



PROFESSIONAL FIRST

SINGLE PROJECT APPLICATION FOR ARCHITECTS, ENGINEERS & CONSULTANTS
PROFESSIONAL LIABILITY POLICY
CLAIMS MADE COVERAGE

NOTICE: COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURER TO OFFER, NOR THE APPLICANT TO PURCHASE INSURANCE. THE INSURER WILL RELY UPON THE ACCURACY AND COMPLETENESS OF THIS APPLICATION FOR INSURANCE. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS MADE AND REPORTED BASIS. SUBJECT TO ITS PROVISIONS, THE POLICY APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND FIRST REPORTED IN WRITING TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS SHALL REDUCE THE APPLICABLE LIMIT OF LIABILITY AND SUBLIMITS OF LIABILITY, AND SHALL ALSO BE SUBJECT TO APPLICABLE DEDUCTIBLE AMOUNTS

Applicant Instructions: Answer all questions. If the answer requires additional detail, please attach a separate sheet. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship; Partner, if Applicant is a Partnership; or Authorized Officer if Applicant is a Corporation.

1. **Name and/or designation of Project:** _____

2. **Location of Project:** _____

City _____ *State* _____ *Zip* _____

3. **Name of Project Owner:** _____

4. **Name of Project Prime Professional:** _____

Address _____

City _____ *State* _____ *Zip* _____

5. **Contractor/General Contractor:** _____

6. **Description of Project:**

7. **Project Website:** _____

8. Total Estimated Project Construction Values: _____

9. Total Estimated Professional Fees: _____

10. Duration of Professional Services on this Project:

Design Phase: _____ to _____
 Construction Phase: _____ to _____

11. Indicate the percentage of the total estimated Project billings derived from the following Services (total should equal 100%).

Acoustical Engineering	_____ %	Interior Design	_____ %
Architect	_____ %	Landscape Architect	_____ %
Architectural Planning	_____ %	Land Surveyor	_____ %
Civil Engineering	_____ %	Mechanical Engineering	_____ %
Construction Management	_____ %	Process Engineering	_____ %
Electrical Engineering	_____ %	Structural Engineering	_____ %
Environmental Engineer	_____ %	Testing Lab	_____ %
Forensic Engineering	_____ %	Traffic Engineering	_____ %
Geotechnical Engineering	_____ %	Other: _____	_____ %

12. Please provide the following details on the design team:

<i>Name</i>	<i>Discipline</i>	<i>Percent of Total Professional Fees</i>	<i>Firm's Current Professional Liability Carrier</i>

13. Does the applicant or any member of the Design Team:

- a. Have an equity interest in the project? Yes No
- b. Plan to engage in any actual construction on this project? Yes No
- c. Plan to manufacture, fabricate or supply any materials used on this project? Yes No
- d. Plan to hire a geotechnical consultant? Yes No
- e. Plan to arrange or procure financing for the project? Yes No
- f. Plan to participate in a joint venture for any activity on this project? Yes No

If yes to any of the above, please explain:

14. Will the project owner act as his own contractor on this project? Yes No

If yes, please explain:

15. Is the project (in whole or any part) being delivered on a fast-track basis? Yes No

If yes, please explain:

16. Is the project employing any prototype, unique, untested or unproven design or construction process? Yes No

If yes, please explain:

Is the project employing any Leadership in Energy and Environmental Design (LEED) or any "Green Building" technologies/materials or will the project seek any LEED certification? Yes No

If yes, please explain:

17. Describe nature of the construction delivery process:

- | | | |
|--|------------------------------|-----------------------------|
| Design/Build: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Design/Bid/Build: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction Management at risk: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Construction with independent Construction Agency Manager: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Construction with no Construction Manager: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

18. Discuss how the project funding and finances are being managed:

19. Has the applicant worked with the client in the past? Yes No

If yes, please explain:

20. Does the applicant have past experience, qualifications and project related capabilities for this type of project? Yes No

If yes, please explain:

21. Do the Principals of any of the firms comprising the Design Team have knowledge of any error, omission or any other circumstances that is, or could be, a basis for a claim on this project? Yes No

If yes, please explain:

22. Please attach a copy of the following:

- a. Owner/Prime Professional Agreement
- b. Scope of services provided by the Design Team
- c. Site plan or diagram of the proposed project
- d. Claim history for each Design Team member reflecting all claims for the past 5 years

24. The firm would like a quotation based on the following limit and deductible:

<i>Limit</i>	<i>Deductible</i>

FRAUD NOTICE TO APPLICANTS

NOTICE: 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 SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

AL APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

AR, NM AND WV 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.

CO 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 INSURANCE 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.

DC APPLICANTS: 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.

FL 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 OF THE THIRD DEGREE.

KS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 WHO CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

KY 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.

LA 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 SUBJECT TO FINES AND CONFINEMENT IN PRISON.

ME 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 DENIAL OF INSURANCE BENEFITS.

MD 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.

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

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

NY 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.

OH 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.

OK APPLICANTS: 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.

OR APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

PA 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.

TN, VA and WA 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.

VT 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT, AND HEREBY DECLARES THAT THE STATEMENTS, INFORMATION AND DOCUMENTATION SET FORTH HEREIN ARE TRUE, ACCURATE AND COMPLETE, AND ACKNOWLEDGES (I) THE CONTINUING OBLIGATION TO IMMEDIATELY REPORT TO THE INSURER CHANGES IN THE INFORMATION PROVIDED AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY INSURANCE, AND (II) THAT THE INSURER SHALL HAVE THE RIGHT TO WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATION AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. FURTHER, IT IS UNDERSTOOD THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE INSURER TO SELL NOR THE APPLICANT TO BUY THE INSURANCE.

SIGNATURE: _____ **Date:** _____

Title: _____