



Application for Architects, Engineers & Consultants

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

Coverage provided by Berkley Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED IN WRITING POLICY. SUBJECT TO ITS PROVISIONS, COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING A POLICY YEAR AND FIRST REPORTED TO US IN WRITING WITHIN THAT SAME POLICY YEAR, OR WITHIN ONE HUNDRED AND TWENTY (120) DAYS AFTER THE END OF SUCH POLICY YEAR, UNLESS AN OPTIONAL EXTENDED REPORTING PERIOD APPLIES. THIS POLICY PROVIDES NO COVERAGE FOR WRONGFUL ACTS OR POLLUTION INCIDENTS COMMITTED PRIOR TO THE RETROACTIVE DATE STATED IN THE POLICY.

THIS POLICY CONTAINS PROVISIONS THAT LIMIT THE AMOUNT OF CLAIM EXPENSES THE COMPANY IS RESPONSIBLE TO PAY IN CONNECTION WITH CLAIMS. THE PAYMENT OF CLAIM EXPENSES WILL REDUCE THE LIMITS OF LIABILITY STATED IN THE DECLARATIONS. THE LIMITS OF LIABILITY MAY BE COMPLETELY EXHAUSTED BY CLAIM EXPENSES AND THE COMPANY SHALL NOT BE LIABLE FOR DEFENSE COSTS OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIABILITY LIMIT.

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. Staff:

	Number Employed	Number Registered/Licensed	Number that Left Firm Last Year
Principals, partners, Officers & Directors			
Professional Personnel			
Technical Personnel			
All Others			
Total number of Employees			

7. Please describe your approach to Training and Development of Staff:

Fees & Discipline

8. 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				

9. 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 _____	

10. 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
11. Has the firm entered into a joint venture agreement with other entities in the last three years? Yes No
If yes, please describe and provide a copy of the joint venture agreement.

Services & Projects

12. Indicate the approximate percentage of your last fiscal year gross receipts for the following services provided by your firm:

	%
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 design services	
Environmental remediation site activities or management	
Environmental project observation/oversight	
Environmental Permitting	
Environmental Lab Analysis	
Fish, wildlife or botanical studies, wetland delineation	
Other environmental services	
Must total 100%	

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

14. 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

15. Indicate the approximate percentage of your gross receipts that were derived from the following project delivery methods.

Design-Bid-Build	%	Fast Track	%
Contractor-Led Design Build		Integrated Project Delivery	
Designer-Led Design Build		Public-Private-Partnerships (P3)	

Do you perform any construction activities or hire contractors? Yes No

During the last year, was your firm, or any subconsultants or subcontractors to you, responsible for construction means, methods, techniques, procedures or jobsite safety? Yes No

16. 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	

17. 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

18. 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:	

19. Are non-standard contracts reviewed by the firm's legal counsel? Yes No
20. 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.
21. Did principals or employees of the firm participate in a risk management or loss prevention program during the last year? Yes No
22. Does your firm follow established review processes involving senior management? Yes No
23. Does your firm have a selection process for all new clients? Yes No
24. Does your firm have a project selection process? Yes No
25. Does the firm follow written in-house quality control/quality assurance procedures? Yes No
26. Please provide an Executive Summary describing your firm's QA/QC process and attach a copy of the procedures outline or table of contents.
27. Does your firm use Building Information Modeling (BIM) systems? Yes No
If yes, what percentage of projects includes BIM? ____%
28. 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.
29. 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.

30. 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.
31. Has the firm produced any software or hardware for sale to its clients? Yes No
If yes, please provide details
32. Is the firm operating a blog, a video log or other content distributed on-line? Yes No
If yes, please provide details

Insurance History

33. 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.
34. 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.
35. 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

36. 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
37. Indicate the options the applicant would like quoted.

Per Claim 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
\$4,000,000	\$25,000
\$5,000,000	\$35,000
\$6,000,000	\$50,000
\$7,000,000	\$75,000
\$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 NEW JERSEY AND OKLAHOMA: WARNING: 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, 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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: _____