

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY POLICY APPLICATION (CLAIMS MADE COVERAGE)

Application Instructions

- A. Please type or print in ink.
- B. Answer all questions: leave no blank spaces.
- C. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- D. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

A. General Information

1. Name of Applicant

(if partnership or corporation, show firm): _____

DBA: _____

2. Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

3. Effective Date: _____ Expiration Date: _____

B. Operations

4. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction erection? *If 'YES', please give details:*

5. Does the Applicant or subsidiary, parent or otherwise related entity engage in any manufacturing, fabrication or real estate development? YES / NO

If 'YES', please give details:

6. Does the Applicant have Professional Liability Coverage? YES / NO
 If 'YES', please indicate the Retroactive date? (mm-dd-yyyy) _____

7. Does the Applicant have full Prior Acts Coverage? YES/NO

8. Has the Applicant had less than two claims in the past ten years? YES / NO

9. Has the Applicant had a year in which aggregated losses, expenses, and reserves are over \$25,000? YES / NO

10. Estimates of Applicants Total Gross Billings and Construction Values for next 12 months:

Gross Billings: _____ Construction Values: _____

11. Domestic Operations Total, Gross Billings, and Construction Values– Most Recently Completed Fiscal Year. IF FIRM IS DOING DESIGN/BUILD PLEASE LEAVE THIS QUESTION 11. BLANK AND COMPLETE QUESTION 12.

	Present 12 Months from ____ to ____		Previous 12 Months from ____ to ____
Domestic Operations:	Total Gross Billings	Construction Values	Total Gross Billings:
a. Joint Venture Projects Applicant's portion only:			
b. Projects Insured Under Separate Project Policies:			
c. Projects Which Have Been Permanently Abandoned:			
d. Feasibility Studies, Master Plans, Reports:			
e. Direct Reimbursables:			
f. All Other Billings:			
TOTAL GROSS BILLINGS:			

12. Design/Build Construct Values – COMPLETE ONLY IF FIRM IS DOING DESIGN/BUILD WORK

	Estimate For Coming Year From ____ To ____	Present 12 Months From ____ To ____	Previous 12 Months From ____ To ____
a. All Operations :			
b. Design/Construct:			
c. Design Only – No Construction:			
d. Construction Only – No Design:			

For Joint Venture Projects, Projects Insured Under Separate Project Policies and Projects which have been Currently Abandoned please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside of the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

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C. Professional Disciplines

13. List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page. Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity (Total must equal 100%):

Acoustical Engineering: _____ %

Architecture: _____ %

Asbestos Inspection, Testing or Abatement Design: _____ %

Chemical Engineering: _____ %

Chemical Engineering (Coal, Gas, Oil): _____ %

Civil Engineering: _____ %

Construction/Project Management At Risk: _____ %

Construction/Project Management/Agency: _____ %

Electrical Engineering: _____ %

Environmental Engineering: _____ %

Environmental Remediation Design/Specifications: _____ %

Environmental Risk Assessment and Permitting: _____ %

Feasibility Studies Applicant not involved in Design: _____ %

HVAC Engineering: _____ %

Interior Design: _____ %

Laboratory Testing: _____ %

Land Surveying: _____ %

Landscape Architecture: _____ %

Machine Equipment Design: _____ %

Mechanical Engineering: _____ %

Mining Engineering: _____ %

Naval/Marine Engineering: _____ %

Planning (including Master Planning): _____ %

Process Engineering Gas/Oil: _____ %

Process Engineering: _____ %

Soil/Geotechnical Engineering: _____ %

Structural Engineering: _____ %

Other: _____ %

Description (Other): _____

D. Projects

14. List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page. Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity (Total must equal 100%):

Airports:	_____ %
Amusement Rides:	_____ %
Apartments:	_____ %
Bridges:	_____ %
Churches:	_____ %
Commercial:	_____ %
Condominiums:	_____ %
Convention Centers:	_____ %
Custom Residential:	_____ %
Dams:	_____ %
Environmental Impact Statements:	_____ %
Foundation or Shoring Projects:	_____ %
Harbors/Piers/Ports:	_____ %
Hospitals/Healthcare:	_____ %
Hotels/Motels:	_____ %
Industrial Waste Treatment:	_____ %
Jails/Justice:	_____ %
Landfills:	_____ %
Libraries:	_____ %
Manufacturing/Industrial:	_____ %
Mass Transit:	_____ %
Municipal:	_____ %
Nuclear Facilities:	_____ %
Office Buildings:	_____ %
Parking Structures:	_____ %
Petrochemical/Refineries:	_____ %
Pools:	_____ %
Power Plants:	_____ %
Roads/Highways:	_____ %
Schools/Colleges:	_____ %

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Sewage Systems:	_____	%
Sewage Treatment Plants:	_____	%
Shopping Centers/Retail:	_____	%
Site Development:	_____	%
Sports Stadiums:	_____	%
Superfund/Pollution:	_____	%
Theatres:	_____	%
Tract Homes/Subdivisions:	_____	%
Traffic Planning:	_____	%
Tunnels:	_____	%
Warehouses:	_____	%
Water systems:	_____	%
Other:	_____	%
Other (Please Describe):	_____	

E. Services

15. List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations Page. Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity (Total must equal 100%):

Construction Observation Without Design:	_____	%
Construction/Project Management:	_____	%
Design And Observation:	_____	%
Design Without Observation:	_____	%
Development, Sale or Leasing of Computer Software to Others:	_____	%
Feasibility Studies, Applicant Not Involved in Design:	_____	%
Inspection of Home/Commercial Property for Prospective Buyers or Lenders:	_____	%
Inspection Services on Existing Structures:	_____	%
Manufacture, Sale or Distribution of Any Product or Process:	_____	%
Other:	_____	%

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If 'Other', please break out the percentage for each item and describe in detail:

F. Risk Management Information

16. Does the Applicant have a membership in a Professional Organization? YES/NO

If 'YES', please list the Professional Associations:

17. Does your firm have a written in-house quality control procedure? YES/NO

If 'YES', please attach a copy and specify the date that it was last revised or updated:

18. Does your firm have an in-house program of continuing education for professional employees? YES/NO

If 'YES', describe the program and give percentage of professional staff that have participated in the program within the past twelve months:

19. What percentage of your professional services is performed under written contracts? _____%

20. Type of written contracts used (enter percentage amounts):

AIA or EJCDC standard forms of agreement between owner and architect or engineer: _____%

Firms Standard Form (attach copy): _____%

Client Drafted Agreement: _____%

Client Purchase Order: _____%

Letter Agreement/Firm or Client Drafted (attach sample copy): _____%

21. What percentage of Limitation of Liability clauses are used? _____%

22. Are certificates of insurance requested from all Sub-consultants? YES/NO

If 'YES', provide the percentage of work sublet and the type of work sublet. In addition, please describe your system for maintaining current and complete files in this respect:

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23. Has your firm ever participated in a peer review program? YES/NO

If 'YES' please provide details: _____

24. Please provide Combined Limit options you would like a quotes for: _____

25. Please provide Deductible options you would like quotes for: _____

G. Applicant Information

26. Contact Name of Principal: _____

27. Phone: _____

28. Type of Business: _____

If Other, describe: _____

29. FEIN Number: _____

30. What year was the firm established? _____

31. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? YES/NO

If 'YES', please provide full details, including dates. If attachment is necessary please provide.

32. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? YES/NO

If 'YES', please provide full details If attachment is necessary, please provide:

33. Description of Operation (primary area of practice): _____

34. Number of total staff: _____

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives,
Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

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35a. States in which Professional License is held: _____

35b. Licensed as: Architect Engineer Land Surveyor Landscape Architect

36. Is foreign work greater than 25%? YES/NO

If 'YES', please provide details:

37. Have any of the Principals, Officers or Partners listed ever been subject to disciplinary action by authorities as a result of their professional activities? YES/NO

If 'YES', please provide full details:

H. Applicant's Practice 2

38. Types of Clients (Indicate the percentage of each type of client.)

Commercial:	_____ %
Contractors:	_____ %
Federal Government:	_____ %
Individual Owners:	_____ %
Industrial:	_____ %
Institutional:	_____ %
Local Government:	_____ %
Other Design Professionals:	_____ %
Real Estate Developers:	_____ %
State Government:	_____ %
Others:	_____ %

If 'Others', please describe: _____

39. Does the Applicant provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%? YES/NO

If 'YES', please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

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40. Does the Applicant act in the capacity of an employee or official of any governmental body? YES/NO

41. Does any one contract or client represent more than 50% of annual work? YES/NO

If 'YES', please provide full details:

42. Are all contracts/agreements/purchase orders reviewed by Applicant's legal counsel before they are executed? YES/NO

Please provide details:

I. Risk Information

43. Gross Billings and Construction Values:
(Most Recently Completed Fiscal Year):

Joint Venture Projects: \$ _____

Projects Insured Under Separate Project Policies: \$ _____

Projects Which Have Been Permanently Abandoned: \$ _____

Feasibility Studies, Master Plans, Reports: \$ _____

Direct Reimbursables: \$ _____

or

TOTAL GROSS BILLINGS: \$ _____

44. Please provide an attachment for the three (3) largest projects within the last five (5) years. Attachment should include the following details: (1) name of project;(2) type of structure; (3) services performed; (4) fees to you; (5) construction values.

J. Claim History

(Please include currently valued, company generated loss runs for the last 10 years)

45a. Aggregate Loss History

Please provide the total number of claims and the total amount incurred (indemnity & expense, paid & reserved) for all claims over the last 10 years or for the total number of years in operation if less than 10 years.

Total # of Claims _____

Total Aggregate Incurred \$ _____

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45b. Specific Loss History

Please provide the following information on each claim generating an incurred amount of \$10,000 or more (Indemnity and expense):

Date of Loss: _____

Date Reported: _____

Claimant Name: _____

Description of Loss: _____

Current Status: _____

Incurred Amount, including reserves: \$ _____

Defendant's settlement offer (if open): \$ _____

46. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them, but which has not yet been reported to a Professional Liability carrier ? YES/NO.

If 'YES', attach a statement giving full details.

47. Has the Applicant, any Predecessor in business or any other person form whom coverage is requested ever reported a potential claim, circumstance to a professional liability carrier? YES/NO

If 'YES', attach a statement giving full details.

K. Insurance History

48. Please detail present Architects and Engineers Professional Liability Insurance Coverage:

Insurance Company: _____

Policy Number: _____

Limits: _____

Deductible: _____

Expiring Premium: \$ _____

Effective Date: _____

Expiration Date: _____

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49. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to present coverage.

Please list history records oldest to most recent:

Insurance Company	Policy Number	Limits	Deductible	Policy Period

50. Has the Applicant ever purchased an extended reporting period endorsement? YES/NO.

If 'YES', please provide the date purchased and term of endorsement:

51. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused? YES/NO

If 'YES', please provide details (MISSOURI APPLICANTS NEED NOT REPLY):

52. Date UNINTERRUPTED insurance began: (mm/dd/yy): _____

53. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy? YES/NO

If 'YES', please provide details below:

Insurance Company _____

Type of Coverage _____

Limits: BI _____ **PD** _____

Effective: from _____ **to** _____

54. Please attach:

a. Copy of the firm's brochure/resumes

b. Copy of the firm's latest financial statement, annual report or 10-K

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FRAUD WARNINGS

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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 LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 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 OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO 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 TENNESSEE AND VIRGINIA 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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I/We represent that the information contained herein is true and understand that this form in conjunction with the Application for Architects and Engineers Professional Liability Insurance shall be the basis for the contract of insurance should a policy be issued and that this supplement together with the application will be attached to and become part of the policy issued.

Signature

Title (*Owner, Partner, Authorized Officer*)

Date

Name of Producer: _____

Date: _____

Address: _____

Telephone Number: _____

License #: _____