

**CONSTRUCTION INDUSTRY**  
CONTRACTORS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE  
**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

*This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.*

**THIS APPLICATION IS NOT A BINDER**

**SECTION I – GENERAL INFORMATION**

1. Name of Firm: \_\_\_\_\_ County: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Branch Office Address(es): \_\_\_\_\_
4. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Firm is:  Corporation       Partnership       Sole Proprietorship       Joint Venture
6. Date Established: \_\_\_\_\_ Gross receipts for last fiscal year \$ \_\_\_\_\_

**PERSONNEL**

|                                   | Number | Number Registered/Licensed | Full-Time | Part-Time |
|-----------------------------------|--------|----------------------------|-----------|-----------|
| 7. a. Architects:                 |        |                            |           |           |
| b. Engineers:                     |        |                            |           |           |
| c. Other Professionals:           |        |                            |           |           |
| d. Project/Construction Managers: |        |                            |           |           |
| e. Others:(Construction           |        |                            |           |           |
| f. Total Personnel:               |        |                            |           |           |

**ADDITIONAL INFORMATION**

**Please submit the following documents along with this Application and check the appropriate box indicating you have included the item requested.**

8. A. Statement of qualifications and resumes of key professional staff .....
- B. Copy of a typical contract for services with a client (including scope of services) .....
- C. Copy of typical contract with professional subconsultants .....
9. Detailed claim history (use RA&MCO Claims Supplement) .....
10. Brochures, promotional literature, and recent project list .....
11. The firm would like a quotation based on the following limit(s) and deductible(s):

|       |            |
|-------|------------|
| Limit | Deductible |
| _____ | _____      |
| _____ | _____      |

*NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.*

| CLIENTS                                     |       | CONTRACTS   |        |
|---|-------|---|--------|
|   |       | Percent of Contracts (must total 100%)  |        |
| <b>Percent of Clients (must total 100%)</b> |       |   |        |
| 12. a. Government or Public Entities        | _____ | 13. Please specify types of contracts used by the firm.                               |        |
| b. Owners acting as their own builders      | _____ | a. Standard industry contract (AGC, AIA, EJCDC, etc.)                                 | _____% |
| c. Design/Build or turnkey contractors      | _____ | b. Firm's own standard contract   | _____% |
| d. Other contractors                        | _____ | c. Letter agreement   | _____% |
| e. Developers                               | _____ | d. Purchase order   | _____% |
| f. Financial and lending institutions       | _____ | e. Client contract  | _____% |
| g. Other design professionals               | _____ | f. Oral agreement   | _____% |
| h. Other _____                              | _____ | (a. through f. must total 100%)   | _____  |
| (a. through h. must total 100%)             | _____ | 14. What percentage of the firm's contracts contain a Limitation of Liability clause? | _____% |

| PROJECTS                                       |       |   |        |
|--|-------|---|--------|
|  |       | Percent of Projects (must total 100%)   |        |
| <b>Percent of Projects (must total 100%)</b>   |       |   |        |
| 15. a. Schools, colleges or public buildings   | _____ | s. Pipelines  | _____  |
| b. Hospitals, retirement or convalescent homes | _____ | t. Mines and quarries   | _____  |
| c. Hotels, motels or resort properties         | _____ | u. Earth dams/reservoirs  | _____  |
| d. Condominiums/Townhouses                     | _____ | v. Structures for offshore use  | _____  |
| e. Single family residential subdivisions      | _____ | w. Harbors, jetties, docks or piers   | _____  |
| f. Custom single family residential            | _____ | x. Bridges, trestles or tunnels   | _____  |
| g. Apartments                                  | _____ | y. Parking garages, theaters or grandstands   | _____  |
| h. Office/Commercial/Retail                    | _____ | z. Other _____  | _____  |
| i. Industrial/Process                          | _____ | _____   | _____  |
| j. Machine design                              | _____ | _____   | _____  |
| k. Plumbing/Piping, Refrigeration              | _____ | (a. through z. must total 100%)   | _____  |
| l. Instrumentation/Controls                    | _____ | 16. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| m. Public Utilities/Power Generation           | _____ | If yes, please provide details and complete the following:  |        |
| n. Jails/Justice                               | _____ | Total number of Condominiums/Townhouse projects?  | _____  |
| o. Airports                                    | _____ | Approximate total construction value? \$  | _____  |
| p. Roads/Highways/Traffic                      | _____ | 17. What percentage of the firm's projects are done on a Fast Track basis?  | _____% |
| q. Sewage or waste disposal systems            | _____ | 18. What percent of the firm's projects are outside the U.S. and Canada?  | _____% |
| r. Water systems                               | _____ |   |        |

## INSURANCE HISTORY

19. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?  
*If yes, please explain in detail.*  Yes  No

20. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|         |      |       |            |         |
|         |      |       |            |         |
|         |      |       |            |         |
|         |      |       |            |         |
|         |      |       |            |         |

Retroactive date on current policy: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

21. a. Please provide current General Liability policy information:

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|         |      |       |            |         |

- b. Does your General Liability policy contain a mold coverage exclusion or limitation?

Yes  No If yes, please provide a copy of such exclusion or limitation.

- c. UMBRELLA Liability Policy

| COMPANY | TERM | LIMIT | DEDUCTIBLE | PREMIUM |
|---------|------|-------|------------|---------|
|         |      |       |            |         |

## FINANCIAL AND OTHER INTERESTS

**For all "yes" responses to questions 21 through 23, please provide details by attachments.**

22. Does the firm have any predecessor firms or related entities?  Yes  No

23. During the past 12 months, has the firm or any principal:

a. Become involved in a real estate development company?  Yes  No

b. Derived more than 50% of last fiscal year's gross receipts from any one client?  Yes  No

c. Designed a building, component or system which might be used on more than one project?  Yes  No

d. Become involved in the manufacture or fabrication of any component, device or system?  Yes  No

e. Developed, sold or leased software products for use by others?  Yes  No

f. Been the subject of disciplinary action by authorities as a result of their professional activities?  Yes  No

24. During the next 12 months does the firm foresee substantial changes in operations?  Yes  No

25. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered?  Yes  No

b. Other than for third party claims, does your firm seek coverage for these projects?  
*If yes, an Equity Interest Supplemental Application must be submitted.*  Yes  No

26. In the past **ten years** have any Professional Liability claims been made against the firm or any of its members?  Yes  No  
*If yes, complete a Claim/Incident Information Supplement provided with this Application.*

27. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*

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28. In the past ten years, have you reported a claim for bodily injury or property damage under your CGL policy where payments or reserves, including your deductible, exceed \$100,000?  Yes  No  
*If yes, please explain in detail.*

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29. Do you have any pending dispute concerning the payment of fees to the firm for services rendered?  Yes  No  
*If yes, please explain in detail.*

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30. Do you have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance?  Yes  No  
*If yes, please explain in detail.*

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31. Have you given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim?  Yes  No

*If yes, please use the Claim/Incident Information Supplement provided with this Application.*

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**SECTION II – CONTRACTOR SERVICES –**

**DESIGN/BUILD • CONTRACTORS PROFESSIONAL • CONSTRUCTION MANAGEMENT**

|  | CURRENT FISCAL YEAR |      | IMMEDIATE PAST YEAR |      | TWO YEARS AGO |      |
|--|---------------------|------|---------------------|------|---------------|------|
|  | MONTH               | YEAR | MONTH               | YEAR | MONTH         | YEAR |
| 32a. Firm's gross receipts                           | \$                  |      | \$                  |      | \$            |      |
| b. Estimated gross receipts for the next fiscal year |                     |      | \$ _____            |      |               |      |

| 33. Of the firm's total gross receipts above, please break down as follows:                  | CURRENT FISCAL YEAR |                   | IMMEDIATE PAST YEAR |                   | TWO YEARS AGO       |                   |
|--|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
|  | CONSTRUCTION VALUES | PROFESSIONAL FEES | CONSTRUCTION VALUES | PROFESSIONAL FEES | CONSTRUCTION VALUES | PROFESSIONAL FEES |
| • Construction Contracting Only<br>(No responsibility for design services by the firm or its |                     | N/A               |                     | N/A               |                     | N/A               |
| • Design/Build<br>(Responsibility for both design documents and construction                 |                     |                   |                     |                   |                     |                   |
| • Construction Management Services<br>– Agency<br>– At Risk                                  |                     |                   |                     |                   |                     |                   |

34. Please estimate the percentage by discipline of the professional services rendered above by the following categories: **(Total should equal 100%).**

|                        |   |                         |   |                             |   |
|------------------------|---|-------------------------|---|-----------------------------|---|
| Architecture           | % | Landscape Architecture  | % | HVAC Engineering            | % |
| Civil Engineering      | % | Land Surveying          | % | Fire Protection Engineering | % |
| Mechanical Engineering | % | Construction Management | % | Materials Testing           | % |
| Electrical Engineering | % | Process Engineering     | % | Mining Engineering          | % |
| Structural Engineering | % | Chemical Engineering    | % | Interior Design             | % |
| Soils Engineering      | % | Environmental           | % | Other _____                 | % |
| Project Management     | % | Construction Inspection | % | Other _____                 | % |

35. Please specify exact amounts paid to subconsultants:

|  | Current Year (Proj.) | Immediate Past Year | 2 Years Ago |
|--|----------------------|---------------------|-------------|
| Fees to Professional Subconsultant                 | \$ _____             | \$ _____            | \$ _____    |
| Construction Values to Design/Build Subcontractors | \$ _____             | \$ _____            | \$ _____    |

36. Has a surety company ever declined to offer a bond?  Yes  No  
If yes, please provide details by attachment.

37. Is the firm aware of any unresolved construction disputes including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000?  Yes  No

38. Has the firm ever defaulted, failed to complete a contract, or had liquidated damages assessed against them?  Yes  No

If any of the above questions are answered yes, please provide an explanation (use attachment if necessary):

\_\_\_\_\_

\_\_\_\_\_

**SECTION III – DETAILS OF SUBCONTRACTED PROFESSIONAL SERVICES/ADDITIONAL INFORMATION**

If, under Section II, the firm hires design firms or professional subconsultants, please list the four most frequently used firms or provide certificates of insurance evidencing professional liability coverage of these firms.

Please be specific regarding the design or consulting discipline to be rendered, i.e., Civil, Structural, HVAC, Construction Management, Value Engineering, etc.

| Name and Address           | Discipline              | Total Professional Fees | Professional Liability Coverage                     |
|----------------------------|-------------------------|-------------------------|---|
| A. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| B. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| C. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |
| D. _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____ | Company: _____<br>Limit: _____<br>Deductible: _____ |

39. Please provide any additional information regarding the firm and its services that you wish us to consider:

\_\_\_\_\_  
\_\_\_\_\_

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to questions 26-31 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

\_\_\_\_\_  
Print or Type Your Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date