



## PROFESSIONAL FIRST

SMALL FIRM APPLICATION FOR ARCHITECTS, ENGINEERS AND 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.

### Firm Practice

- A. Your firm’s practice is best described as an architectural, engineering or affiliated design/consulting firm serving the construction industry. It is not a geotechnical, process, chemical, nuclear, marine or mining engineering firm; a product design firm; or a machinery/equipment design firm.  Yes  No
- B. Your firm meets all of the following requirements:  Yes  No
- A principal of the firm is licensed/registered in the appropriate discipline, if required
  - The principals derive their primary source of income from the firm
  - The firm and/or principals have never been involved in revocation of license, disciplinary actions nor bankruptcy
  - The firm’s gross receipts for each of the last three complete fiscal years and the project fiscal year are \$2,000,000 or less  Yes  No
- C. In the past three years, and for the upcoming year, did your firm:
- Have more than two professional liability claims or have one claim that is reserved for or paid in excess of \$25,000?  Yes  No
  - Perform services on residential condominium projects?  Yes  No
  - Engage in design-build (as the prime), retain contractors and/or perform construction?  Yes  No

**If you answered “No” to any of the above, please complete the standard application for Architects, Engineers and Consultant’s Professional Liability Coverage.**

### 1. Firm Information

Firm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: *Street* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Contact Info: Phone \_\_\_\_\_ Date Firm Established \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

2. List any predecessor, affiliated or related entities, their relationship or percentage of ownership, dates of existence and services provided. If coverage is desired for the entity, please list the retroactive date on its current professional liability coverage:

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

3. Staff:

Principals, Partners, Officers and Directors \_\_\_\_\_  
 Licensed Professionals (Do not include above) \_\_\_\_\_  
 All Others \_\_\_\_\_  
 Total Staff \_\_\_\_\_

4. Gross Receipts (including reimbursable expenses and fees paid to subconsultants):

	Projection for Current Fiscal Year	Last Complete Fiscal Year Ending ____/____/____	Two Years Ago Ending ____/____/____	Three Years Ago Ending ____/____/____
Separately Insured Projects*				
Abandoned Projects *				
Direct Reimbursable				
Foreign Projects				
All Other Billings				
<b>Total Gross Receipts</b>				

\* Provide detailed information

5. What percentage of the firm's last fiscal year gross receipts were paid to subconsultants insured for professional liability? \_\_\_\_\_ %  
 What professional and/or contracting disciplines are subcontracted? \_\_\_\_\_

Does the firm obtain certificates of insurance from subconsultants?  Yes  No

6. Professional Disciplines – Indicate the percentage of the firm's last fiscal year gross receipts derived from the following disciplines, excluding services performed by subconsultants (must equal 100%).

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

7. Services – Indicate the percentage of the firm's last fiscal year gross receipts derived from the following services (total should equal 100%).

Design with construction observation/review \_\_\_\_\_ %  
 Design without construction observation/review \_\_\_\_\_ %  
 Construction observation/review without design \_\_\_\_\_ %  
 Studies, planning, permitting \_\_\_\_\_ %  
 Forensic/Expert Witness \_\_\_\_\_ %  
 Other (describe): \_\_\_\_\_ %

**8. Types of Contracts – Indicate the percentage of the firm’s last fiscal year gross receipts derived from the following contract types (total should equal 100%).**

Standard Industry contract \_\_\_\_\_ %  
 Firm’s own contract \_\_\_\_\_ %  
 Letter Agreement \_\_\_\_\_ %  
 Purchase Order \_\_\_\_\_ %  
 Client Contract \_\_\_\_\_ %  
 Oral Contract \_\_\_\_\_ %  
 Other: \_\_\_\_\_ %

**9. What percentage of the firm’s last fiscal year gross receipts were derived from contracts containing a limitation of liability clause? \_\_\_\_\_ %**

**If applicable, what percentage of the firm’s last fiscal year gross receipts were derived from contracts containing a limitation of liability clause which is less than or equal to \$250,000 (or the amount of the fee, if greater)? \_\_\_\_\_ %**

**10. Project Type – Indicate the percentage of the firm’s last fiscal year gross receipts derived from the following projects (total should equal 100%).**

Airports	_____ %	Municipal Buildings	_____ %
Airport Runways	_____ %	Museums	_____ %
Apartments	_____ %	Nuclear Facilities	_____ %
Arenas/Stadiums/Sports Facilities	_____ %	Office Buildings/Banks	_____ %
Bridges/Trestles	_____ %	Oil Refineries	_____ %
Casinos	_____ %	Parks/Playgrounds	_____ %
Chemical Plants/Pipelines	_____ %	Parking Garages	_____ %
Churches	_____ %	Pools	_____ %
Colleges/Universities	_____ %	Power Plants	_____ %
Convalescent/Retirement	_____ %	R&D Labs	_____ %
Convention Centers	_____ %	Residential Condos	_____ %
Correctional Facilities	_____ %	Residential Subdivisions	_____ %
Courthouses	_____ %	Restaurants	_____ %
Custom Homes	_____ %	Retail/Malls/Shopping Centers	_____ %
Dams/Reservoirs/Levees	_____ %	Roads/Highways	_____ %
Golf Courses	_____ %	Schools K-12	_____ %
Harbors/Piers/Wharfs	_____ %	Site Development (Non-Residential)	_____ %
High Rise (>15 Stories)	_____ %	Site Development (Residential)	_____ %
Hotels/Motels	_____ %	Ski Lifts/Amusement Rides	_____ %
Hospitals/Healthcare	_____ %	Telecommunications	_____ %
Landfills	_____ %	Theaters	_____ %
Libraries	_____ %	Townhouses	_____ %
Machinery/Equipment Design	_____ %	Transportation Passenger Terminals	_____ %
Manufacturing	_____ %	Utilities	_____ %
Mass Transit Systems	_____ %	Warehouses	_____ %
Mines/Quarries/Tunnels	_____ %	Water/Sewer Systems	_____ %
Military Facilities	_____ %	Water/Wastewater Treatment	_____ %
Mold Remediation	_____ %	Other: _____	_____ %

**11. Does the firm have procedures for monitoring or collecting outstanding fees?**  Yes  No

**12. Does the firm have a client selection process?**  Yes  No

**If yes, please describe** \_\_\_\_\_

13. Does the firm have a project selection process?  Yes  No

If yes, please describe \_\_\_\_\_

14. What percentage of the firm's last fiscal year gross receipts were from repeat clients? \_\_\_\_\_%

What percentage of the fees were derived from your single largest client? \_\_\_\_\_%

15. Is the firm or any subsidiary, parent or related organization involved in any of the following:

- Actual construction, fabrication or erection?  Yes  No
- Development, sale or lease of computer software to others?  Yes  No
- Real estate development?  Yes  No
- Manufacturing, sale, leasing or distribution of any product?  Yes  No

If any of the above answers are yes, please provide details on a separate sheet. Include a description of the service performed, any construction value involved and fees received.

16. In the last three years, what percentage of your projects have obtained or will obtain any level of US Green Building Council LEED certification? \_\_\_\_\_%

17. Technology Risk Liability?

- a. Does the firm have a person or group responsible for information security?  Yes  No
- b. Does the firm have a regularly updated virus protection program in place?  Yes  No  
If yes, please describe: \_\_\_\_\_
- c. Does the firm enforce a software update process, including updating patches and anti-virus software?  Yes  No  
If yes, how often? \_\_\_\_\_
- d. Does the firm back up daily?  Yes  No  
If yes, are data backups stored off site?  Yes  No
- e. Does the firm have a written disaster recovery and business continuity plan for network systems?  Yes  No  
If yes, how often is the plan tested? \_\_\_\_\_
- f. Does the firm have an Incident Response Plan in place?  Yes  No
- g. Does the firm have access control procedures in place and a process for managing computer accounts, including removing computer users in a timely fashion?  Yes  No
- h. Does the firm employ encryption of all sensitive data and mobile devices?  Yes  No  
If no, please describe encryption procedures? \_\_\_\_\_
- i. Does the firm have physical security controls in place to control access to computer systems?  Yes  No
- j. Does the Applicant collect any revenue online or otherwise engage in any e-commerce operations?  Yes  No  
If yes, does the applicant use an outsource provider for payment processing?  Yes  No

18. In the last five years, have any professional liability claims been made against the firm, its predecessors or any past or present principal, partner, officer, director or employee?  Yes  No

If yes, please provide explanation on a separate sheet.

19. Does the firm or any of the principals, partners, or employees, have 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 explanation on a separate sheet.

**20. Is the firm currently insured for Professional Liability?**

Yes  No

If yes, please provide the following:

<i>Company</i>	<i>Policy Period</i>	<i>Limit</i>	<i>Deductible</i>	<i>Premium</i>

Please provide the retroactive date of your policy: \_\_\_\_\_

**Has an insurer declined, cancelled or refused to renew any similar insurance for your firm, or predecessor firm or any entities listed in Question #2? \*MISSOURI APPLICANTS NEED NOT REPLY**  Yes  No

If yes, please provide details on a separate sheet.

**21. The firm would like a quotation based on the following limit(s) and deductible(s):**

<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:** \_\_\_\_\_