bridges & tunnels	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
i. Dams	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
j. Nuclear & atomic projects	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %

k. Parking Structures	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
l. Highways/roads	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
m. Power Plants	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
n. Subdivisions	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
o. Industrial/process	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
p. Environmental	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
q. Other _____	None <input type="checkbox"/>	Yes <input type="checkbox"/>	_____ %
<b>TOTAL</b>			<b>100 %</b>

17. Does the Applicant foresee any substantial changes in item No. 7.a. during the next twelve months? Yes  No   
 If "Yes", please give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. If the Applicant provides any of the following services, please indicate the percentage:  
 Product or Equipment Design \_\_\_\_\_ %    Material Testing \_\_\_\_\_ %    Soil Mechanics \_\_\_\_\_ %  
 Financial or Economic Studies \_\_\_\_\_ %    Valuations \_\_\_\_\_ %    Solar Heating \_\_\_\_\_ %

19. Does the Applicant, or any enterprise financially related to the Applicant or the Applicant's principals, partners, directors or officers engage in any of the following activities?

Construction, erection, fabrication or installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The letting of construction contracts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Construction or project management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacture, sale or distribution of any product, good or process	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Real Estate Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the above are answered "Yes", please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. What percentage of the Applicant's practice involves any of the following:  
 a. Subletting of work to others \_\_\_\_\_ % Type of work sublet: \_\_\_\_\_  
 b. Is evidence of Insurance from consultants required? Yes  No

21. Equity Interest:  
 Does the applicant provide professional services on projects in which he retains ownership interest (BASIC POLICY EXCLUDE COVERAGE FOR THESE PROJECTS)? Yes  No   
 If coverage is desired provide complete details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Does any one contract or client represent more than 50% of annual work? Yes  No   
 If Yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing or fabrication? Yes  No   
 If Yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Are any of the individuals named in item No. 7.b.(ii) owners, officers, or employees of firm engaged in actual construction, manufacturing or fabrication? Yes  No

If Yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Does the Applicant work with other firms in Joint Ventures? Yes  No  (BASIC POLICY EXCLUDES COVERAGE FOR JOINT VENTURES)

If coverage is desired provide complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Give Professional Liability coverage for last five years for the firm:

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive date? \_\_\_\_\_

27. Is the Applicant currently insured under a Commercial General Liability Policy? Yes  No

If yes, please give details:

Insurance Company	Type of Coverage	Limits		Effective	
		BI	PD	From	To
_____	_____	_____	_____	_____	_____

28. Has any application for Architects & Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused? Yes  No

If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. Has any claim ever been made against the firm or any persons named in item 1 or item 7.b.(ii)? Yes  No

If yes, please attach details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

30. Is the Applicant aware of any circumstances, which may result in any claim against him, the firm, his predecessors in business, or any of the present or past Partners or Officers? Yes  No

If yes, please give full details on the same basis as item 29.

31. Has any insurer cancelled or refused to renew any similar insurance during the past five years? Yes  No

If Yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

32. Limits of Liability requested: \_\_\_\_\_ Deductible \_\_\_\_\_  
Desired term of policy: From: \_\_\_\_\_ To: \_\_\_\_\_

33. The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

The applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

\_\_\_\_\_  
Date Signature of Applicant Title

\_\_\_\_\_  
Producer