

## BDP Express 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.

### 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 95% 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 your firm have any predecessor firms that are listed as named insureds on your 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 <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		Surveyor	
Mechanical Engineering		Traffic Engineering	
Electrical Engineering		Must total 100%	

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	
Need not total 100%	

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		Need not total 100%	
		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, 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, , 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 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.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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: \_\_\_\_\_

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

Name of Principal,  
Partner or Officer:

Title:

Name and Address of Licensed Producer:

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

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