

Berkley Insurance Company



BDP Express Application for Architects, Engineers & Consultants

Professional Liability
Contractors Pollution Liability
Cyber Liability
Media and Personal Injury Liability

CLAIMS MADE WARNING: This application is for a Claims Made and Reported Policy, relating to claims made against the Insured during the Policy Period or any Extended Reporting Period that may apply.

BDP Express Program Eligibility

Firm Name: _____

Does your firm have a licensed/registered principal with 5+ years of experience in the discipline?	Yes	No
Is your firm a full-time venture and the primary source of income for its principals?	Yes	No
Is your firm and its principals clear of any license, disciplinary actions or bankruptcy within the last 5 years?	Yes	No
Is your firm's discipline limited to architecture, landscape architecture, interior design, land surveying, planner, civil, structural, mechanical, electrical or traffic engineering?	Yes	No
Are your firm's fees for each of the last three years and the current year less than \$2,000,000?	Yes	No
In the last 5 years, has your firm's loss history been limited to no more than one claim and not more than \$25,000 in incurred loss and expense amounts?	Yes	No
Does your firm use written agreements for 90% or more of projects and services?	Yes	No
Does your firm require subconsultants maintain professional liability coverage?	Yes	No
Confirm your firm's services in the last three years have not included the following types of projects: Residential Condominiums, High-Rise Buildings (10+ stories), Bridges, Tunnels, Mines, Quarries, Harbors, Jetties, Docks, Piers, Wharves, Dams, Reservoirs, Levees, Amusement Rides, Nuclear Facilities	True	False
Confirm your firm's services in the last three years did not include at-risk construction management or designer-led design/build?	True	False

Any "No" or "False" Answers above will make the firm ineligible for coverage in the BDP Express Program. However, they may be eligible for coverage in our regular program and should complete our standard application to receive a quote from Berkley Design Professional Underwriters.

BDP Express Application

General Applicant Information

1.

Firm Name (as Named Insured shall appear on Dec Page)

Primary Location Street Address

Suite

City

County

State

Zip Code

The mailing address is the same as the primary location. If not, provide mailing address:

Mailing Street Address

Suite

City

State

Zip Code

Website Address (if applicable)

Name and title of officer designated as agent of all **Insureds** to receive any and all notices from the **Insurer**.

E-mail Address

Telephone Number

Fax Number

Insured's Risk Management Contact, check here if same as above.

Name

Title

Email Address

Telephone Number

Fax Number

2. Firm is a: Sole Proprietorship Partnership Corporation Other

3. Date firm was established _____

4. List branch office locations (if any) and the percentage of fees from each location:

Location	% of Fees

5. Does the firm have any predecessor firms that are listed as named insureds on their current professional liability policy? Yes No

If yes, details will be required prior to binding coverage.

6. Number of Staff:

	Number Employed	Number Registered/Licensed
Principals, partners, Officers & Directors		
Professional Personnel not included above		
Technical Personnel		
All Others		
Total number of Employees		

Fees & Discipline

7. Please provide your Firm's actual gross receipts for the fiscal years requested below. Gross receipts means the exact dollar amount of gross receipts from Professional Services including fees paid to subconsultants, however, excluding direct reimbursables by contract (i.e., travel, per diem, reproduction costs, etc.)

	Estimated for Current Fiscal year	Last Complete Fiscal Year Ending	Prior Fiscal Year	2 nd Prior Fiscal Year
	___/___	___/___	___/___	___/___
Gross Receipts				

8. Indicate the approximate percentage of your last fiscal year gross receipts in the Disciplines below. Do not include Subconsultants.

	%		%
Architecture		Civil Engineering	
Architectural Planning		Civil – Wastewater Treatment Plants	
Interior Design and Graphics		Structural Engineering	
Landscape Architecture		Surveyor	
Mechanical Engineering		Traffic Engineering	
Electrical Engineering			<i>Must total 100%</i>

9. What percentage of last year's fees were paid to subconsultants _____%

Services & Projects

10. Indicate the approximate percentage of your last fiscal year gross receipts for the following services:

Feasibility, economic, seismic or forensic studies or reports	
Master planning, conceptual, schematic, or other design without construction documents	
Construction Management - Advisor	
	<i>Need not total 100%</i>

11. Indicate the approximate percentage of last year's gross receipts attributable to the following projects:

	%		%
Residential Subdivisions		Roads, highways	
Custom Homes		Utilities	
Apartments		Offices, warehouses, restaurants	
Public Schools, colleges & universities		Retail, malls, shopping centers	
Private Schools, colleges and universities		Arenas, grandstands, theaters	
Correctional Institutions		Transportation passenger terminals	
Sports Facilities, pools, playgrounds, parks		Industrial buildings for processing, manufacturing and production	
Parking Garages			<i>Need not total 100%</i>
		Number of Projects completed last year	

12. Indicate the approximate percentage of your gross receipts that were generated from the following types of clients:

	%		%
Owners		Local Governments	
Developers		State Governments	
Contractors		Federal Government	
Design Professionals		Foreign	
		Other	

Does one contract or client represent more than 50% of your firm's gross receipts? Yes No

Business Practices

13. Are non-standard contracts reviewed by your firm's legal counsel? Yes No
14. What percentage of last year's gross receipts included a signed contract limiting your firm's liability to less than \$250,000? _____% Attach a sample clause for consideration of Limitation of Liability credit.

15. Did principals or employees of your firm attend a risk management or loss prevention seminar during the last year?
Yes No
16. Does the firm follow written quality control procedures? Yes No

Insurance History

17. In the last five years, have any professional liability claims been made against your firm, its predecessors or any past or present principal, partner, officer, director or employee? Yes No, *If yes, please provide details.*
18. Does your firm or any of the principals, partners, officers, directors or employees have any 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? Yes No, *If yes, please provide details.*
19. Is your firm currently insured for Professional Liability coverage? Yes No
Retroactive date on current policy _____

Please provide the professional liability insurance coverage for the past five years.

Insurance Company	Policy Period	Limits	Deductible	Premium

20. Has any insurer cancelled or refused to renew any similar insurance to the firm, its members or an entity listed in question 5 of this application? (Not Applicable in Missouri) Yes No *If yes, please provide details.*
21. Indicate the options the applicant would like quoted:

Limits	Deductibles
\$250,000	\$2,500
\$500,000	\$5,000
\$1,000,000	\$10,000
\$2,000,000	\$15,000
\$3,000,000	\$20,000
	\$25,000

NOTICE TO COLORADO APPLICANTS: 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO NEW MEXICO, PENNSYLVANIA APPLICANTS: 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.

NOTICE TO APPLICANTS OF 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.

NOTICE TO APPLICANTS OF MINNESOTA, NEW JERSEY, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE, MASSACHUSETTS, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO APPLICANTS OF 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.

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, AND RHODE ISLAND APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

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 misstated any material facts and I agree that this application shall be the basis of the contract with the insurance company. I understand this application and the related materials submitted with the application are part of any policy Berkley Insurance Company may issue to our firm. It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Signature: _____
Name of Principal,
Partner or Officer: _____

Date: _____

Title: _____