



## Application for Architects, Engineers & Consultants

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

Coverage provided by Berkley Insurance Company

**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.  
**DEFENSE WITHIN LIMITS:** The Limit of Liability available to pay settlements or judgments will be reduced, and may be exhausted by, defense expenses.

### 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 \_\_\_\_\_

Form No. BDP0417027

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

Location	% of Fees

5. List any related entities, predecessor firms or pre-existing 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 their current professional liability coverage.

Entity Name	Relationship	Dates of Existence	Services Provided	Current Retro Date

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.)

Date (mm/yyyy)	Estimated for Current Fiscal year	Last Complete Fiscal Year Ending	Prior Fiscal Year	2 <sup>nd</sup> 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		Environmental Engineering	
Acoustical Engineering		Environmental Science	
Mechanical Engineering		Geotechnical Engineering	
Electrical Engineering		Surveyor	
Process Engineering		Traffic Engineering	
Illumination Engineering		Other _____	
		<i>Must Total 100%</i>	

9. What percentage of last year's fees were paid to subconsultants \_\_\_\_\_%  
 What percentage of your subconsultants are insured for professional liability coverage: \_\_\_\_\_%  
 Do you obtain certificates of insurance from your subconsultants?                      Yes      No

## Services & Projects

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

Design with construction observation/review	%
Design without construction observation/review – for government clients	
Design without construction observation/review – for private clients	
Construction observation/review without design	
Feasibility, economic, seismic or forensic studies or reports	
Master planning, conceptual, schematic, or other design without construction documents	
Abandoned projects	
Construction Management	
Project Management	
Operation and Management Services	
Design build – designer led with construction responsibility	
Plan checking without design	
Quantity or cost estimates without design	
Inspection as a standalone service	
Boundary and construction staking	
Surveying	
Construction materials testing (including compaction testing)	
Geotechnical Laboratory analysis	
Geotechnical drilling and sampling	
Asbestos and lead studies	
Asbestos and lead abatement	
Mold remediation	
Environmental preliminary site assessments (Phase 1 PSA)	
Environmental investigations (drilling and sampling, Phase II)	
Environmental project observation/oversight	
Environmental Permitting	
Environmental Lab Analysis	
Fish, wildlife or botanical studies, wetland delineation	
Other environmental services	
<i>Must total 100%</i>	

11. Please describe any foreign projects, if any, in the last five years, including project types, services and location.

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	

What percentage of your gross receipts are derived from repeat clients? \_\_\_\_\_%

Does one contract or client represent more than 50% of the firm's gross receipts?

Yes No

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

High Rise – over 15 stories (do not include below)	%	Telecommunications	%
Mixed Use Condominiums		Data Centers	
<i>Portion for Commercial Use</i>		Municipal Buildings	
<i>Portion for Residential Use</i>		Mass Transit	
Residential Condominiums		Transportation passenger terminals	
Residential Subdivisions		Airport runways	
Custom homes		Roads, Highways	
Apartments		Bridges, trestles	
Hospitals, retirement homes, convalescent homes		Mines, quarries, tunnels	
Public Schools, colleges & universities		Dams, reservoirs, levees	
Private Schools, colleges and universities		Harbors, docks, piers or structures for offshore use	
Correctional Institutions		Utilities, Power Plants	
Churches		Oil Refineries, Chemical plants and pipelines	
Industrial buildings for processing, manufacturing and production		Facilities related to nuclear activities	
Systems for processing, manufacturing and production		Arenas, stadiums, theaters	
Offices, warehouses, restaurants		Pools, parks, playgrounds and recreational facilities	
Retail, malls, shopping centers		Ski lifts, amusement rides, amusement parks	
Motels		Landfills	
Hotels		Wastewater, sewage and water treatment systems	
Libraries		Waste storage or disposal facilities	
Convention facilities		All other environmental projects	
Parking Garages		Other, please describe	
		<i>Must total 100%</i>	
		Number of Projects completed last year	

14. Indicate below the approximate percentage of your residential work in the last 5 years. Do you anticipate your future residential work will be consistent with the amount done in the past? Yes      No, If no, please explain.

Residence Type	Current Year	Last Complete Fiscal Year	Prior Fiscal Year	2 <sup>nd</sup> Prior Fiscal Year	3 <sup>rd</sup> Prior Fiscal Year
Condominiums					
Apartments					
Subdivisions					
Custom Homes					

## Business Practices

15. Please indicate percentage of contracts used by your firm in the last fiscal year.

Firm's Standard Form Agreement		Client (owner) agreements	
Standard industry agreement (AIA, EJCDC, etc.)		Client purchase order forms	
Letter Agreements		Verbal agreements	
Client (Prime design professional) agreements		Other:	
		<i>Must Total 100%</i>	

16. Are non-standard contracts reviewed by the firm's legal counsel?      Yes    No
17. What percentage of last year's gross receipts included a signed contract limiting the firm's liability to less than \$250,000?      \_\_\_\_\_%.  
*Attach a sample clause for consideration of Limitation of Liability credit.*
18. Did principals or employees of the firm attend a risk management or loss prevention seminar during the last year?  
Yes    No
19. Does the firm follow written in-house quality control/quality assurance procedures?      Yes    No
20. Does your firm follow established review processes involving senior management?      Yes    No
21. What percentage of last year's gross receipts was spent on employee professional and technical education?      \_\_\_\_%
22. Does your firm use Building Information Modeling (BIM) systems?      Yes    No  
If yes, what percentage of projects includes BIM?      \_\_\_\_%
23. Is the firm or any principal involved in a construction or real estate development company or engaged in any actual construction, or hired a construction contractor to perform construction work?  
Yes    No, *If yes, please provide details.*
24. Has the firm become involved in the design, manufacture, fabrication, sale, leasing or distribution of any product, process, component, device or system?      Yes    No, *If yes, please provide details.*
25. Has the firm designed a building, component or system which might be used on more than one project without services for site adaptation?      Yes    No, *If yes, please provide details.*
26. Has the firm entered into a joint venture agreement with an entity that did not provide design professional services?      Yes    No, *If yes, please provide details.*
27. Has the firm produced any software or hardware for sale to its clients?      Yes    No, *If yes, please provide details*
28. Is the firm operating a blog, a video log or other content distributed on-line?      Yes    No, *If yes, please provide details*

## Insurance History

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29. 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? (Not Applicable in Missouri)      Yes    No, *If yes, please provide details.*
30. Does the 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.*
31. Is the 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

32. 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.*
33. Indicate the options the applicant would like quoted. A Separate Defense Limit Option is available. The Defense Limit may be 25%, 50% or 100% of the Per Claim Limit, up to a maximum limit of \$5,000,000.

	Per Claim Limits		Deductibles		Separate Defense Limit
	\$250,000		\$2,500		25% of per Claim Limit
	\$500,000		\$5,000		50% of per Claim Limit
	\$1,000,000		\$10,000		100% of per Claim Limit
	\$2,000,000		\$15,000		Max \$5,000,000 Limit
	\$3,000,000		\$20,000		
	\$4,000,000		\$25,000		<b>Deductible Options</b>
	\$5,000,000		\$35,000		First Dollar Defense
	\$6,000,000		\$50,000		Shared Cost of Defense
	\$7,000,000		\$75,000		Split Cost of Defense
	\$8,000,000		\$100,000		
	\$9,000,000		\$150,000		
	\$10,000,000		\$200,000		
	Include split limits?		\$250,000		

**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.

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**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, 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.

**NOTICE TO OREGON APPLICANTS:** ALL STATEMENTS AND DESCRIPTIONS IN AN APPLICATION FOR INSURANCE BY OR ON BEHALF OF THE INSURED, SHALL BE DEEMED TO BE REPRESENTATIONS AND NOT WARRANTIES. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENT OF FACTS ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH INTENT TO KNOWINGLY DEFRAUD. MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENT OF FACTS MUST BE EITHER FRAUDULENT OR MATERIAL TO THE INTERESTS OF THE INSURER IN ORDER FOR THE INSURER TO ASSERT A RIGHT TO REMEDY. THE INSURER MAY DENY A CLAIM ON THE BASIS OF MISREPRESENTATIONS, MISSTATEMENTS, OMISSIONS OR CONCEALMENTS ON THE PART OF THE INSURED THAT ARE MATERIAL TO THE CONTRACT, RELIED UPON BY THE INSURER AND MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED OR PROVIDED FRAUDULENTLY. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURANCE COMPANY MAY BE SUBJECT TO PROSECUTION FOR INSURANCE FRAUD.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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:

Name and Address of Licensed Producer:

Signature: \_\_\_\_\_

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