



111 Schilling Road, MC B1825-C
 Hunt Valley, MD 21031
 877-237-6588
 Fax 866-763-7773

St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota

IMPORTANT NOTE: The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by claims expenses. Claims expenses also may be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

New **Renewal / Policy #**

Full Legal Name of Your Firm	Date Established Month _____ Year _____
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Your Firm's "Trade Name" or "Doing Business As" Name _____

Predecessor Firm Name(s) For Whom Coverage is Desired _____

Your Firm's Principle Business Address	Tax ID Number
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City	County	State	Zip
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Principal Contact	Title
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Phone	Fax	E-mail
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Website _____

Please attach a copy of your firm's brochure (New Applicants only).

GENERAL INFORMATION

1. What is the total number of staff in your firm, including part-time employees? _____
2. How many registered architects, landscape architects, land surveyors, and licensed engineers does your firm employ? _____
3. What is the number of employees who have left your firm in the past fiscal year?
 - a. Management _____
 - b. Licensed Professionals _____
 - c. Other Staff _____
4. What were your firm's gross annual billings (not including direct reimbursables) for the past three fiscal years?

a. Last year	_____	\$	_____
	Year		Billings
b. Two years ago	_____	\$	_____
	Year		Billings
c. Three years ago	_____	\$	_____
	Year		Billings
5. What are your firm's projected gross billings for the current and next fiscal years?

a. Current	_____	\$	_____
	Year		Billings
b. Next	_____	\$	_____
	Year		Billings
6. On a separate sheet, please list your five largest projects in terms of construction value over the past three years. Please include location, services rendered, project type, construction value, and your firm's fees.

7. Provide the percentages, based on your firm's annual gross billings from the last fiscal year (4.a), attributable to the following disciplines provided by your firm, excluding your subconsultants. **(Total must equal 100%)**

Discipline	% of annual Gross Billings	Discipline	% of annual Gross Billings
Architect	%	Mechanical Engineer	%
Civil Engineer	%	Process Engineering	%
Construction Manager	%	Structural Engineer	%
Electrical Engineer	%	Other (please describe)	%
Environmental Consultant	%		
Forensic Engineer	%	*PLEASE BREAK OUT SURVEY SERVICES:	
Geotechnical Engineer	%	Construction Staking	%
Interior Design	%	Topographic/Boundary	%
Landscape Architect	%	Other (please describe)	%
Land Surveyor*	%		

8. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from each of the following project type or category. **(Total must equal 100%)**

Project Type or Category	% of annual Gross Billings	Project Type or Category	% of annual Gross Billings
Air Emission Control Systems*	%	Mines/Quarries	%
Airports	%	Museums	%
Amusement Parks/Zoos	%	Mold Abatement*	%
Apartments	%	Parking Garages	%
Asbestos Abatement*	%	Refinery/Petro	%
Banks	%	Religious	%
Bridge/Tunnels/Dams	%	Research and Development Laboratories	%
Condominiums:		Residential Subdivisions	%
Residential	%	Sewer/Water Systems	%
Commercial	%	Single Family Homes	%
Educational	%	Stadiums/Arenas/Convention Centers	%
Facade Restoration/Maintenance	%	Superfund Sites*	%
Harbors/Piers/Ports	%	Swimming Pools	%
High Rise Commercial/Office Bldg (>15stories)	%	Townhouses	%
Highways/Roads	%	Toxic/Hazardous Waste Sites*	%
Hospitals/Assisted Living Facilities	%	Underground Storage Tanks*	%
Hotels/Motels	%	Wastewater Treatment Plants/Systems	
Industrial/Manufacturing	%		
Jails/Prisons	%	Industrial	%
Landfills*	%	Other (please describe)	%
Low Rise Commercial/Office/Retail	%		
Military Facilities	%		

* If greater than 2% in any category, please complete the supplemental Environmental Questionnaire.

9. Has your firm specified Exterior Insulation Finishing Systems (EIFS) on your projects? Yes No
If yes, on approximately how many projects within the past five years? _____

10. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from feasibility studies, master planning, reports, opinions, interior design and forensic engineering? %

11. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from each of the following categories of project owners? (Total must equal 100%)

Categories of Project Owners	% of annual Gross Billings	Categories of Project Owners	% of annual Gross Billings
Federal Government	%	Private	%
State or Local Government	%	Other (please describe)	%
Institutional	%		

12. a. What percentage of your billings from the past fiscal year (4.a.) were derived from the following clients:

Clients	% of annual Gross Billings	Clients	% of annual Gross Billings
Contractors	%	Developers	%
Owners	%	Other (please describe)	%
Design Firms	%		

b. What percentage of your firm's billings from the past fiscal year (4.a.) were derived from repeat clients? %

c. Does more than 50% of your work come from one client?..... Yes No
If yes, provide details _____

13. What percentage of your firm's annual gross billings from the past fiscal year (4.a.) were derived from projects located outside the U.S. its territories and possessions and Canada? %

14. Please break down design services based on your firm's annual gross billings from the past fiscal year (4.a) as follows (Total must equal 100%):

a. Percentage with construction observation %
 b. Percentage without construction observation %

15. What percentage of projects based on your firm's annual gross billings from the past fiscal year (4.a) were rendered under the fast track delivery method? %

16. Please provide information about your firm's current general liability insurance:

Carrier	Policy Term	Limits of Liability
	_____ to _____	

17. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy under Chapter 7 or 11? Yes No
If yes, please provide complete details: _____

18. a. Do you or any principal, partner, member, officer, director or shareholder of your firm or an immediate family member have an ownership interest in any entity for whom professional services are being rendered? Yes No
If yes, please provide complete details: _____

b. *If yes, is the combined ownership interest greater than 49%?*..... Yes No

19. Is your firm or any subsidiary, parent or other organization related to your firm engaged in:
- a. Actual construction, fabrication or erection? Yes No
 - b. Computer software development for, or sales to, others?..... Yes No
 - c. Real estate development? Yes No
 - d. The manufacture, sale, leasing or distribution of any product or production process? Yes No

Note: If you answer yes to any part of Question 19, please provide full details, including relationships, a description of the services performed, construction values involved and any fees received. Also enclose sample contract(s).

20. Does your firm or any subsidiary, parent or other organization related to your firm ever have single-point responsibility for both the design and the construction of a project?..... Yes No

If yes, please complete and return the supplemental Design/Build Questionnaire.

21. a. Is your firm a Named Insured under a project policy?..... Yes No

b. *If yes, please provide the following information for all projects*
(if more than one, please attach a separate sheet):

Carrier	Policy Term (Inception/Expiration)	Discovery Period	Limit of Liability	Deductible	Project Name
	_____ to _____	_____ to _____			

- c. What are your firm's annual gross billings, from 4.a., that were associated with this project(s)?..... \$ _____

22. Is there a Specific Additional Project Limit Endorsement on your firm's current policy? Yes No

If yes, please complete and return the Specific Additional Project Limit Questionnaire.

RISK AND PRACTICE MANAGEMENT

23. a. Please specify the percentage of your firm's annual gross billings for each contract type listed below. **Total must equal 100%.**

Type of Contract	% of Gross Billings	Type of Contract	% of Gross Billings
Professional association contract	%	Letter agreement	%
Client drafted contract	%	Verbal agreement	%
Purchase order	%	Other (please describe)	%
Your firm's standard contract	%		

- b. Does your firm incorporate a limitation of liability provision in its agreements? Yes No

If yes, what percent of your firm's current contracts contain a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)..... %

- c. Please describe the situations when your firm uses verbal agreements. _____

- d. Is your firm willing to use some form of written agreement on all projects? Yes No

24. Please provide the percentage of your firm's gross receipts from the past fiscal year (4.a) that were paid to subconsultants.

Subconsultants	Insured for Professional Liability	Not Insured for Professional Liability
Architecture	%	%
Civil Engineering	%	%
Electrical Engineering	%	%
Environmental Engineering	%	%
Geotechnical Engineering	%	%
Mechanical Engineering	%	%
Structural Engineering	%	%
Other (please describe)	%	%

25. Does your firm use written agreements with all subconsultants? Yes No
If no, please explain when verbal agreements are used. _____
26. Does your firm have a client selection process? Yes No
If yes, is it used for all new clients? Yes No
If no, please explain. _____
27. Does your firm have a project selection process? Yes No
If yes, is it followed for all new projects? Yes No
If no, please explain. _____
28. Does your firm have a plan check or review process? Yes No
If yes, is it followed for all design projects? Yes No
If no, please explain. _____
29. Does your firm:
- a. Have non-standard contracts reviewed by legal counsel for liability implications prior to signing? Yes No
- b. Have procedures for monitoring or collecting outstanding fees? Yes No
- c. Have a written quality control manual? Yes No
30. In the past 3 years, has your firm brought suit against any clients to collect fees? Yes No
If yes, please provide complete details. Include date, circumstances and amount of fees. _____
31. Does your firm currently have any unresolved fee disputes? Yes No
If yes, please provide complete details. Include date, circumstances and amount of fees. _____
32. Has your firm completed an organizational peer review through a professional organization? Yes No
If yes, when was this done and by whom? _____
33. a. How many people from your firm have attended a professional liability risk management seminar within the past year? _____
- b. Which of the following best describes the seminar(s):
- Presented by your agent Presented by insurance carrier
- Internet Self Study
- Presented by a professional society Other: (please describe) _____

NEW APPLICANT INFORMATION ONLY

34. Please provide information about your firm's professional liability insurance for the past five years:

Carrier	Limits of Liability	Deductible (Straight/Shared/First Dollar)	Policy Term	Premium
			—	
			—	
			—	
			—	
			—	

Retroactive coverage date _____ Policy expiration _____
MM/DD/YYYY MM/DD/YYYY

35. Have you or any principal, partner, officer, director, insurance manager or shareholder of your firm ever been declined for professional liability insurance or had such coverage canceled (except for nonpayment of premium) or nonrenewed? (Not applicable in Missouri) Yes No
If yes, please provide complete details on a separate sheet and attach to this application.

36. a. Do you or any principal, partner, officer, director, insurance manager or shareholder of your firm have knowledge of any act, error, omission, unresolved job dispute, accident or any other circumstance that is or could be the basis for a claim under the proposed professional liability insurance policy? Yes No
- b. *If yes, please provide the following information on a separate sheet and attach to this application:*
- | | |
|----------------------------------|--|
| 1) Date reported to your insurer | 4) Claimant |
| 2) Name of project | 5) Allegations/nature of situation |
| 3) Date of incident | 6) Demand/amount of damages (if known) |
37. a. Have any professional liability claims been made, incidents reported or legal action brought in the past five years (ten years for firm's with gross annual billings greater than \$5 million) or made earlier and still pending against your firm, its predecessors or any past or present principal, partner, officer, director, shareholder or employee? Yes No
- b. *If yes, please provide the following information on a separate sheet and attach to this application:*
- | | |
|--|---|
| 1) Name of project | 6) Insurance company reserve, if any |
| 2) Date of claim/incident/legal action | 7) Defense attorney's or insurance company's evaluation of exposure/potential liability |
| 3) Claimant/plaintiff | 8) If closed, total amount paid for indemnity/defense costs |
| 4) Allegations | 9) Applicable deductible |
| 5) Demand/amount of claim | |

Note: The policy for which you are applying will not respond to any claim or circumstance identified, or that should have been identified, in Questions 36. and 37.

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, OH, and OK

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 may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, 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 Agencies.)

Attention: Insureds in FL

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 felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

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.

Attention: Insureds in PA

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.

Attention: Insureds in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Principal Name (Please print)

Principal Signature

Date

Important Note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:

Agency Name

Agency Address

City

State

Zip Code

Phone

Fax

Agency E-mail

Agent's License#

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this application.
(Please reference the question number.)