



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.

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. 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 retro 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 | | |
| 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 Year | 2 nd Prior 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 _____ | |

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 | |
| Must total 100% | |

11. Please describe any foreign projects 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. | |
| | | Must total 100% | |
| | | 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 Year | Yr Prior | 2 nd Yr Prior | 3 rd Yr Prior |
|----------------|--------------|--------------------|----------|--------------------------|--------------------------|
| Condominiums | | | | | |
| Apartments | | | | | |
| Subdivisions | | | | | |
| Custom Homes | | | | | |

Business Practices

15. Please indicate the 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: | |

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

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? 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? Yes No

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 | |
| | | Deductible Options |
| \$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.

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.

NOTICE TO KANSAS APPLICANTS: A "FRUDULENT INSURANCE ACT" MEANS AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE 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.

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

Title: _____

Name and Address of Licensed Producer:

Signature: _____ Date: _____

